OM 20-16 Attachment 1

5.5.4 Obtaining a Complete Assessment

The process for gathering formal assessment information will vary depending on the medical condition or employment barrier being addressed:

1. For a learning or cognitive disability the case worker may need to specify in writing to the assessing agency what type of information is needed. This may include:

· A specific diagnosis;

· Test findings that document both the nature and severity of the disability;

· Any limitations to learning or other major life activities resulting from the disability and the degree to which it impacts the individual in the context of learning;

· The impact the diagnosed learning or cognitive disability has on a specific major life activity;

· Specific recommendations for accommodations as well as an explanation as to why each accommodation is recommended.

2. For a mental health condition and/or AODA, assessment information may be gathered using the ~~form~~ *Mental Health Report (126)* form. If the assessment information is collected through other methods such as a written evaluation developed by the assessing agency, it is important that the document covers the same content as the Mental Health Report to ensure that the caseworker is receiving adequate information to make case management decisions with the participant.

3. For other types of medical conditions, assessment information may be gathered using the ~~form~~ *Medical Examination & Capacity (2012)* form. Conditions that could be appropriately documented with the Medical Examination & Capacity form may include, but are not limited to:

· Short-term medical conditions and injuries that may require surgery, medical treatment and/or physical rehabilitation;

· Pregnancies;

· Long-term medical conditions which may be disabling, such as multiple sclerosis, fibromyalgia, arthritis; and

· When a participant presents him or herself as unable to participate due to a medical problem(s), but the individual is unable or unwilling to articulate the medical condition.

4. When the barrier is related to the care for another household member, the *Need to Care for Disabled Family Member (10786)* form must be used to gather the needed information. (See 7.4.2) Although the information gathered with this form does not ~~meet all of the requirements~~ contain all of the required elements of a formal assessment, it will serve as ~~a substitute for obtaining a formal assessment~~ documentation of the need for the individual to be the sole provider of care when the individual is placed in a W-2 T and assigned to care for another member of the W-2 Group who is ill or incapacitated. Record family barriers, including caretaking responsibilities, on the **Family Barriers** page in the WWP Informal Assessment. Document non-confidential information in PIN comments.

No change to remainder of 5.5.4