

Omaha KBS Rating Supplement

CHILDREN AND YOUTH WITH SPECIAL HEALTH NEEDS

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Concepts of the Problem Rating Scale for outcomes

Knowledge

Ability of the client to remember and interpret information

Behavior

Observable responses, actions, or activities of the client fitting the occasion or purpose

Status

Condition of the client in relation to objective and subjective defining characteristics

Income

Money from wages, pensions, subsidies, interest, dividends, or other sources available for living and health care expenses

Guidelines and notes

- By definition, a client utilizing state assistance programs would have “low/no income” and could not have a status of a 5.
- The symptom “difficulty with money management” is about the client’s ability to prioritize spending. A low-income client who cannot always make ends meet but can prioritize their money would not have this as a symptom.
- It’s important to distinguish Behavior and Status. A low-income client may spend appropriately and still not be able to make ends meet. In a case like this the Behavior rating may be relatively high and the Status rating may be relatively low.
- When a client has a protective payee, there is an actual problem.
- Transportation, food, clothing, rent and other financial needs can be included under the Income problem as well as any problems where money alone would solve the problem.
- Income may come from a variety of sources. The source may indicate a problem (state assistance) or may be irrelevant as long as income is adequate (parental support for a minor).
- Self-sufficiency can be considered in the Income problem, if this is a goal for the particular client. Measure the income aspect of that goal in this problem.

Knowledge

- 1—No knowledge (e.g., cannot identify sources/amounts of expenses and income)
- 2—Minimal knowledge (e.g., identifies some sources/amount of income and a few expenses)
- 3—Basic knowledge (e.g., identifies all sources/amounts of income and some expenses)
- 4—Adequate knowledge (e.g., identifies all sources amounts of income and expenses)
- 5—Superior knowledge (e.g., understands current financial situation and can predict future needs)

Behavior

- 1—Not appropriate behavior (e.g., spends impulsively)
- 2—Rarely appropriate behavior (e.g., buys luxuries and some necessities, not interested in assistance programs)
- 3—Inconsistently appropriate behavior (e.g., buys necessities and a few luxuries, is interested in idea of budget, does not use assistance programs)
- 4—Usually appropriate behavior (e.g., begins to develop, follow budget, applies for/uses some assistance programs)
- 5—Consistently appropriate behavior (e.g., follows budget consistently; has maximized income assistance resources)

Status

- 1—Extreme signs/symptoms (e.g., evicted from residence after not paying rent, no source of income or healthcare)
- 2—Severe signs/symptoms (e.g., in residence but utilities disconnected due to nonpayment, no source of income or health care)
- 3—Moderate signs/symptoms (e.g., has utilities but no consistent source of income or health care)
- 4—Minimal signs/symptoms (e.g., consistent income, decreasing debts, sometimes has source of health care)
- 5—No signs/symptoms (e.g., expenses do not exceed income, has consistent source of income and health care)

Communication with community resources

Interaction between the individual/family/community and social service organizations, schools, and businesses in regard to services, information, and goods/supplies

Guidelines and notes

- Consider the definition of this problem, and the fact that it reflects interaction between the individual, family or community and community resources. This goes beyond just communication.

Knowledge

- 1—No knowledge (e.g., cannot identify resources)
- 2—Minimal knowledge (e.g., identifies some resources but does not know how to access them)
- 3—Basic knowledge (e.g., identifies some resources and how to access some of them)
- 4—Adequate knowledge (e.g., identifies all resources and how to access some of them)
- 5—Superior knowledge (e.g., identifies all resources and how to access them)

Behavior

- 1—Not appropriate behavior (e.g., does not use beneficial community resources)
- 2—Rarely appropriate behavior (e.g., uses beneficial community resources, but needs significant support to do so or does not fulfill resource requirements)
- 3—Inconsistently appropriate behavior (e.g., sometimes uses beneficial community resources independently; sometimes does not fulfill resource requirements)
- 4—Usually appropriate behavior (e.g., uses beneficial community resources with minimal support, fulfilling resource requirements)
- 5—Consistently appropriate behavior (e.g., accesses beneficial community resources independently, fulfilling resource requirements)

Status

- 1—Extreme signs/symptoms (e.g., not receiving benefits of resources)
- 2—Severe signs/symptoms (e.g., uses resources with great difficulty; refuses to ask for more information)
- 3—Moderate signs/symptoms (e.g., has moderate difficulty using resources)
- 4—Minimal signs/symptoms (e.g., minimal difficulty using resources)
- 5—No signs/symptoms (e.g., receiving benefits of resources)

Caretaking / parenting

Providing support, nurturance, stimulation, and physical care for dependent child or adult

Guidelines and notes

- Assess and document caregiver's Knowledge, Behavior and Status in Caretaking/Parenting problem area in child's MEDSS events.

Knowledge

- 1—No knowledge (e.g., unaware of developmentally-appropriate caregiving, health care, safety practices, attachment, growth, or development)
- 2—Minimal knowledge (e.g., interested in developmentally-appropriate caregiving, health care, safety practices, attachment, growth, or development)
- 3—Basic knowledge (e.g., understands developmentally-appropriate caregiving, health care, safety practices, attachment, growth, or development needs of child, but not how to meet those needs)
- 4—Adequate knowledge (e.g., understands developmentally-appropriate caregiving, health care, safety practices, attachment, growth, and development needs of child, and some ways to meet those needs).
- 5—Superior knowledge (e.g., understands developmentally-appropriate caregiving, health care, safety practices, attachment, growth, or development needs of child and how to meet those needs).

Behavior

- 1—Not appropriate behavior (e.g., does not provide physical care; relates in hostile manner)
- 2—Rarely appropriate behavior (e.g., provides minimal physical care; relates in indifferent manner)
- 3—Inconsistently appropriate behavior (e.g., provides adequate physical care some of time; sometimes shows nurturing behavior)
- 4—Usually appropriate behavior (e.g., provides adequate physical care more of time; often shows nurturing behavior)
- 5—Consistently appropriate behavior (e.g., provides adequate physical care consistently and nurtures consistently)

Status

- 1—Extreme signs/symptoms (e.g., consistently anxious/negative about caregiving responsibilities)
- 2—Severe signs/symptoms (e.g., frequently anxious/negative about caregiving responsibilities)
- 3—Moderate signs/symptoms (e.g., expresses some positive feelings about caregiving responsibilities)
- 4—Minimal signs/symptoms (e.g., usually positive about caregiving responsibilities)
- 5—No signs/symptoms (e.g., enjoys caregiving)

Growth and development

Progressive physical, emotional, and social maturation along the age continuum from birth to death

Guidelines and notes

- CDC Growth charts are used to determine growth status.
- Assess and document child's behavior and status and caregiver's knowledge in Growth/Development problem area in child's MEDSS events.

Knowledge

- 1—No knowledge (e.g., unwilling to learn about medical diagnosis, disability, or delay)
- 2—Minimal knowledge (e.g., willing to learn about medical diagnosis, disability, or delay)
- 3—Basic knowledge (e.g., describes minimal knowledge about medical diagnosis, disability, or delay)
- 4—Adequate knowledge (e.g., understands medical diagnosis, disability, or delay, but not how to meet those needs).
- 5—Superior knowledge (e.g., understands medical diagnosis, disability, or delay and several ways to meet those needs).

Behavior

- 1—Not appropriate behavior (e.g., does not exhibit behavior appropriate for developmental stage)
- 2—Rarely appropriate behavior (e.g., rarely exhibits behavior appropriate for developmental stage)
- 3—Inconsistently appropriate behavior (e.g., sometimes exhibits behavior appropriate for developmental stage)
- 4—Usually appropriate behavior (e.g., usually exhibits behavior appropriate for developmental stage)
- 5—Consistently appropriate behavior (e.g., exhibits behavior appropriate for developmental stage)

Status

- 1—Extreme signs/symptoms (e.g., developmental screening results show severe delays in several areas)
- 2—Severe signs/symptoms (e.g., developmental screening results show delays ranging from minimal to moderate to severe)
- 3—Moderate signs/symptoms (e.g., developmental screening results show one or two minimal to moderate delays)
- 4—Minimal signs/symptoms (e.g., developmental screening results show one minimal delay)
- 5—No signs/symptoms (e.g., developmental screening results within normal limits)

Health Care supervision

Management of the health care treatment plan by health care providers

Guidelines and notes

- Consider the use of other appropriate problems. If income is impacting the difficulty in accessing care, the Income problem should also be assessed.
- Assess the caregiver's Knowledge and Behavior and the child's Status in the Health Care Supervision problem area in child's MEDSS events.

Knowledge

- 1—No knowledge (e.g., does not know how and when to seek care)
- 2—Minimal knowledge (e.g., knows how and when to seek care for obvious medical emergencies, but not for chronic or acute illness or preventive care)
- 3—Basic knowledge (e.g., knows how and when to seek care for obvious medical emergencies; knows how and sometimes when to seek care for chronic and acute illness; does not know how or when to seek preventive care)
- 4—Adequate knowledge (e.g., knows how and when to seek care for obvious medical emergencies; knows how and usually when to seek care for chronic and acute illness; knows how but not when to seek preventive care)
- 5—Superior knowledge (e.g., knows when and how to seek emergency, chronic and acute illness, and preventive care)

Behavior

- 1—Not appropriate behavior (e.g., does not follow prescribed/recommended treatment plan)
- 2—Rarely appropriate behavior (e.g., follows a limited portion of prescribed/recommended treatment plan)
- 3—Inconsistently appropriate behavior (e.g., follows some of prescribed/recommended treatment plan after verifying information on authenticated Internet sites)
- 4—Usually appropriate behavior (e.g., follows most of prescribed/recommended treatment plan after discussing options with provider and verifying information on authenticated Internet sites)
- 5—Consistently appropriate behavior (e.g., follows prescribed/recommended treatment plan after discussing options with provider and verifying information on authenticated Internet sites)

Status

- 1—Extreme signs/symptoms (e.g., obvious untreated health issues)
- 2—Severe signs/symptoms (e.g., rarely receives appropriate, timely health care)
- 3—Moderate signs/symptoms (e.g., sometimes receives appropriate, timely health care)
- 4—Minimal signs/symptoms (e.g., usually receives appropriate, timely health care)
- 5—No signs/symptoms (e.g., consistently receives appropriate, timely health care)

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