

12VAC30-60-300. Nursing facility criteria.

~~{§1.0}~~ Introduction.

A. Medicaid-funded long-term care services may be provided in either a nursing facility or community-based care setting. The criteria for assessing an individual's eligibility for Medicaid payment of nursing facility care consist of two components: 1. functional capacity (the degree of assistance an individual requires to complete activities of daily living) and 2. medical or nursing needs. The criteria for assessing an individual's eligibility for Medicaid payment of community-based care consist of three components: 1. functional capacity (the degree of assistance an individual requires to complete activities of daily living), 2. medical or nursing needs and 3. the individual's risk of nursing facility placement in the absence of community-based waiver services. [In order to qualify for either Medicaid-funded nursing facility care or Medicaid-funded community-based care, the individual must meet the same criteria.]

~~[1. In order to qualify for Medicaid payment for nursing facility care an individual must meet both functional capacity requirements and have a medical condition which requires ongoing medical or nursing management. An exception may be made when the individual does not meet the functional capacity requirement but the individual does have a health condition that requires the daily direct services of a licensed nurse that cannot be managed on an outpatient basis.~~

~~2. In order to qualify for Medicaid payment for Community Based care an individual must either meet both the functional and medical components of the nursing facility criteria or meet the pre-nursing facility criteria defined in Section 2.2. In addition, the individual must be determined to be at risk of nursing facility placement unless services under the waiver are offered.]~~

B. The pre-admission screening process pre-authorizes a continuum of long-term care services available to an individual under the Virginia Medical Assistance Program. Nursing Facilities' Pre-admission Screenings to authorize Medicaid-funded long-term care are performed by teams composed by agencies contracting with the Department of Medical Assistance Services (DMAS). The authorization for Medicaid-funded long-term care ~~[may- must]~~ be rescinded by the nursing facility or community-based care provider or by DMAS at any point that the individual is determined to no longer meet the criteria for Medicaid-funded long-term care. Medicaid-funded long-term care services are covered by the program for individuals whose needs meet the criteria established by program regulations. Authorization of appropriate non-institutional services shall be evaluated before nursing facility placement is considered.

C. Prior to an individual's admission, the nursing facility must review the completed pre-admission screening forms to ensure that appropriate nursing facility admission criteria have been documented. The nursing facility is also responsible for documenting, upon admission and on an ongoing basis, that the individual meets and continues to meet nursing facility criteria. For this purpose, the nursing facility will use the Minimum Data Set (MDS). The post admission assessment must be conducted no later than ~~fourteen~~ [14] days after the date of admission and promptly after a significant change in the resident's physical or mental condition. If at any time during the course of the resident's stay, it is determined that the resident does not meet nursing facility criteria as defined in the State Plan for Medical Assistance, the nursing facility must initiate discharge of such resident. Nursing facilities must conduct a comprehensive,

accurate, standardized, reproducible assessment of each resident's functional capacity and medical and nursing needs.

The Department of Medical Assistance Services shall conduct surveys of the assessments completed by nursing facilities to determine that services provided to the residents meet nursing facility criteria and that needed services are provided.

D. The community-based provider is responsible for documenting upon admission and on an ongoing basis that the individual meets the criteria for Medicaid-funded long-term care.

E. The criteria for nursing facility care under the Virginia Medical Assistance Program are contained herein. An individual's need for care must meet these criteria before any authorization for payment by Medicaid will be made for either institutional or non-institutional long-term care services. The Nursing Home Pre-Admission Screening team is responsible for documenting on the state-designated assessment instrument that the individual meets the criteria for nursing facility or community-based waiver services and for authorizing admission to Medicaid-funded long-term care. The rating of functional dependencies on the assessment instrument must be based on the individual's ability to function in a community environment, not including any institutionally induced dependence.

[12 VAC 30-60-301 through 12 VAC 30-60-302. Reserved.]

~~§1.4~~ 12 VAC 30-60-303. Pre-admission screening criteria for ~~[nursing facility care~~ long-term care].

A. Functional dependency alone is not sufficient to demonstrate the need for nursing facility care or placement [or authorization for community-based care].

B. ~~[Except as provided for in §1.0 A, an An]~~ individual ~~[may shall]~~ only be considered to meet the nursing facility criteria when both the functional capacity of the individual and his medical or nursing needs meet the following requirements. Even when an individual meets nursing facility criteria, placement in a non-institutional setting shall be evaluated before actual nursing facility placement is considered.

1. Functional capacity.

a. When documented on a completed state-designated pre-admission screening assessment instrument which is completed in a manner consistent with the definitions of activities of daily living and directions provided by DMAS for the rating of those activities, individuals may be considered to meet the functional capacity requirements for nursing facility care when one of the following describes their functional capacity:

(1) Rated dependent in two to four of the Activities of Daily Living, and also rated semi-dependent or dependent in Behavior Pattern and Orientation, and semi-dependent in Joint Motion or dependent in Medication Administration.

(2) Rated dependent in five to seven of the Activities of Daily Living, and also rated dependent in Mobility.

(3) Rated semi-dependent in two to seven of the Activities of Daily Living, and also rated dependent in Mobility and Behavior Pattern and Orientation.

b. The rating of functional dependencies on the pre-admission screening assessment instrument must be based on the individual's ability to function in a community environment, not including any institutionally induced dependence. The following abbreviations shall mean: I = independent; d = semi-dependent; D = dependent; MH = mechanical help; HH = human help.

(1) Bathing

(a) Without help (I)

(b) MH only (d)

(c) HH only (D)

(d) MH and HH (D)

(e) Performed by Others (D)

(2) Dressing

(a) Without help (I)

(b) MH only (d)

(c) HH only (D)

(d) MH and HH (D)

(e) Performed by Others (D)

(f) Is not Performed (D)

(3) Toileting

(a) Without help day or night(I)

(b) MH only (d)

(c) HH only (D)

(d) MH and HH (D)

(e) Performed by Others (D)

(4) Transferring

(a) Without help (I)

(b) MH only (d)

(c) HH only (D)

(d) MH and HH (D)

(e) Performed by Others (D)

(f) Is not Performed (D)

(5) Bowel Function

(a) Continent (I)

(b) Incontinent less than weekly (d)

(c) External/Indwelling Device/Ostomy - self care (d)

(d) Incontinent weekly or more (D)

(e) Ostomy - not self care (D)

(6) Bladder Function

(a) Continent (I)

(b) Incontinent less than weekly (d)

(c) External device/Indwelling Catheter/Ostomy - self care (d)

(d) Incontinent weekly or more (D)

(e) External device - not self care (D)

(f) Indwelling catheter - not self care (D)

(g) Ostomy - not self care (D)

(7) Eating/Feeding

(a) Without help (I)

(b) MH only (d)

(c) HH only (D)

(d) MH and HH (D)

(e) Spoon fed (D)

(f) Syringe or tube fed (D)

(g) Fed by IV or clysis (D)

(8) Behavior Pattern and Orientation

(a) Appropriate or Wandering/Passive less than weekly + Oriented (I)

(b) Appropriate or Wandering/Passive less than weekly + Disoriented - Some Spheres (I)

(c) Wandering/Passive Weekly/or more + Oriented (I)

(d) Appropriate or Wandering/Passive less than weekly + Disoriented - All Spheres (d)

(e) Wandering/Passive Weekly/Some or more + Disoriented - All Spheres (d)

(f) Abusive/Aggressive/Disruptive less than weekly + Oriented or Disoriented (d)

(g) Abusive/Aggressive Disruptive weekly or more + Oriented (d)

(h) Abusive/Aggressive Disruptive + Disoriented - All Spheres (D)

(9) Mobility

(a) Goes outside without help (I)

(b) Goes outside MH only (d)

(c) Goes outside HH only (D)

(d) Goes outside MH and HH (D)

(e) Confined - moves about (D)

(f) Confined - does not move about (D)

(10) Medication Administration

- (a) No medications (I)
- (b) Self administered - monitored less than weekly (I)
- (c) By lay persons, Administered/Monitored (D)
- (d) By Licensed /Professional nurse Administered/Monitored (D)

(11) Joint Motion

- (a) Within normal limits (I)
- (b) Limited motion (d)
- (c) Instability - uncorrected or Immobile (I)

a. An individual with medical or nursing needs is an individual whose health needs require medical or nursing supervision or care above the level which could be provided through assistance with Activities of Daily Living, Medication Administration and general supervision and is not primarily for the care and treatment of mental diseases. Medical or nursing supervision or care beyond this level is required when any one of the following describes the individual's need for medical or nursing supervision:

(1) The individual's medical condition requires observation and assessment to assure evaluation of the person's need for modification of treatment or additional medical procedures to prevent destabilization and the person has demonstrated an inability to self observe [~~and/or~~ or] evaluate the need to contact skilled medical professionals; [~~or~~]

(2) Due to the complexity created by the person's multiple, interrelated medical conditions, the potential for the individual's medical instability is high or medical instability exists; or

(3) The individual requires at least one ongoing [~~medical/nursing-~~ medical or nursing] service. The following is a non exclusive list of [~~medical/nursing-~~ medical or nursing] services which may, but need not necessarily, indicate a need for medical or nursing supervision or care:

- (a) Application of aseptic dressings;
- (b) Routine catheter care;
- (c) Respiratory therapy

(d) Supervision for adequate nutrition and hydration for individuals who show clinical evidence of malnourishment or dehydration or have recent history of weight loss or inadequate hydration which, if not supervised would be expected to result in malnourishment or dehydration;

- (e) Therapeutic exercise and positioning;
- (f) Routine care of colostomy or ileostomy or management of neurogenic bowel and bladder;
- (g) Use of physical (e.g. side rails, poseys, locked wards) and/or chemical restraints;
- (h) Routine skin care to prevent pressure ulcers for individuals who are immobile;
- (i) Care of small uncomplicated pressure ulcers, and local skin rashes;
- (j) Management of those with sensory, metabolic, or circulatory impairment with demonstrated clinical evidence of medical instability;
- (k) Chemotherapy;
- (l) Radiation;
- (m) Dialysis;
- (n) Suctioning;
- (o) Tracheostomy care;
- (p) Infusion Therapy;
- (q) Oxygen.

b. Even when an individual meets nursing facility criteria, provision of services in a non-institutional setting shall be considered before nursing facility placement is sought.

[12 VAC 30-60-304 through 12 VAC 30-60-306. Reserved.]

~~§1.2~~ 12 VAC 30-60-307.] Summary of pre-admission nursing facility criteria.

A. An individual shall be determined to meet the nursing facility criteria when:

1. The individual has both limited functional capacity and requires medical or nursing management according to the requirements ~~[of Section 2.0~~ of 12 VAC 30-120-303], or

2. The individual is rated dependent in some functional limitations, but does not meet the functional capacity requirements, and the individual requires the daily direct services or supervision of a licensed nurse that cannot be managed on an outpatient basis (e.g., clinic, physician visits, home health services).

B. An individual shall not be determined to meet nursing facility criteria when one of the following specific care needs solely describes his or her condition:

1. An individual who requires minimal assistance with activities of daily living, including those persons whose only need in all areas of functional capacity is for prompting to complete the activity;
2. An individual who independently uses mechanical devices such as a wheelchair, walker, crutch, or cane;
3. An individual who requires limited diets such as a mechanically altered, low salt, low residue, diabetic, reducing, and other restrictive diets;
4. An individual who requires medications that can be independently self-administered or administered by the caregiver;
5. An individual who requires protection to prevent him from obtaining alcohol or drugs or to address a ~~[social/environmental]~~ social or environmental] problem;
6. An individual who requires minimal staff observation or assistance for confusion, memory impairment, or poor judgment;
7. An individual whose primary need is for behavioral management which can be provided in a community-based setting;

12 VAC 30-60-308 through 12 VAC 30-60-311. Reserved.]

~~§1.3-12 VAC 30-60-312.~~] Evaluation to determine eligibility for ~~[medicaid Medicaid]~~ payment of nursing facility or home and community-based care services.

A. The screening team shall not authorize Medicaid-funded nursing facility services for any individual who does not meet nursing facility criteria. Once the nursing home pre-admission screening team has determined whether or not an individual meets the nursing facility criteria, the screening team must determine the most appropriate and cost-effective means of meeting the needs of the individual. The screening team must document a complete assessment of all the resources available for that individual in the community (i.e., the immediate family, other relatives, other community resources and other services in the continuum of long-term care which are less intensive than nursing facility level-of-care services). The screening team shall be responsible for pre-authorizing Medicaid-funded long-term care according to the needs of each individual and the support required to meet those needs. The screening team shall authorize Medicaid-funded nursing facility care for an individual who meets the nursing facility criteria only when services in the community are either not a feasible alternative or the individual or the individual's representative rejects the screening team's plan for community services. The screening team must document that the option of community-based alternatives has been explained, the reason community-based services were not chosen, and have this document signed by the client or client's primary caregivers.

B. The screening team shall authorize community-based waiver services only for an individual who[-]

~~{1. Meets~~ meets] the nursing facility criteria and is at risk of nursing home placement without waiver services. Waiver services are offered to such an individual as an alternative to avoid nursing facility admission ~~[or pursuant to 42 CFR 441.302 (c)(1).]~~

~~{2. Meets the following Pre-Nursing Facility criteria and is at risk of nursing home placement without waiver services. Waiver services are offered to such an individual as a preventive service to delay or avoid nursing facility admission which would be required in the near future if community based care is not offered. The Pre-Nursing Facility criteria are:~~

~~a. The individual is rated dependent in four of the activities of daily living and also rated dependent in mobility and has a need for medical or nursing supervision, or~~

~~b. The individual meets the functional dependency component of the nursing facility criteria but lacks a medical or nursing need.]~~

C. Federal regulations which govern Medicaid-funded home and community-based services require that services only be offered to individuals who would otherwise require institutional placement in the absence of home and community-based services. The determination that an individual would otherwise require placement in a nursing facility is based upon a finding that the individual's current condition and available support are insufficient to enable the individual to remain in the home and thus the individual is at risk of institutionalization if community-based care is not authorized. The determination of the individual's risk of nursing facility placement shall be documented either on the state-designated pre-admission screening assessment or in a separate attachment for every individual authorized to receive community-based waiver services. To authorize community-based waiver services, the screening team must document that the individual is at risk of nursing facility placement by finding that one of the following conditions is met:

1. Application for the individual to a nursing facility has been made and accepted;

2. The individual has been cared for in the home prior to the assessment and evidence is available demonstrating a deterioration in the individual's health care condition or a change in available support preventing former care arrangements from meeting the individual's need. Examples of such evidence may be, but shall not necessarily be limited to:

a. Recent hospitalizations,

b. Attending physician documentation, or

c. Reported findings from medical or social service agencies.

3. There has been no change in condition or available support but evidence is available that demonstrates the individual's functional, medical and nursing needs are not being met. Examples of such evidence may be, but shall not necessarily be limited to:

a. Recent hospitalizations,

- b. Attending physician documentation, or
- c. Reported findings from medical or social service agencies.

[12 VAC 30-60-313 through 12 VAC 30-60-315. Reserved.]

~~§~~1.4. 12 VAC 30-60-316.] Criteria for continued nursing facility care using the Minimum Data Set (MDS). Individuals may be considered appropriate for nursing facility care when one of the following describes their medical or nursing needs and functional capacity as recorded on the Minimum Data Set (MDS) of ~~the~~ the] Resident Assessment Instrument that is specified by the Commonwealth.

A. Functional Capacity:

1. The individual meets criteria for two to four of the Activities of Daily Living, plus Behavior and Orientation, and Joint Motion; or
2. The individual meets criteria for five to seven of the Activities of Daily Living and also for Locomotion, or
3. The individual meets criteria for two to seven of the Activities of Daily Living and also for Locomotion, and Behavior and Orientation. An individual in this category will not be appropriate for nursing facility care unless he also has a medical condition requiring treatment or observation by a nurse.

B. Medical or Nursing Needs: The individual has health needs which require medical or nursing supervision or care above the level which could be provided through assistance with activities of daily living, medication administration and general supervision and is not primarily for the care and treatment of mental diseases.

[12 VAC 30-60-317. Reserved.]

~~§~~1.5. 12 VAC 30-60-318.] Definitions to be applied when completing the MDS.

A. Activities of Daily Living (ADLs):

1. Transfer (§E(1)(b)). In order to meet this ADL, the individual must score a 1, 2, 3, 4, or 8 as described below:
 - a. (0) Independent - No help or oversight - OR -help/oversight provided only 1 or 2 times during last 7 days
 - b. (1) Supervision - Oversight, encouragement or cueing provided 3+ times during last 7 days - OR - supervision plus physical assistance provided on 1 or 2 times during last 7 days

c. (2) Limited assistance - Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3+ times - OR - more help provided only 1 or 2 times during last 7 days

d. (3) Extensive assistance - While resident performed part of activity, over last 7 day period, help of following type or types was provided 3 or more times: weight-bearing support or full staff performance during part (but not all) of last 7 days

e. (4) Total dependence - Full staff performance of activity during entire 7 days

f. (8) Activity did not occur during the entire 7-day period. Use of this code is limited to situations where the ADL activity was not performed and is primarily applicable to fully bed-bound residents who neither transferred from bed nor moved between locations over the entire 7-day period.

2. Dressing (§E(1)(d)). In order to meet this ADL, the individual must score a 1, 2, 3, 4, or 8 as described below:

a. (0) Independent - No help or oversight - OR -help/oversight provided only 1 or 2 times during last 7 days

b. (1) Supervision - Oversight, encouragement or cueing provided 3+ times during last 7 days - OR - supervision plus physical assistance provided on 1 or 2 times during last 7 days

c. (2) Limited assistance - Resident highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3+ times - OR - more help provided only 1 or 2 times during last 7 days

d. (3) Extensive assistance - While resident performed part of activity, over last 7-day period, help of following type or types was provided 3 or more times: weight-bearing support or full staff performance during part (but not all) of last 7 days

e. (4) Total dependence - Full staff performance of activity during entire 7 days

f. (8) Activity did not occur during the entire 7-day period. Use of this code is limited to situations where the ADL activity was not performed and is primarily applicable to fully bed-bound residents who neither transferred from bed nor moved between locations over the entire 7-day period.

3. Eating (§E(1)(e)). In order to meet this ADL, the individual must score a 1, 2, 3, 4, or 8 as described below:

a. (0) Independent - No help or oversight - OR -help/oversight provided only 1 or 2 times during last 7 days

b. (1) Supervision - Oversight, encouragement or cueing provided 3+ times during last 7 days - OR - supervision plus physical assistance provided on 1 or 2 times during last 7 days

c. (2) Limited assistance - Resident highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3+ times - OR - more help provided only 1 or 2 times during last 7 days

d. (3) Extensive assistance - While resident performed part of activity, over last 7 day period, help of following type or types was provided 3 or more times: weight-bearing support or full staff performance during part (but not all) of last 7 days

e. (4) Total dependence - Full staff performance of activity during entire 7 days

f. (8) Activity did not occur during the entire 7-day period. Use of this code is limited to situations where the ADL activity was not performed and is primarily applicable to fully bed-bound residents who neither transferred from bed nor moved between locations over the entire 7-day period, or

g. To meet this ADL, one of the following is checked:

(1) §L(4)(a) Parenteral or intravenous

(2) §L(4)(b) Feeding tube

(3) §L(4)(d) Syringe (oral feeding)

4. Toilet Use §E(1)(f)). In order to meet this ADL, the individual must score a 1, 2, 3, 4, or 8 as described below:

a. (0) Independent - No help or oversight - OR -help/oversight provided only 1 or 2 times during last 7 days

b. (1) Supervision - Oversight, encouragement or cueing provided 3+ times during last 7 days - OR - supervision plus physical assistance provided on 1 or 2 times during last 7 days

c. (2) Limited assistance - Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3+ times - OR - more help provided only 1 or 2 times during last 7 days

d. (3) Extensive assistance - While resident performed part of activity, over last 7 day period, help of following type or types was provided 3 or more times: weight-bearing support or full staff performance during part (but not all) of last 7 days

e. (4) Total dependence - Full staff performance of activity during entire 7 days

f. (8) Activity did not occur during the entire 7-day period. Use of this code is limited to situations where the ADL activity was not performed and is primarily applicable to fully bed-bound residents who neither transferred from bed nor moved between locations over the entire 7-day period.

5. Bathing (§E(3)(a)). To meet this ADL, the individual must score a 1, 2, 3, 4, or 8 as described below:

- a. (0) Independent - no help provided.
- b. (1) Supervision - oversight help only
- c. (2) Physical help limited to transfer only
- d. (3) Physical help in part of bathing activity
- e. (4) Total dependence
- f. (8) Activity did not occur during the entire 7-day period. Use of this code is limited to situations where the ADL activity was not performed and is primarily applicable to fully bed-bound residents who neither transferred from bed nor moved between locations over the entire 7-day period.

6. Bladder Continence (§F(1)(b)). In order to meet this ADL, the individual must score a 2, 3, or 4 in this category:

- a. (0) Continent - Complete control
- b. (1) Usually continent - incontinent episodes once a week or less
- c. (2) Occasionally incontinent - 2+ times a week but not daily
- d. (3) Frequently incontinent - tended to be incontinent daily, but some control present (e.g., on day shift)
- e. (4) Incontinent - Had inadequate control; multiple daily episodes or
- f. To meet this ADL, one of the following is checked:

- (1) §F(3)(b) external catheter
- (2) §F(3)(c) indwelling catheter

7. Bowel Continence (§F(1)(a)). In order to meet this ADL, the individual must score a 2, 3, or 4 in this category:

- a. (0) Continent - Complete control
- b. (1) Usually continent - control problems less than weekly
- c. (2) Occasionally incontinent - once a week
- d. (3) Frequently incontinent - 2-3 times a week

e. (4) Incontinent - Had inadequate control all (or almost all) of the time, or

f. To meet this ADL, §F(3)(h) ostomy is checked.

B. Joint Motion (§E(4)). In order to meet this category, at least one of the following must be CHECKED:

1. §E(4)(c) Contracture to arms, legs, shoulders, or hands

2. (d) Hemiplegia/hemiparesis

3. (e) Quadriplegia

4. (f) Arm - partial or total loss of voluntary movement

5. (g) Hand - lack of dexterity (e.g., problem using toothbrush or adjusting hearing aid)

6. (h) Leg - partial or total loss of voluntary movement

7. (i) Leg - unsteady gait

8. (j) Trunk - partial or total loss of ability to position, balance, or turn body

C. Locomotion (§E(1)(c)). In order to meet this ADL, the individual must score a 1, 2, 3, 4, or 8 in this category:

1. (0) Independent - No help or oversight - OR -help/oversight provided only 1 or 2 times during last 7 days

2. (1) Supervision - Oversight, encouragement or cueing provided 3+ times during last 7 days - OR - supervision plus physical assistance provided on 1 or 2 times during last 7 days

3. (2) Limited assistance - Resident highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3+ times - OR - more help provided only 1 or 2 times during last 7 days

4. (3) Extensive assistance - While resident performed part of activity, over last 7 day period, help of following type or types was provided 3 or more times: weight- bearing support or full staff performance during part (but not all) of last 7 days

5. (4) Total dependence - Full staff performance of activity during entire 7 days

6. (8) Activity did not occur during the entire 7-day period. Use of this code is limited to situations where the ADL activity was not performed and is primarily applicable to fully bed-bound residents who neither transferred from bed nor moved between locations over the entire 7-day period.

D. Nursing Observation. In order to meet this category, at least one of the following special treatments, procedures and skin conditions must be CHECKED:

1. §N(4)(a) Open lesions other than stasis or pressure ulcers (e.g., cuts)
 - (f) Wound care or treatment (e.g., pressure ulcer care, surgical wound)
 - (g) Other skin care or treatment
2. §P(1)(a) Chemotherapy
 - (b) Radiation
 - (c) Dialysis
 - (d) Suctioning
 - (e) Tracheostomy care
 - (f) Intravenous medications
 - (g) Transfusions
 - (h) Oxygen
 - (i) Other special treatment or procedure

E. Behavior and Orientation. In order to meet this category, the individual must meet at least one of the categories for both behavior AND orientation.

1. Behavior. To meet the criteria for behavior, the individual must meet at least one of the following:

a. §H(1)(d) Failure to eat or take medications, withdrawal from self-care or leisure activities (must be CHECKED), or

b. One of the following is coded 1 (behavior of this type occurred less than daily) or 2 (behavior of this type occurred daily or more frequently):

- (1) §H(3)(a) Wandering (moved with no rational purpose, seemingly oblivious to needs or safety)
- (2) §H(3)(b) Verbally abusive (others were threatened, screamed at, cursed at)
- (3) §H(3)(c) Physically abusive (others were hit, shoved, scratched, sexually abused)

(4) §H(3)(d) Socially inappropriate/disruptive behavior (made disrupting sounds, noisy, screams, self-abusive acts, sexual behavior or disrobing in public, smeared/threw food/feces, hoarding, rummaged through others' belongings)

2. Orientation: To meet this category, the individual must meet at least one of the following:

- a. §B(3)(d) Awareness that individual is in a nursing home - is NOT CHECKED;
- b. §B(3)(e) None of the memory/recall ability items are recalled - must be CHECKED;

OR

c. §B(4) Cognitive skills for daily decision-making - must be coded with a 2 (moderately impaired - decisions poor; cues/supervision required) or 3 (severely impaired -never/rarely made decisions).

CERTIFIED:

4/18/2002
Date

/s/ Patrick W. Finnerty
Patrick W. Finnerty, Director
Department of Medical Assistance Services