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CHAPTER IV

COVERED SERVICES AND LIMITATIONS

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GENERAL SCOPE OF THE LTSS SCREENING PROGRAM ~~SCREENING PROCESS FOR MEDICAID-FUNDED LONG-TERM SERVICES AND SUPPORTS (LTSS)~~

~~The *State* *Code of Virginia*.~~ § 32.1-330~~. ***Long-term services and supports screening (LTSS) required,*** states that~~ every individual who applies for or requests community or institutional long-term services and supports (LTSS), as defined in the ~~state plan for medical assistance services~~Medicaid State Plan:

1. may choose to receive services in a community or institutional setting;
2. shall be afforded the opportunity to choose the setting and provider of long-term services and supports; and
3. shall be screened prior to admission to such community or institutional long-term services and supports to determine the need for long-term services and supports, including nursing facility services as defined in the Sstate Pplan ~~for medical assistance services~~.

The type of long-term services and supports screening performed shall not limit the ~~long-term services and supports~~LTSS settings or providers for which the individual is eligible.

Entities authorized to conduct Sscreenings are the local Departments of Social Services (LDSS), local Health Departments ~~of Health (LDH~~(LHD), hospitals ~~and~~, nursing facilities~~. DMAS contracts with the Virginia Department of Health (VDH) and Department for Aging and Rehabilitation Services (DARS), and hospitals to conduct Screenings for individuals.~~ (NFs), and Program of All-Inclusive Care for the Elderly (PACE) ~~sites~~organizations. ~~Community-based Sscreening teams (CBTs) shall consist of members who are employees of, (1) a registered nurse or nurse practitioner, (2) or contracted with, VDH and/or~~social worker or other assessor ~~designated by the Department who is an employee of the Department of Health or the local department of social services (LDSS), and (3) a physician. the local department of social services (LDSS). All hospitals, which includes~~including acute care hospitals, rehabilitation hospitals, and rehabilitation ~~or psychiatric~~ units in acute care hospital~~hospitals, are to assign staff who are responsible for conducting and submitting the completed Sscreening.. that~~Such staff must include a ~~Virginia licensed Registered Nurse who will sign off as Screener 1 in eMLS. Nursing facilities~~ and PACE sites ~~shall appoint qualified staff for NF Sscreening teams that must at least include a Virginia licensed Registered Nurse who will sign off as Screener 1 in eMLS~~.

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The sScreening process for Medicaid LTSS ~~is a process to~~:

- Evaluates the functional, medical or nursing, and social needs of each individual believed to be in need of, or at risk of, NF admission (42 ~~CRF~~CFR 441.302 State Assurances), and needing services within 1 month or less;

- Analyzes specific services and supports that the individual needs (42 CFR 441.302);

- ~~Evaluate whether a service or a combination of existing home and community-based services (HCBS) is available to meet the individual's needs by applying existing criteria for NF and HCBS, including the Commonwealth Coordinated Care Plus (CCC Plus) Waiver and the Program of All-Inclusive Care for the Elderly (PACE);~~

- Evaluates whether ~~Long Term Services and Supports~~LTSS are appropriate and will meet the needs of the individual;~~.~~

- Provides the individual with the choice of home and community-based or ~~NF~~Nursing Facility services for which the individual qualifies; and

- ~~Conduct~~ Includes an additional sScreening to be conducted for individuals who have selected ~~NF~~Nursing Facility services, to identify individuals with any *suspected or known* diagnosis of mental illness (MI), intellectual disability (ID), or a related condition (RC) who should be evaluated through the ~~"~~Preadmission Screening and Resident Review~~"~~ (PASRR) process. ~~A RC is a condition that is similar to a disability (e.g., Cerebral Palsy, Down Syndrome, anoxia at birth, Multiple Sclerosis, paraplegia, intractable seizures, BSpinaSpina Bifida, congenital blindness or deafness, Muscular Dystrophy, etc.).~~ Federal regulations require anyone being admitted to a Medicaid certified NF ~~with any *suspected or known* MI, ID, or RC be~~to be screened and evaluated through the PASRR process.

The Virginia Uniform Assessment Instrument (UAI) is the standardized multidimensional assessment instrument used ~~in Virginia~~ for assessing an individual's physical health, mental health, psycho~~/~~social and functional abilities, and medical or nursing needs. This instrument is used by many agencies across the Commonwealth for a variety of purposes. It is also used in the Medicaid LTSS sScreening and is one of several forms in the sScreening packet, which must be completed for individuals to determine eligibility for the following LTSS:

~~(NOTE: The Medicaid LTSS Screening encompasses more documents than the UAI.)~~

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~~The following requires a LTSS Screening to determine level of care needs for program enrollees:~~

- NF (to include specialized care ~~NF~~, long-stay hospital, and ~~-~~LTSS offered in a NF, often referred to as custodial care),
- CCC Plus Waiver and CCC Plus Waiver with Private Duty Nursing (PDN), ~~or)~~
- PACE~~.~~

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~~DMAS RESOURCE WEBSITE FOR SCREENING FOR LTSS: HTTPS://WWW.DMAS.VIRGINIA.GOV/FOR-PROVIDERS/LONG-TERM-CARE/PROGRAMS-AND-INITIATIVES/SCREENING/, INCLUDING FAQS, AND TRAINING REQUIREMENTS FOR LTSS SCREENERS.~~

~~DEFINITIONS~~

~~"ACTIVITIES OF DAILY LIVING" OR "ADLS" MEANS PERSONAL CARE TASKS SUCH AS BATHING, DRESSING, TOILETING, TRANSFERRING, AND EATING OR FEEDING. AN INDIVIDUAL'S DEGREE OF INDEPENDENCE IN PERFORMING THESE ACTIVITIES IS A PART OF DETERMINING APPROPRIATE LEVEL OF CARE AND SERVICE NEEDS.~~

~~“ACUTE CARE HOSPITAL” OR “HOSPITAL” MEANS AN ACUTE CARE HOSPITAL, A REHABILITATION HOSPITAL, A REHABILITATION UNIT IN AN ACUTE CARE HOSPITAL, OR A PSYCHIATRIC UNIT IN AN ACUTE CARE HOSPITAL.~~

~~"ADULT" MEANS A PERSON AGE AGED 18 YEARS OR OLDER WHO MAY NEED MEDICAID-FUNDED LONG-TERM SERVICES AND SUPPORTS (LTSS) OR WHO BECOMES ELIGIBLE TO RECEIVE MEDICAID-FUNDED LTSS. (PRIVATE DUTY NURSING SERVICES BEGIN AT AGE 21 FOR ADULTS IN THE CCC PLUS WAIVER.)~~

~~"APPEAL" MEANS THE PROCESSES USED TO CHALLENGE ACTIONS REGARDING SERVICES, BENEFITS, AND REIMBURSEMENT PROVIDED BY MEDICAID PURSUANT TO 12VAC30-110-10 ET SEQ. AND 12VAC30-20-500 ET SEQ.~~

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"AT RISK" MEANS THE NEED FOR THE LEVEL OF CARE PROVIDED IN A HOSPITAL OR NURSING FACILITY WHEN THERE IS REASONABLE INDICATION THAT THE INDIVIDUAL IS EXPECTED TO NEED THE SERVICES , SPECIALIZED CARE NURSING FACILITY, OR LONG-STAY HOSPITAL WITHIN THE NEXT 30 DAYS IN THE ABSENCE OF HOME OR COMMUNITY-BASED SERVICES..

"CARDINAL CARE" IS VIRGINIA'S MEDICAID PROGRAM THAT PROVIDES LTSS THROUGH A MANAGED CARE APPROACH. THE PROGRAM ADDRESSES MEDICAL, BEHAVIORAL, AND SUBSTANCE USE DISORDER CONDITIONS. SERVICES MAY BE PROVIDED IN THE COMMUNITY OR IN INSTITUTIONAL SETTINGS. ELIGIBLE MEDICAID MEMBERS WHO HAVE LONG-TERM SERVICE AND SUPPORT NEEDS ARE REQUIRED TO PARTICIPATE IN THE CARDINAL CARE PROGRAM.

"CHILD" MEANS A PERSON UP TO THE AGE OF 18 YEARS WHO MAY NEED MEDICAID-FUNDED LTSS OR WHO BECOMES FUNCTIONALLY ELIGIBLE TO RECEIVE MEDICAID-FUNDED LTSS. (PRIVATE DUTY NURSING SERVICES BEGIN AT AGE 21 FOR ADULTS IN THE CCC PLUS WAIVER.)

"CHOICE" MEANS THE INDIVIDUAL IS PROVIDED THE OPTION OF EITHER THE COMMONWEALTH COORDINATED CARE PLUS WAIVER , THE PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE), IF AVAILABLE OR APPROPRIATE, OR INSTITUTIONAL SERVICES AND SUPPORTS, AFTER THE INDIVIDUAL HAS BEEN DETERMINED LIKELY TO NEED LTSS.

"COMMONWEALTH COORDINATEDCARDINAL CARE PLUS PROGRAM" OR "CCC PLUS PROGRAM" IS A

MEDICAID PROGRAM THAT PROVIDES LTSS THROUGH A MANAGED CARE APPROACH. THE PROGRAM ADDRESSES MEDICAL, BEHAVIORAL, AND SUBSTANCE USE DISORDER CONDITIONS. SERVICES MAY BE PROVIDED IN THE COMMUNITY OR IN INSTITUTIONAL SETTINGS. ELIGIBLE MEDICAID MEMBERS WHO HAVE LONG-TERM SERVICE AND SUPPORT NEEDS ARE REQUIRED TO PARTICIPATE IN THE CCC PLUSCARDINAL CARE PROGRAM.

"COMMONWEALTH COORDINATED CARE PLUS WAIVER" OR "CCC PLUS WAIVER" [1915 (C)] PROVIDES LONG-TERM SERVICES AND SUPPORTS IN THE HOME AND COMMUNITY RATHER THAN IN A NURSING FACILITY (NF) OR OTHER SPECIALIZED CARE MEDICAL FACILITY.

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"COMMUNICATION" MEANS ALL FORMS OF SHARING INFORMATION AND INCLUDES ORAL SPEECH AND AUGMENTED OR ALTERNATIVE COMMUNICATION USED TO EXPRESS THOUGHTS, NEEDS, WANTS, AND IDEAS, SUCH AS THE USE OF A COMMUNICATION DEVICE, INTERPRETER, GESTURES, AND PICTURE/SYMBOL COMMUNICATION BOARDS.

"COMMUNITY-BASED TEAM" OR "CBT" MEANS (I)ENTITIES DESIGNATED BY DMAS TO CONDUCT LTSS SSCREENINGS IN THE COMMUNITY SETTING, MINIMALLY COMPOSED OF A REGISTERED NURSE, OR NURSE PRACTITIONER (II) A SOCIAL WORKER OR OTHER ASSESSORS DESIGNATED BY DMAS;, AND (III) A PHYSICIAN. THE CBT MEMBERS ARE EMPLOYEES OF, OR CONTRACTED WITH, THE VIRGINIA DEPARTMENT OF HEALTH OR THE LOCAL DEPARTMENT OF SOCIAL SERVICES. THE AUTHORIZATION OR DENIAL FOR MEDICAID LTSS (DMAS-96 FORM) MUST BEIS SIGNED AND ATTESTED TO BY THE RN SCREENER(S) WHO CONDUCTED THE ASSESSMENT AND ACERTIFYING PHYSICIAN (ORMEMBERS OF THE NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT WORKING WITH THE PHYSICIAN).CBT LTSS SCREENING TEAM.

"CSB" MEANS A LOCAL COMMUNITY SERVICES BOARD.

"CUSTODIAL CARE" MEANS NON-MEDICAL ASSISTANCE WITH DAILY TASKS AND LIVING NEEDS, ALSO REFERRED TO AS LONG TERM CARE OR INTERMEDIATE CARE.

"DARS" MEANS THE VIRGINIA DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES.

"DAY" MEANS CALENDAR DAY UNLESS SPECIFIED OTHERWISE.

"DBHDS" MEANS THE VIRGINIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES.

"DMAS" MEANS THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES.

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~~"DMAS DESIGNEE" MEANS THE PUBLIC OR PRIVATE ENTITY WITH A CONTRACT WITH THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES TO COMPLETE MEDICAID LTSS SCREENINGS PURSUANT TO § 32.1-330 OF THE CODE OF VIRGINIA WHEN A COMMUNITY-BASED, HOSPITAL OR NURSING FACILITY LTSS SCREENING TEAM CANNOT COMPLETE LTSS SCREENINGS WITHIN THE REQUIRED 30 DAYS OF THE LTSS SCREENING REQUEST DATE.~~

~~"ELECTRONIC MEDICAID LTSS SSCREENING" OR " EMLS" MEANS THE DMAS ELECTRONIC RECORD SYSTEM USED BY LTSS SCREENING ENTITIES TO RECORD RESULTS FROM LTSS SCREENINGS PURSUANT TO § 32.1-330 OF THE CODE OF VIRGINIA.~~

~~"FACE-TO-FACE" MEANS AN IN-PERSON MEETING WITH THE INDIVIDUAL SEEKING MEDICAID-FUNDED LTSS.~~

~~"FEASIBLE ALTERNATIVE" MEANS A RANGE OF SERVICES THAT CAN BE PROVIDED IN THE COMMUNITY VIA WAIVER OR PACE, FOR LESS THAN THE COST OF COMPARABLE INSTITUTIONAL CARE, IN ORDER TO ENABLE AN INDIVIDUAL TO CONTINUE LIVING IN THE COMMUNITY.~~

~~“FUNCTIONAL CAPACITY” MEANS THE DEGREE OF INDEPENDENCE THAT AN INDIVIDUAL HAS IN PERFORMING ADLS, MOBILITY, JOINT MOTION, MEDICATION ADMINISTRATION, AND IN RELATION TO BEHAVIOR AND ORIENTATION AS MEASURED ON THE UAI AND AS USED AS A BASIS FOR DIFFERENTIATING LEVELS OF LTSS.~~

~~“FUNCTIONAL ELIGIBILITY” MEANS. THE INDIVIDUAL MET CRITERIA USED FOR DETERMINING WHETHER AN INDIVIDUAL NEEDS NURSING FACILITY LEVEL OF CARE. FUNCTIONAL ELIGIBILITY IS SEPARATELY ASSESSED FROM MEDICAID FINANCIAL ELIGIBILITY.~~

~~“HOME AND COMMUNITY-BASED SERVICES (HCBS)” MEANS COMMUNITY-BASED WAIVER SERVICES, I.E., THE COMMONWEALTH COORDINATED CARE PLUS (CCC PLUS) WAIVER OR THE PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE).~~

~~"HOME AND COMMUNITY-BASED SERVICES PROVIDER" MEANS A PROVIDER OR AGENCY ENROLLED WITH VIRGINIA MEDICAID TO OFFER SERVICES TO INDIVIDUALS ELIGIBLE FOR THE CCC PLUS WAIVER OR PACE.~~

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~~"HOME AND COMMUNITY-BASED SERVICES WAIVER," "HCBS," OR "WAIVER SERVICES" MEANS THE RANGE OF COMMUNITY SERVICES AND SUPPORTS, APPROVED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) PURSUANT TO § 1915(C) OF THE SOCIAL SECURITY ACT TO BE OFFERED TO INDIVIDUALS AS AN ALTERNATIVE TO INSTITUTIONALIZATION.~~

~~"HOSPITAL SCREENING TEAM" MEANS PERSONS DESIGNATED BY THE A TEAM CONSISTING OF AT LEAST ONE VIRGINIA LICENSED REGISTERED NURSE AND A CERTIFYING PHYSICIAN. BUT THE TEAM CAN ALSO INCLUDE OTHER CERTIFIED HOSPITAL WHO ARELTSS ASSESSORS RESPONSIBLE FOR CONDUCTING AND SUBMITTING THE MEDICAID LTSS SCREENING DOCUMENTS FOR INPATIENTS TOSSCREENINGS INTO EMLS. THE AUTHORIZATION OR DENIAL FOR MEDICAID LTSS (DMAS-96 FORM) MUST BEIS SIGNED AND ATTESTED TO BY AT MINIMUM THE RN SCREENER WHO CONDUCTED THE ASSESSMENT, OTHER HOSPITAL LTSS ASSESSORS, AND CERTIFYING PHYSICIAN MEMBERS OF THE SCREENER(S) AND A PHYSICIAN.HOSPITAL LTSS SCREENING TEAM.~~

~~"INPATIENT" MEANS AN INDIVIDUAL WHO HAS A PHYSICIAN'S ORDER FOR ADMISSION TO AN ACUTE CARE HOSPITAL, REHABILITATION HOSPITAL, OR A REHABILITATION UNIT IN AN ACUTE CARE HOSPITAL AND SHALL NOT APPLY TO OUTPATIENTS, PATIENTS IN OBSERVATION BEDS, AND PATIENTS OF THE HOSPITAL'S EMERGENCY DEPARTMENT.~~

~~"LEVEL OF CARE" OR "LOC" MEANS THE FORMAL DESIGNATION USED WHEN DESCRIBING A PERSON'S ELIGIBILITY FOR MEDICAID-FUNDED, NURSING FACILITY CARE. IT IS ALSO USED WHEN DESCRIBING SOMEONE'S ELIGIBILITY TO RECEIVE LONG-TERM SERVICES AND SUPPORTS AT-HOME FROM PROVIDERS PAID BY MEDICAID. DOCUMENTATION OF NEEDED LEVEL OF CARE MUST INCLUDE: A SUMMARY OF THE SCREENER'S DIRECT OBSERVATIONS, AND A SUMMARY OF THE SCREENER'S PROFESSIONAL JUDGMENTS AND CONCLUSIONS THAT PROVIDE THE BASIS FOR THE JUDGMENTS AND CONCLUSIONS THAT SUBSTANTIATE THE LEVEL OF CARE DETERMINATION AND WHETHER THE INDIVIDUAL QUALIFIES FOR MEDICAID LTSS.~~

~~"LOCAL DEPARTMENT OF SOCIAL SERVICES" OR "LDSS" MEANS THE ENTITY ESTABLISHED UNDER § 63.2-324 OF THE CODE OF VIRGINIA BY THE GOVERNING CITY OR COUNTY IN THE COMMONWEALTH.~~

~~"LOCAL HEALTH DEPARTMENT" OR "LHD" MEANS THE ENTITY ESTABLISHED UNDER § 32.1-31 OF THE CODE OF VIRGINIA.~~

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~~"LONG-TERM SERVICES AND SUPPORTS" OR "LTSS" MEANS A VARIETY OF SERVICES THAT HELP INDIVIDUALS WITH HEALTH OR PERSONAL CARE NEEDS AND ADLS OVER A PERIOD OF TIME THAT CAN BE PROVIDED IN THE HOME, THE COMMUNITY, OR NURSING FACILITIES.~~

~~"LONG-TERM SERVICES AND SUPPORTS (LTSS) SSCREENING" OR "LTSS SSCREENING" MEANS THE FACE-TO-FACE PROCESS TO (I) EVALUATE THE FUNCTIONAL, MEDICAL OR NURSING, AND SOCIAL SUPPORT NEEDS AND AT-RISK STATUS OF INDIVIDUALS REFERRED FOR CERTAIN LONG-TERM SERVICES REQUIRING NURSING ELIGIBILITY; (II) ASSIST INDIVIDUALS IN DETERMINING WHAT SPECIFIC SERVICES THE INDIVIDUAL NEEDS; (III) EVALUATE WHETHER A SERVICE OR A COMBINATION OF EXISTING COMMUNITY SERVICES ARE AVAILABLE TO MEET THE INDIVIDUAL'S NEEDS; AND (IV) PROVIDE A LIST TO INDIVIDUALS OF APPROPRIATE PROVIDERS FOR MEDICAID-FUNDED NURSING FACILITIES, PACE PLAN SERVICES OR THE COMMONWEALTH COORDINATED CARE PLUS WAIVER FOR THOSE INDIVIDUALS WHO MEET NURSING FACILITY LEVEL OF CARE. INDIVIDUALS ENROLLED IN THE CCC PLUS MANAGED CARE PROGRAMCARDINAL CARE WILL HAVE THE LIST PROVIDED BY THE MCO IN WHICH THEY ARE ENROLLED.~~

~~"LONG-TERM SERVICES AND SUPPORTS (LTSS) SSCREENING TTEAM" MEANS THE STAFF ASSIGNED TO THE HOSPITAL SCREENING TEAM, COMMUNITY-BASED TEAM (CBT), OR NURSING FACILITY LTSS TEAM, AND PACE, TO PERFORM AND SUBMIT SCREENINGS PURSUANT TO § 32.1-330 OF THE CODE OF VIRGINIA.~~

~~"MANAGED CARE ORGANIZATION," OR "MCO" MEANS THOSE HEALTH PLANS PARTICIPATING IN THE CCC PLUSCARDINAL CARE PROGRAM AND THAT ARE A PARTY TO A CONTRACT WITH DMAS.~~

~~"MEDICAID" MEANS THE PROGRAM SET OUT IN THE 42 USC § 1396 AND ADMINISTERED BY THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES CONSISTENT WITH CHAPTER 10 (§ 32.1-323 ET SEQ.) OF TITLE 32.1 OF THE CODE OF VIRGINIA.~~

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~~"MEDICAL OR NURSING NEED" MEANS (I) THE INDIVIDUAL'S CONDITION REQUIRES OBSERVATION AND ASSESSMENT TO ENSURE EVALUATION OF NEEDS DUE TO AN INDIVIDUAL'S INABILITY FOR SELF-OBSERVATION OR EVALUATION; (II) THE INDIVIDUAL HAS COMPLEX MEDICAL CONDITIONS THAT MAY BE UNSTABLE OR HAVE THE POTENTIAL OF INSTABILITY, OR (III) THE INDIVIDUAL REQUIRES AT LEAST ONE ONGOING MEDICAL OR NURSING SERVICE.~~

~~"MEDICARE" MEANS THE HEALTH INSURANCE FOR THE AGED AND DISABLED PROGRAM AS ADMINISTERED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES PURSUANT TO 42 USC 1395GGG.~~

~~"MINIMUM DATA SET" OR "MDS" MEANS THE ASSESSMENT FORM USED BY NURSING FACILITIES, AS FEDERALLY REQUIRED, FOR THE PURPOSE OF DOCUMENTING ONGOING LEVEL OF CARE REQUIRED FOR ALL OF THE NF'S RESIDENTS.~~

~~"NURSING FACILITY" OR "NF" MEANS ANY NURSING HOME AS DEFINED IN § 32.1-123 OF THE CODE OF VIRGINIA.~~

~~"NURSING FACILITY LTSS SCREENING TEAM" MEANS NURSING FACILITY STAFF TRAINED AND CERTIFIED IN THE USE OF THE LTSS SCREENING TOOLS WHO ARE RESPONSIBLE FOR PERFORMING AND SUBMITTING LTSS SCREENINGS FOR INDIVIDUALS WHO APPLY FOR OR REQUEST LTSS WHILE RECEIVING SKILLED NURSING SERVICES IN~~IS~~ A SETTING NOT COVERED BY MEDICAID AND AFTER DISCHARGE FROM A HOSPITAL. NURSING FACILITY LTSS SCREENING STAFF MUST INCLUDE~~ IS A TEAM CONSISTING OF AT LEAST ONE REGISTERED NURSE AND A CERTIFYING PHYSICIAN. BUT CAN INCLUDE OTHER CERTIFIED ASSESSORS. ~~THE AUTHORIZATION OR DENIAL FOR MEDICAID LTSS (DMAS-96 FORM) MUST BE~~IS~~ SIGNED AND ATTESTED TO BY THE RN SCREENER(S) AND A WHO CONDUCTED THE ASSESSMENT, OTHER NF LTSS ASSESSORS, AND CERTIFYING~~ PHYSICIAN. MEMBERS OF THE NF LTSS SCREENING TEAM.

~~"ONGOING" MEANS CONTINUOUS MEDICAL OR NURSING NEEDS THAT SHALL NOT BE TEMPORARY.~~

~~"OTHER ASSESSOR DESIGNATED BY DMAS" MEANS AN EMPLOYEE OF THE LOCAL DEPARTMENT OF SOCIAL SERVICES HOLDING THE OCCUPATIONAL TITLE OF FAMILY SERVICES SPECIALIST OR AN EMPLOYEE OF A DMAS DESIGNEE.~~

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~~"PRIVATE PAY INDIVIDUAL" MEANS INDIVIDUALS WHO ARE NOT ELIGIBLE FOR MEDICAID OR NOT EXPECTED TO BECOME FINANCIALLY ELIGIBLE FOR MEDICAID AND HAVE ALTERNATE PAYMENT SOURCES THAT WILL PAY 100 PERCENT FOR CARE OR SERVICES (THIS CAN INCLUDE PRIVATE INSURANCE, TRICARE, MEDICARE, ETC.).~~

~~"PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY" OR "PACE" MEANS THE COMMUNITY-BASED SERVICE PURSUANT TO CFR 42 §460.2 THROUGH 210 AND § 32.1-330.3 OF THE CODE OF VIRGINIA. PACE IS AN ARRAY OF SERVICES AVAILABLE TO INDIVIDUALS 55 OR OLDER, ELIGIBLE FOR MEDICAID, MEDICARE OR ARE PRIVATE-PAY STATUS INDIVIDUALS LIVING IN A PACE SERVICE AREA. THE PROGRAM PROVIDES ALL-INCLUSIVE CARE, INCLUDING MEDICAL AND SUPPORTIVE CARE THAT ENABLE THE INDIVIDUAL TO LIVE INDEPENDENTLY WHILE MEETING NURSING HOME CRITERIA. ALL-INCLUSIVE SERVICES INCLUDE COVERAGE FOR PRESCRIPTION DRUGS, PHYSICIAN AND DENTAL CARE, TRANSPORTATION, HOME CARE, CHECKUPS, HOSPITAL VISITS, AND NF STAYS WHEN NECESSARY.~~

~~"PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY SCREENING TEAM" OR "PACE SCREENING TEAM" IS A TEAM CONSISTING OF AT LEAST ONE REGISTERED NURSE AND A CERTIFYING PHYSICIAN BUT CAN INCLUDE OTHER CERTIFIED ASSESSORS. THE AUTHORIZATION OR DENIAL FOR MEDICAID LTSS (DMAS-96 FORM) IS SIGNED AND ATTESTED TO BY THE RN SCREENER WHO CONDUCTED THE ASSESSMENT, OTHER LTSS ASSESSORS, AND CERTIFYING PHYSICIAN MEMBERS OF THE LTSS SCREENING TEAM. THE RN MUST BE LISTED ON THE DMAS 96 IN EMLS AS SCREENER 1 ON EVERY LTSS SCREENING.~~

~~"REFERRAL FOR LTSS SCREENING" MEANS INFORMATION OBTAINED FROM AN INTERESTED PERSON OR OTHER THIRD~~ A THIRD ~~-PARTY HAVING KNOWLEDGE OF AN INDIVIDUAL WHO MAY NEED MEDICAID-FUNDED LTSS AND MAY INCLUDE, FOR EXAMPLE, A PHYSICIAN, PACE PROVIDER, SERVICE PROVIDER, FAMILY MEMBER, OR NEIGHBOR WHO IS ABLE TO PROVIDE SUFFICIENT INFORMATION TO ENABLE CONTACT WITH THE INDIVIDUAL.~~

~~"REPRESENTATIVE" MEANS A PERSON WHO IS LEGALLY AUTHORIZED TO MAKE DECISIONS ON BEHALF OF THE INDIVIDUAL.~~ (SEE CHAPTER 3 FOR FURTHER INFORMATION.)

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~~"REQUEST DATE FOR LTSS SCREENING" OR "REQUEST DATE" MEANS THE DATE (I) THAT AN INDIVIDUAL, OR THE INDIVIDUAL'S REPRESENTATIVE, AN ADULT PROTECTIVE SERVICES (APS) WORKER, CHILD PROTECTIVE SERVICES (CPS) WORKER, PHYSICIAN, OR THE MANAGED CARE ORGANIZATION (MCO) (HEALTH PLAN) CONTACTS THE LTSS SCREENING ENTITY IN THE JURISDICTION WHERE THE INDIVIDUAL RESIDES ASKING FOR ASSISTANCE WITH LTSS OR, (II) FOR HOSPITAL INPATIENTS, THAT A PHYSICIAN ORDERS CASE MANAGEMENT CONSULTATION OR A HOSPITAL'S CASE MANAGEMENT SERVICE DETERMINES THE NEED FOR LTSS UPON DISCHARGE FROM THE HOSPITAL.~~

~~"REQUEST FOR LTSS SCREENING" MEANS (I) COMMUNICATION FROM AN INDIVIDUAL, AN EMANCIPATED CHILD, OR INDIVIDUAL'S REPRESENTATIVE, ADULT PROTECTIVE SERVICES (APS) WORKER, CHILD PROTECTIVE SERVICES (CPS) WORKER, PHYSICIAN, MANAGED CARE ORGANIZATION (MCO) OR CSB SUPPORT COORDINATOR, EXPRESSING THE NEED FOR LTSS, OR (II) FOR HOSPITAL INPATIENTS, A PHYSICIAN ORDER FOR DETERMINATION OF THE NEED FOR LTSS UPON DISCHARGE FROM A HOSPITAL.. A COURT ORDER FOR AN LTSS SSCREENING SHALL BE CONSIDERED A REQUEST.~~

~~"RESIDENCE" MEANS THE LOCATION IN WHICH AN INDIVIDUAL IS LIVING, E.G., AN INDIVIDUAL'S PRIVATE HOME, APARTMENT, ASSISTED LIVING FACILITY, NURSING FACILITY, JAIL/CORRECTIONAL FACILITY.~~

~~"SCREENING ENTITY" OR "SCREENING ORGANIZATION MEANS THE EMPLOYER OF THE HOSPITAL LTSS SCREENING TEAM, COMMUNITY-BASED LTSS SSCREENING TEAM (CBT), OR NURSING FACILITY, PACE LTSS SSCREENING TEAM RESPONSIBLE FOR PERFORMING SCREENINGS, OR DMAS DESIGNEE CONTRACTED TO PERFORM SCREENINGS PURSUANT TO § 32.1-330 OF THE CODE OF VIRGINIA.~~

~~"SERVICES FACILITATOR" MEANS A DMAS-ENROLLED PROVIDER, A DMAS-DESIGNATED ENTITY, OR A PERSON WHO IS EMPLOYED OR CONTRACTED BY A DMAS-ENROLLED SERVICES FACILITATOR THAT IS RESPONSIBLE FOR SUPPORTING THE INDIVIDUAL AND THE INDIVIDUAL'S FAMILY/CAREGIVER OR EMPLOYER OF RECORD (EOR), AS APPROPRIATE, BY ENSURING THE DEVELOPMENT AND MONITORING OF THE CONSUMER-DIRECTED (CD) SERVICES PLANS OF CARE, PROVIDING EMPLOYEE MANAGEMENT TRAINING, AND COMPLETING ONGOING REVIEW ACTIVITIES AS REQUIRED BY DMAS FOR CONSUMER-DIRECTED (CD) PERSONAL CARE AND RESPITE SERVICES. "SERVICES FACILITATOR" SHALL BE DEEMED TO MEAN THE SAME THING AS "CONSUMER-DIRECTED SERVICES FACILITATOR".~~

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~~"SIGNIFICANT CHANGE IN CONDITION" MEANS A CHANGE IN AN INDIVIDUAL'S CONDITION THAT IS EXPECTED TO LAST LONGER THAN 30 DAYS AND SHALL NOT INCLUDE (I) SHORT-TERM CHANGES THAT RESOLVE WITH OR WITHOUT INTERVENTION; (II) A SHORT-TERM ILLNESS OR EPISODIC EVENT; OR (III) A WELL-ESTABLISHED, PREDICTIVE, CYCLIC PATTERN OF CLINICAL SIGNS AND SYMPTOMS ASSOCIATED WITH A PREVIOUSLY DIAGNOSED CONDITION WHERE AN APPROPRIATE COURSE OF TREATMENT IS IN PROGRESS.~~

~~"SKILLED CARE" MEANS CARE PROVIDED BY A REGISTERED NURSE OVER A LIMITED PERIOD OF TIME RESULTING IN THE POTENTIAL THAT THE INDIVIDUAL IS ABLE TO FUNCTION INDEPENDENTLY. SKILLED CARE INCLUDES REHABILITATION SERVICES, OBSERVATION DURING PERIODS OF ACUTE OR UNSTABLE ILLNESS; ADMINISTRATION OF INTRAVENOUS FLUIDS, ENTERAL FEEDINGS, AND INTRAVENOUS OR INTRAMUSCULAR MEDICATIONS; SHORT-TERM BOWEL AND BLADDER RETRAINING; AND CHANGING OF STERILE DRESSINGS.~~

~~"SUBMISSION" MEANS THE TRANSMISSION OF THE SCREENING LTSS SSCREENING FINDINGS VIA THE ELECTRONIC PORTAL FOR LTSS SCREENINGS (COMMONLY CALLED EMLS)..~~

~~"UNIFORM ASSESSMENT INSTRUMENT" OR "UAI" MEANS THE STANDARDIZED MULTIDIMENSIONAL ASSESSMENT INSTRUMENT THAT IS COMPLETED BY THE LTSS SCREENING TEAM THAT ASSESSES AN INDIVIDUAL'S PHYSICAL HEALTH, MENTAL HEALTH, PSYCHO/SOCIAL AND FUNCTIONAL ABILITIES, AND MEDICAL OR NURSING NEEDS USED TO DETERMINE IF THE INDIVIDUAL MEETS THE NURSING FACILITY LEVEL OF CARE.~~

~~"VDH" MEANS THE VIRGINIA DEPARTMENT OF HEALTH.~~

~~POPULATIONS TO BE SCREENED FOR MEDICAID-FUNDED LONG -TERM SERVICES AND SUPPORTS (LTSS)~~

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~~A FACE-TO-FACE SSCREENING AND OBSERVATION MUST BE PERFORMED FOR INDIVIDUALS WHO ARE MEDICAID MEMBERS OR ARE APPLYING FOR MEDICAID, AND MAY NEED LTSS. IN ADDITION, ANY INDIVIDUAL WHO REQUESTS TO RECEIVE A LTSS SCREENING AND IS NOT ALREADY RECEIVING MEDICAID LTSS, MUST BE SCREENED. LTSS SCREENINGS MAY OCCUR IN THE COMMUNITY, FOR INPATIENTS IN A HOSPITAL, OR FOR INDIVIDUALS ADMITTED TO A NF FOR SKILLED CARE DIRECTLY FROM A HOSPITAL, WHEN MEDICAID IS NOT A PAYMENT OR POTENTIAL PAYMENT SOURCE AT ADMISSION, BUT WHO MAY HAVE A CHANGE IN MEDICAID FINANCIAL STATUS AND NEED LTSS. LTSS. THE LTSS SSCREENING IS USED TO DETERMINE IF THE INDIVIDUAL MEETS THE LOC NECESSARY FOR THE CCC PLUS WAIVER, PACE OR NF PLACEMENT.~~

~~ALL REQUESTS FOR LTSS SSCREENING SHALL BE HONORED REGARDLESS OF THE FINANCIAL ORCAPACITY, FUNCTIONAL CAPACITY OF THE INDIVIDUAL TO BE SCREENED. BEING A, MEDICAID MEMBER OR APPLICATION FOR MEDICAID IS NOT A REQUIREMENT TO RECEIVE A LTSS SCREENING. NO INDIVIDUAL SHALL BE DENIED A SCREENING IF IT IS REQUESTED, EVEN IF A ENROLLMENT STATUS, OR PREVIOUS SCREENING INDICATED THAT THEY DID NOT MEET THE LOC CRITERIA.LTSS SCREENING DETERMINATIONS OF THE INDIVIDUAL..~~

POPULATION EXCLUSIONS AND SPECIAL CIRCUMSTANCES FOR MEDICAID-FUNDED LTSS SCREENING

The following outlines population exclusions and special circumstances regarding LTSS screening requirements prior to receiving LTSS.

Private Pay Individuals

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- LTSS sScreeners are not required to screen private pay individuals being admitted to NFs who are not expected to apply for Medicaid and need LTSS. .

- Hospitals are required to conduct a screening for all individuals who are Medicaid members, pending Medicaid members or persons likely to become financially eligible for Medicaid after admission to a NF. Hospitals shall **not be required** to initiate a Screening for inpatients who are determined by the hospital team to be private pay individuals and are not anticipated to be financially eligible for Medicaid. However, **anytime an inpatient or authorized representative requests a Screening, a Screening must be conducted**.

- CBTs are **not required** to perform a Screening for individuals who are private pay or are not anticipated to be financially eligible for Medicaid. However, **anytime** an individual living in the community who is not already receiving Medicaid LTSS requests a Screening, a Screening must be conducted.

- If a private pay individual (or person with 100% alternate forms of payment excluding Medicaid) is admitted for SNFskilled nursing services at a Nursing Facility (NF) but later becomes Medicaid eligible ANDwhile in the Nursing Facility receiving skilled nursing services, and needs LTSS, the NF will complete the Medicaid LTSS Sscreening per state guidelines. The NF LTSS Screeners (including a registered nurse) and a NF physician must attestprior to their signature on the Medicaid LTSS authorization form regarding authorization or non-authorization for LTSSwithin 3 business days of transition to custodial care.

- If a private pay individual (or person with 100% alternate forms of payment excluding Medicaid) chooses a NF for services and is was admitted directly to an NF for LTSS but laterinto a Nursing Facility for custodial care and then becomes eligible for Medicaid eligible,and chooses to remain in the NF will completefor custodial care, the Minimum Data Set (MDS) assessment per federal guidelines and a NF physician will certify whether the individual meets the NF LOC criteria. LTSS screening is not required.
-
- All individuals, private pay or not, entering the PACE program must be sScreened.

Hospice

- Individuals enrolled in hospice care or who are being admitted to a NF for hospice care are exempt from the Sscreening for Medicaid LTSS. For example: if an individual enrolled in hospice enters a NF and remains under the hospice benefit, a Screening for Medicaid LTSS is not required for the individual to be enrolled for NF services. If an individual converts from hospice status to NF LTSS (custodial

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care) status, the MDS is completed by the NF and a NF physician must certify that the individual meets NF LOC criteria.

- Individuals enrolled in hospice care who also seek CCC Plus Waiver services ~~(personal care, private duty nursing, etc.) will need to meet eligibility requirements for those services, i.e. CCC Plus Waiver requires~~require the completion of ~~a Medicaid~~an LTSS ~~s~~Screening~~. This LTSS~~ by the appropriate ~~s~~Screening ~~is conducted by the CBT~~team.

Out-of-State Residents

- For individuals who reside out-of-state and ~~wish~~seek direct admission to a NF in Virginia~~, a~~ for Custodial Care, an LTSS ~~s~~Screening is not required. The admitting NF is responsible for ensuring that the individual meets the established criteria for NF placement and ~~meets federal requirements for MI, ID or RC screening and if needed, evaluation and determination of specialty services (PASRR: See Level I and Level II section of this Chapter.) Note: Virginia cannot impose the state's LTSSLTSS Screening requirements on other states.~~meeting PASRR requirements. This includes completing a paper version of the DMAS 95 prior to admission into the NF.

- If a person from out of state is admitted to a NF for ~~SNF~~skilled nursing services but later becomes Virginia Medicaid eligible AND needs LTSS (or is already a Virginia Medicaid member ~~admitted for SNF~~ but later needs LTSS), the NF will complete the Medicaid LTSS ~~s~~Screening ~~per state guidelines. The NF LTSS Screeners and a NF physician must attest~~prior to ~~their signature on the Medicaid LTSS authorization form regarding authorization~~ or ~~non-authorization for LTSS.~~ within 3 business days of transition to custodial care.

- For individuals who reside out-of-state and wish to enroll into the CCC Plus Waiver or PACE, the CBT in the Virginia locality in which the individual will reside must complete ~~a LTSSLTSS~~an LTSS ~~s~~Screening once the individual relocates to Virginia.

- Out-of-state hospitals and NFs shall not be required to perform ~~a~~an LTSS ~~s~~Screening for residents of the Commonwealth ~~who are inpatients.~~. For a Virginia resident~~s~~ who receive~~s~~ ~~Virginia Medicaid and who may receive out-of-state~~ acute care ~~hospitalization~~, from a "border" state hospital close to their home~~s~~ (i.e., NC, TN, WV, DC, or MD), and ~~who~~ returns to a Virginia NF for custodial care ~~either to their home or to a NF~~, the ~~following procedure applies:~~
- ~~Medicaid~~ LTSS ~~s~~Screening ~~shall~~is not ~~be~~ required ~~for individuals who transfer directly into a NF in the Commonwealth from an out-of-state hospital or NF.~~.

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- If the individual ~~chooses to apply for CCC Plus Waiver or PACE or requests a LTSS Screening (either the individual, the individual's representative or others as defined and allowed), then~~will return to their home, the individual shall be screened ~~upon discharge from the out-of-state hospital or NF~~ by the CBT serving the locality in which the individual resides or relocates ~~(once the individual relocates to Virginia).~~ upon discharge.

Veterans Administration Medical Center or Other Military Hospital Facility

- LTSS ~~S~~screenings shall not be required for individuals who transfer directly to a NF for Custodial Care in the Commonwealth from a veterans' or military hospital or Veterans' Administration Medical Center.
- If a person from a veterans' or military hospital or medical center is admitted for ~~SNF~~skilled nursing services at a Nursing Facility but later ~~becomes Virginia Medicaid eligible AND~~ needs LTSS ~~(or is already a Virginia Medicaid member admitted for SNF but later needs LTSS),~~ the NF will administer the Medicaid LTSS ~~S~~screening per state guidelines. ~~The NF LTSS Screeners and a NF physician must attest to their signature on the Medicaid LTSS authorization form regarding authorization or non-authorization for LTSS.~~
- Individuals seeking CCC Plus Waiver or PACE ~~may,~~ upon discharge from a Veterans' Administration Medical Center or military hospital~~, receive a referral to the CBT serving the locality in which the individual resides, and~~shall ~~be Screened~~screened by the CBT once the individual has relocated.

DBHDS Facility~~ies~~

- Individuals residing in state owned/operated facilities by the Department of Behavioral Health and Developmental Services (DBHDS) who seek direct admission to a Virginia NF for Custodial Care shall not be required to have ~~a~~an LTSS ~~S~~screening.
- If a person ~~transitioned~~ from a DBHDS facility is admitted for ~~SNF~~skilled nursing services at a Nursing Facility but later ~~becomes Virginia Medicaid eligible AND~~ needs LTSS ~~(or is already a Virginia Medicaid member admitted for SNF but later needs LTSS),~~ the NF will administer the Medicaid LTSS ~~S~~screening per state guidelines. ~~The NF LTSS Screeners and a NF physician must attest to their~~

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~~signature on the Medicaid LTSS authorization form regarding authorization or non-authorization for LTSS.~~

- Individuals residing in state owned/operated facilities by DBHDS ~~that~~ who ~~need or request a LTSS Screening for a~~seek CCC Plus Waiver or PACE shall ~~be referred~~, upon discharge from the DBHDS facility, ~~to the~~be screened by the CBT serving the locality in which the individual resides ~~and be screened by the CBT once the~~ .

Nursing Facility Admission for Skilled Nursing Care

- Any individual ~~has relocated.~~who is admitted into the Nursing Facility from the community or hospital setting for skilled nursing care is not required to have an LTSS screening. The NF shall conduct the LTSS s~~S~~creening prior to or within 3 business days of the individual's transition to custodial care.

Public Health Emergency (COVID) Exemption

- Any individual admitted to a Nursing Facility from an acute care hospital under the Governor's Public Health Emergency for COVID during the periods of 3/13/2020 to ~~-~~6/31/2021 or 1/10/2022 to ~~-~~3/22/2022, shall not be required to have a screening for continued NF custodial care.

REQUIREMENTS FOR PERFORMING A SCREENING FOR MEDICAID-FUNDED LTSS~~.~~

~~DMAS, in partnership with VDH, Virginia Department of Social Services (VDSS), DARS, hospitals, and NFs within the Commonwealth, are providing the following guidance to assist LTSS Screeners in understanding their roles and responsibilities in the LTSS Screening process.~~

- Who May Request or Refer an Individual for a Screening:

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- ~~**Request for an adult LTSS Screening in the community**: means communication from an individual, the individual's~~ Any individual, or ~~individual's representative, an Adult Protective Services (APS) worker, the individual's physician, a health plan, or CSB support coordinator expressing the need for LTSS. For individuals residing in NF LTSS who do not have a LTSS Screening, the person(s) planning discharge for the individual may request a CBT to conduct a LTSS Screening to enable the individual to enroll in CCC Plus Waiver or PACE.~~
- ~~**Request for children's LTSS Screening in the community**: the request for a LTSS Screening of a child residing in the community shall initiate from either the parent, legal guardian, the entity having legal custody of that child, an emancipated child, a child's physician, the child's health plan , a Child Protective Services (CPS) worker or CSB support coordinator having an interest in the child.~~
- ~~**Request for a hospital inpatient LTSS Screening (adult or child)**: means a physician's order for case management consultation or determination of the need for LTSS upon discharge from the hospital. In addition, if~~make ~~a direct request for a LTSS Screening is made by the individual, the individual's representative, parent or legal guardian, entity having legal custody, the health plan, CSB support coordinator, APS/CPS worker, or emancipated child, a LTSS Screening shall be conducted.~~
- ~~**Request for a NF LTSS Screening (adult or child)**: means a physician's order for case management consultation or determination of the need for LTSS upon level of care change from skilled (including rehabilitation services) to HCBS or LTSS (custodial care) within the nursing facility. In addition, if a direct request for a LTSS Screening is made by an individual receiving skilled (including rehab) care or by the individual's representative, parent or legal guardian, entity having legal custody, the health plan care coordinator, CSB support coordinator, or APS/CPS worker, a LTSS Screening shall be conducted.~~

- ~~**Referral for a LTSS Screening** means information obtained from an interested person or~~The~~Any~~ individual, or individual's authorized representative, may make a direct request for LTSS s~~S~~creening. Any other third- party having knowledge of an individual who may need Medicaid-~~funded LTSS and may~~ LTSS may make a referral to the appropriate screening entity. The referral must include ~~a consulting physician, PACE provider, service provider, family member, neighbor or other person who is able to provide~~ sufficient information to enable contact with the individual. ~~A referral results in a LTSS Screening, when the individual (or individual's authorized representative) is contacted by the LTSS Screening Team and agrees to participate in the LTSS Screening process.~~

- After a referral is made, the screening entity must contact the individual or their representative. **The individual or their representative MUST agree to be scheduled for an LTSS s~~S~~creening.** An individual shall have the right to refuse ~~to participate in the~~an LTSS s~~S~~creening ~~process~~ except for situations when a court has issued an order

for ~~a~~an LTSS s~~S~~creening. Any individual refusing ~~to participate~~an LTSS screening must be informed that Medicaid support for services cannot be considered if the LTSS s~~S~~creening is not completed.

~~Who May Pparticipate in an LTSS Screening:~~

Any individual, regardless of age, who requests or is referred for an LTSS screening within six months of their most recent assessment, including periodic evaluations of nursing facility level of care criteria such as the level of care review (LOCERI), must demonstrate that a "major life change" has occurred.

For purposes of the LTSS screening, DMAS defines a major life change as a new or worsened condition causing a significant alteration in an individual's physical, cognitive, or functional status. This can apply to any of the areas evaluated in the LTSS screening: functional criteria, a new ongoing medical or nursing need, or loss of previously existing caregiving supports that place the individual at risk.

A court order, APS referral, or CPS referral for an LTSS screening shall constitute a major life change.

Loss of access to CCC Plus Waiver services as a result of waiver termination for non-use, shall not constitute a major life change as the services were not a part of the individual's support system.

- The individual ~~shall be permitted to~~may have another person ~~or persons~~(s) present at the time of the LTSS s~~S~~creening. The LTSS s~~S~~creening team shall determine the appropriate degree of participation and assistance given by the other person to the individual during the LTSS s~~S~~creening and will accommodate the individual's preferences to the extent feasible.

- ~~Observe~~LTSS screenings must be conducted ~~"~~face-to-face~~"~~ in person to determine the level of care needed by the individual. The screener must observe the individual's ability to perform ADLs~~, as appropriate, according to 12VAC30-60-303~~ **excluding** all institutionally induced dependencies, consider the individual's (or ~~his~~their representative's) communication or responses to questions, and document the person's functional capacity. A screening shall not be conducted via remote technology or through a telehealth method.

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- ~~Consider~~ The screening must also consider services and settings that may be needed by the individual in order for the individual to safely perform ADLs.

- ~~Observe "face-to-face," assess, identify, and report the individual's medical, nursing, and functional abilities. This information shall be used to ensure accurate and comprehensive evaluation of the individual's need for modification of treatment or additional medical procedures or services to prevent destabilization even when an individual has demonstrated an inability to self-observe or evaluate the need to contact skilled medical professionals.~~

- ~~Determine if the individual is "at-risk for institutionalization".~~ ~~"At-risk for institutionalization" means that without HCBS the individual would be at-risk of admission to a NF or hospital, within 30 days; however, it.~~ "At risk" means the need for the level of care provided in a nursing facility, specialized care nursing facility, or long-stay hospital within the next 30 days. ~~"At-risk;"~~ ~~*does not mean*~~ that an individual must be placed in one of these settings. Results are documented in the case summary box (found on the DMAS-P98 UAI B in eMLS) and on the DMAS-97 when To be considered, at-risk, the individual must meet one of the following conditions are met:

  - ~~The individual has been cared for in the home prior to the LTSS Screening and written evidence is available demonstrating: a deterioration~~ or significant change in the individual's health care condition, a significant change in condition, or a change in available supports preventing former care arrangements from meeting to meet the individual's needs; ~~or~~

  - ~~There has been no significant change in the individual's condition or available support, but evidence is available that demonstrates that the individual's functional and medical or nursing needs are not being met.~~

~~Examples of evidence for the items above may be, but shall not be limited to, recent hospitalizations, attending physician documentation, and/or reported findings from medical or social services programs such as APS, CPS, and CSBs.~~

- ~~Assess~~The screener must explore the community resources available to meet the needs of the individual (i.e. immediate family, other relatives, neighbors, community services, and other supports in the continuum of LTSS) and document the findings. Screeners ~~can~~must enter this information into ~~eMLS, UAI-A and B~~.

- ~~Assist individuals~~The screener is responsible for working with the individual and their authorized ~~representatives~~representative in determining the most appropriate means of meeting the needs of the individual~~. Use~~ using a person-centered approach ~~when~~

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~~obtaining information from the individual being screened~~. The individual's needs ~~, wants~~ and desires must be considered when planning for LTSS. The LTSS s~~S~~creener must:

a) Honor the individual's desire to live a meaningful life.
b) Communicate in a manner that is comfortable for the individual.
c) Be sensitive regarding any trauma the individual discloses.
d) Be quality-of-life centered.
e) Listen and ensure that the individual has an active role in the LTSS screening process.
f) Collaborate with the individual regarding his or her health care choices and decisions.

~~***Provide***~~Upon confirming the individual ~~***with LTSS choices and document***~~meets the ~~***individual's***~~ NF LOC and is at-risk for institutionalization, the screener must offer the individual a choice ~~on the DMAS-97, Individual Choice, Institutional Care or Waiver Services form. Note that the option of~~ of LTSS. The screener must explain all options available including HCBS ~~program alternatives~~ (CCC Plus Waiver ~~or~~and PACE) ~~has been explained. The LTSS Screener must have this document signed by the individual or~~and NF.

- ~~Following the completion of~~ the individual's authorized representative and retain it in the individual's record.

- ~~Community service options must be considered first. Consider NF placement only when services in the community are either not a feasible alternative or~~ Following the completion of the LTSS screening for those individuals meeting and not meeting criteria, the screener is required to notify the individual or ~~the individual's authorized~~individual's~~'~~ representative and other required parties of the outcome of the screening. Please see the Preauthorization and Referral section for specific requirements. ~~declines HCBS.~~

- ~~The LTSS Screening team shall notify all individuals or individual's authorized representative in writing of the LTSS Screening determination as well as provide a copy, and other required parties of the LTSS Screening packet~~

  - ~~For each LTSS screening conducted, ***provide approval or denial letters.*** The approval or denial letter is sent to the individual or individual's authorized representative. Sample approval and denial letters are located on the Medicaid Web Portal under Provider Services/Provider Forms Search at: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal~~

    ~~*[Under Category, use the drop down menu and click on outcome of the screening. Please see the Pre-Admission Screening to access the sample letters.]~~

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- Denial letters shall include the individual's right to appeal consistent with DMAS client appeals regulations.

- Referrals for LTSS: Upon completion of the LTSS Screening, if the individual meets the NF LOC criteria for one of the Medicaid LTSS listed below, aa referral is made by the LTSS Screening Team based on the individual's choice:

  - CCC Plus Waiver:

    CCC Plus program member: a copy of the completed LTSS Screening packet is provided to the health plan via the listed FAX number(s) provided later in this Chapter.

    - Should the individual need Private Duty Nursing (PDN), a copy of the LTSS Screening Packet including the DMAS-108 (adult) or DMAS-109 (child) form will also be sent to the health plan.

    Fee-for-Service (FFS) member: a copy of the LTSS Screening packet is sent to the provider selected by the individual.

➢ Should the individual need Private Duty Nursing (PDN), a copy of the LTSS Screening Packet including the DMAS-108 (adult) or DMAS-109 (child) form will go to appropriate DMAS staff for final authorization, please see FFS-PDN and Referral section for specific requirements.

  - PACE

    A copy of the LTSS Screening packet is sent to the appropriate PACE provider.

  - NF services

    A copy of the LTSS Screening packet is provided to the chosen nursing facility. For CCC Plus members a copy of the completed LTSS Screening packet is also provided to the health plan via the listed FAX number(s) provided later in this Chapter.

    Prior to the individual's admission, the NF shall review the completed LTSS Screening packet to ensure that appropriate NF admission criteria have been met and documented (12VAC30-60-308) unless the individual meets any of the special circumstances as set out in 12VAC30-60-302.

- For **every** LTSS screening, a copy of the DMAS-96, Medicaid LTSS Authorization Form shall be faxed to the appropriate local DSS Benefits Program (local DSS eligibility unit) where the individual resides.

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LTSS sScreening tTeams shall not ~~not refuse a request for aan LTSS sScreening or~~ bill an individual for performing ~~a~~an LTSS sScreening ~~required for Medicaid-funded services~~.

- ~~This includes the responsibility of administering aan LTSS sScreening even if the individual is in process of appealing a former screening. If the new LTSS sScreening determines an individual meets the required level of care criteria for services, partiesthe LTSS screening entities are responsible for notifying the DMAS Aappeals divisionunit.~~

- ~~Individuals refusing the LTSS Screening must be informed that the LTSS Screening determines eligibility for Medicaid LTSS and if the screening is not conducted eligibility cannot be determined and Medicaid cannot be used for service payments if needed.~~

- ~~Individuals, families or advocates shall be instructed that only individuals admitted as an inpatient (not outpatients, patients under observational status or in the emergency department of a hospital) are required to be screened for LTSS by a hospital screener. If outpatients or patients under observational status request a LTSS Screening, the individual should be referred to the CBT in their locality of residence for a LTSS Screening typically conducted after discharge. Hospitals and CBTs may negotiate who will conduct the LTSS Screening in APS or other emergency situations where the individual cannot safely return home without services.~~

- ~~Individuals, families, or advocates shall not be required to apply for Medicaid in order to receive a LTSS Screening; and, individuals are not required to have Medicaid financial coverage determined prior to the LTSS Screening being initiated or completed.~~

- ~~LTSS Screening teams do not update LTSS Screening documents if an individual needs an increase in CCC Plus Waiver personal care hours. It is the responsibility of the health plan care coordinator or FFS agency/Services Facilitator provider to update the plan of care and other documents.~~

- All LTSS screening information must be accurate, in accordance with established criteria, and submitted ~~and successfully processed via~~ into eMLS~~.~~ with an Accepted-Authorized status to initiate Medicaid LTSS.

HOSPITAL TEAMS ~~–~~ ADDITIONAL LTSS SCREENING REQUIREMENTS

"Hospital Screening team" means a team consisting of at least one Virginia licensed registered nurse and a certifying physician but can include other certified hospital LTSS assessors responsible for conducting and submitting Medicaid LTSS screenings into eMLS. The authorization or denial for Medicaid LTSS (DMAS-96 form) is signed and attested to by at minimum the RN screener who conducted the assessment, other

participating hospital LTSS assessors, and certifying physician members of the hospital LTSS screening team. The RN must be listed on the DMAS 96 in eMLS as Screener 1 on every LTSS screening.

The following information clarifies areas related to individuals admitted as an inpatient and receiving aan LTSS sScreening in a hospital:

Individuals admitted to a hospital.:

1. Individuals admitted to a hospital as an inpatient shall receive aan LTSS sScreening from the hospital when:

a) The individual is eligible for Medicaid or is anticipated to become eligible for Medicaid reimbursement and may need LTSS provided through the CCC Plus Waiver, PACE, or is being admitted to a NF for skilled care (including rehabilitation services) or LTSS (known as custodial or unskilled care).;care Note: LTSS sScreenings are no longer required for skilled nursing services admissions at a Nursing Facility; **OR**

b) b) There is a request or referral for aan LTSS sScreening and regardless if the LTSS Screening entity has reason to believe that the individual is eligible or ineligible for Medicaid or is anticipated to become eligible for Medicaid reimbursement for LTSS (NF, CCC Plus Waiver, or PACE) of Medicaid eligibility; **and**

c) c) The appropriate individuals consent to the LTSS sScreening.

If the above conditions are not met or ifIf the individual is being treated only in the emergency department, or is under outpatient or observational status and requests aan LTSS sScreening or is likely to need nursing facility or hospital care within the next 30 daysat risk, the individual should be referred to the CBT for aan LTSS sScreening that is scheduled for completion after discharge. If the situation is an emergency or the individual's life is endangered upon return to athe community home, or the case involves APS, LTSS screening teams (hospital and community) should confer as to which can most expediently conduct the LTSS sScreening.

2. LTSS sScreenings performed in hospitals *must be completed, in an and* ***successfully processedACCEPTED-AUTHORIZED status,*** *in eMLS prior to hospital discharge of the individual. to CCC Plus Waiver, PACE, or NF. for custodial care.* DMAS will not approve Medicaid reimbursement for an individual's LTSS NF placement or waiver services Medicaid LTSS without a successfully processed and authorizedvalid LTSS sScreening prior to NF admission or the initiation of waiver services. This includes all required LTSS screening forms as reflected on thetheDMAS-P98 (inclusive of the UAI, DMAS-96, DMAS-97 and the DMAS-95 MI/ID/RC when an individual selects NF placement).

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~~3. .~~

~~Hospital teams must be aware that prior to a NF receiving Medicaid reimbursement for LTSS for an individual, a Medicaid LTSS Screening must be completed which authorizes LTSS and is successfully processed in eMLS.~~

~~**NFs will not be reimbursed for services until a LTSS Screening has been completed for individuals being admitted for Medicaid LTSS or who have a change in the level of care from skilled care (including rehabilitation services) to LTSS. The individual must be found to meet NF level of care criteria and the screening is successfully processed in eMLS.**~~

When an individual transfers from a NF under custodial care to a hospital and then back to ~~the~~ a NF, a new LTSS s~~S~~creening is not needed~~,~~ unless the ~~individual has been **terminated**~~ hospital stay is greater than 180 days.

When an individual is discharging from the hospital to a Medicaid-certified Nursing Facility, the PASRR must be completed prior to NF admission, regardless of payor source. The hospital completes this process. Specific requirements are outlined in the PASRR section below.

PACE TEAMS -- ADDITIONAL LTSS SCREENING REQUIREMENTS

"PACE screening team" must consist of at least one registered nurse and a certifying physician but can include other certified assessors. The authorization or denial for Medicaid LTSS (DMAS-96 form) is signed and attested to by the RN screener who conducted the assessment, other participating certified LTSS assessors, and certifying physician members of the LTSS screening team. The RN must be listed on the DMAS 96 in eMLS as Screener 1 on every LTSS screening.

~~The following information clarifies areas related to individuals who may receive an LTSS Sscreening from NF services.~~ PACE sites.

The PACE screening team may conduct LTSS screenings on individuals:

a) Interested in PACE; or~~**OR**~~

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b) Referred by the Community Based Team when they are unable to screen the individual within the 30-day timeframe.

Individuals must be provided choice of home and community-based or nursing facility services for which the individual qualifies.

All individuals entering the PACE program, including those who are private pay, must be s~~S~~creened.

NURSING FACILITY TEAMS ~~–~~ ADDITIONAL LTSS ~~SCREENING~~ REQUIREMENTS

The Nursing Facility screening team must consist of at least one registered nurse and a certifying physician but can include other certified assessors. The authorization or denial for Medicaid LTSS (DMAS-96 form) is signed and attested to by the RN screener who conducted the assessment, other participating certified NF LTSS assessors, and certifying physician of the NF LTSS screening team. The RN must be listed on the DMAS 96 in eMLS as Screener 1 on every LTSS screening.

~~The following information clarifies areas related to individuals admitted for skilled nursing facility care (including rehabilitation services) not covered by Medicaid after discharge from a hospital who~~ who may need LTSS and are be screened in a NF.~~.~~

~~Private pay individuals~~ Individuals admitted to a NF shall receive an LTSS screening from the NF when:

a) The individual admitted to a NF for skilled ~~care (including rehab) who experience a change in the level of care potentially resulting in the~~ nursing care ~~and~~ has a need for Medicaid LTSS, custodial care. The LTSS screening conducted by the NF must be accurate, completed according to current regulations, and in ACCEPTED-AUTHORIZED status within three (3) business days of initiation of LTSS to receive Medicaid reimbursement from the ~~initiation date~~date of initiation. Day 1 is the date of transition to LTSS.

This is the only situation in which LTSS enrollment can occur prior to the physician's signature date on the LTSS screening.

If the individual is not screened within three (3) business days of initiation of custodial care, LTSS enrollment and Medicaid reimbursement begins the date of the physician's signature on the LTSS screening.

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This includes individuals receiving skilled nursing care in a NON-MEDICAID NF, who need to transfer to a Medicaid certified NF for Medicaid LTSS, custodial care. The receiving NF may complete the screening without penalty.

b) The individual in the NF (skilled or custodial care) has an interest or need for the CCC Plus Waiver or PACE upon discharge. The LTSS screening must be completed prior to discharge, according to current regulations.

c) There ~~SHALL be screened by the NF for LTSS PRIOR to enrollment in LTSS (~~is a request or referral for an LTSS screening, regardless of Medicaid eligibility, to the NF screening team and the individual and/or their authorized representative consents.

d) A Medicaid member residing in the community, to include inmates in local jails or correctional facilities, is in imminent need of nursing facility placement **and** the community-based screening team cannot conduct the screening within 30 days of the screening request. The nursing facility may collaborate with the community-based team to determine which entity can conduct the screening most expeditiously.

The nursing facility must document the agreement for the nursing facility to conduct the screening in their records. The documentation should include the individual's name, Medicaid identification number, name of the CBT contact, name of the NF staff member, and the details of the agreement.

This documentation must be available for review upon DMAS's request and may also ~~known as custodial care). The~~need to be shared with the Medicaid Health Plan for proper reimbursement.

~~1.~~ *(Note: If the individual ~~must be found~~is deemed to not meet ~~Virginia Medicaid~~ NF level of care ~~criteria to be enrolled and receive Medicaid paid LTSS.~~after admission, the NF would have to ensure a safe discharge.)*

~~2. Functional capacity, medical or nursing need and risk for institutionalization shall be determined by the NF LTSS screening team via face-to-face assessment and after completion of a LTSS screening of the individual's medical/nursing, functional needs, risk status, and available supports. The NF LTSS screening team shall consider all the supports available for that individual in the community (e.g., the immediate family, other relatives, other community resources), and other services in the continuum of LTSS. The LTSS screening shall be documented on the DMAS-designated forms identified in 12VA30-60-306 and entered into the eMLS portal.~~

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3. The individual shall be permitted to have another person present at the time of the LTSS screening. Except when a court has issued an order for a LTSS screening, the individual shall also be afforded the right to refuse to participate. The NF LTSS screening team shall determine the appropriate degree of participation and assistance given by other persons to the individual during the LTSS screening and accommodate the individual's preferences to the extent feasible.

   Individuals refusing the LTSS Screening must be informed that the LTSS Screening determines eligibility for Medicaid LTSS and if the screening is not conducted eligibility cannot be determined and Medicaid cannot be used for service payments if needed.

4. The NF LTSS screening team shall:
   a) Observe the individual's ability to perform appropriate ADLs according to 12VAC30-60-303**, excluding** all institutionally induced dependencies, and consider the individual's communication or responses to questions or his representative's communication or responses;
   b) Observe, assess, and report the individual's medical or nursing and functional condition.
   c) Consider services and settings that may be needed by the individual in order for the individual to safely perform ADLs.

5. Upon completion of the LTSS screening and in consideration of the communication from the individual or his representative, if appropriate, and observations obtained during the LTSS screening, the NF LTSS screening team shall determine whether the individual meets the criteria set out in 12VAC30-60-303. If the individual meets the criteria for Medicaid-funded LTSS, the NF LTSS screening team shall inform the individual or his representative, if appropriate, of this determination in writing and provide choice of the setting (community or NF) and provider of LTSS. Community options such as PACE or home and community-based waiver services (CCC Plus Waiver) shall be discussed prior to placement in NF LTSS.

6. If CCC Plus Waiver services or PACE, where available, are declined, the reason for declining shall be recorded on the DMAS-97, Individual Choice - Institutional Care or Waiver Services Form. The NF LTSS screening team shall have this document signed by either the individual or his representative, if appropriate. In addition to the electronic document, a paper copy of the DMAS-97 form with the individual's or his representative's signature shall be retained in the individual's record.

7. If the individual meets criteria and selects home and community-based services, the NF LTSS screening team shall also document that the individual is at risk of NF placement in the absence of home and community-based services by finding that at least one of the following conditions exists:

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~~Prior to the admission to the hospital, the individual was cared for in the home and evidence is available demonstrating a deterioration in the individual's health care condition, a significant change in condition, or~~NFs that directly admit Medicaid members into custodial care without a valid LTSS screening conducted prior to admission are subject to a six-month penalty. Medicaid reimbursement and LTSS enrollment will not begin until six months after the individual's admission, unless there is evidence that the nursing facility admitted the individual without an LTSS screening due to no fault of the nursing facility.

The NF must take the following steps to initiate LTSS enrollment:

a) Wait six months following the individual's admission.

b) The nursing facility staff qualified to perform the LTSS screening may conduct and enter the screening into eMLS. Once the screening is complete, "Accepted Authorized," the NF shall complete the DMAS-80 and send it to the appropriate entity. If the individual is enrolled in a Cardinal Care managed care organization, the DMAS-80 must be sent to the appropriate MCO.

The DMAS-80 must include the individual's initial date of admission to the nursing facility. The date of custodial NF admission must be six (6) months after the initial admission date to the nursing facility.

The nursing facility must keep all documentation, including the LTSS screening, DMAS-80, admission documents, and any supporting documentation justifying waiving the six-month penalty period in the individual's record.

~~a)~~ The Nursing Facility shall ensure all individuals, prior to admission to a ~~change in available supports. Examples of such evidence may include (i) recent hospitalizations, (ii) attending physician documentation, or (iii) reported findings from medical or social service agencies.~~ Medicaid-certified facility, regardless of payor source,

~~a) There has been no significant change in condition or available support but evidence is available that demonstrates the individual's functional, medical, or nursing needs are not being met. Examples of such evidence may include (i) recent hospitalizations, (ii) attending physician documentation, or (iii) reported findings from medical or social services agencies.~~

~~b) If the individual selects NF placement, the NF LTSS screening team shall assure that the individual is referred for Level II evaluation and determination (PASRR process) as outlined in 12VAC30-130-160 through 12VAC30-130-260 as needed and appropriate and that resident reviews of the individuals condition occur periodically.~~

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8.All individuals SHALL have a PASRR Level I sScreening and if needed, Level II Evaluation and Determination PRIOR to an NF admission to a Medicaid-certified facility. NF Screeners will need to obtain a copy of the Level I Screening, and if applicable Level II results, and transcribe that information onto the DMAS-95, DMAS-95 supplement, and Medicaid LTSS Authorization form (DMAS-96) as appropriate. Specific requirements are outlined in the PASRR section below.

9. If the NF LTSS screening team determines that the individual does not meet the criteria set out in 12VAC30-60-303, the NF LTSS screening team shall notify the individual or the individual's representative, as may be appropriate, in writing that LTSS are being denied for the individual. The denial notice shall include the individual's right to appeal consistent with DMAS client appeals regulations (12VAC30-110).

The following chart is provided to clarify roles and responsibilities for Medicaid LTSS Screenings related to NF admissions.

The following chart summarizes LTSS Screening responsibilities.

SCREENING RESPONSIBILITIES CHART FOR NFs

Funding Source	**Is a LTSS Screening Required?**	**When is the LTSS screening completed?**	**Who completes the Medicaid LTSS Screening?**
Private Pay*	NO	Not Applicable (NA)	NA
Medicare Only*	NO	NA	NA
Dual Medicare & Medicaid	YES	Prior to admission to SNF or ICF (LTSS)	Hospital (if inpatient) Community-based Team (community resident)**
Medicaid (partial or full) or Medicaid pending (*having applied for Medicaid or planning on applying for Medicaid*)	YES	Prior to admission to SNF or ICF (LTSS)	Hospital (if inpatient) Community-based Team (community resident)

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Private Pay or Medicare applying for Medicaid while in SNF	YES	Change of Level of Care from SNF to LTSS	Nursing Facility
REQUESTS: Any time a person requests a LTSS Screening one shall be conducted, regardless of payment source.	YES	When requested	Community-based Team, Hospital or Nursing Facility
Use of the MDS and Physician's Signature Certifying NF LOC			
Special Circumstances with Direct Admissions to SNF or LTSS NF (i.e. from veterans' facility, DBHDS facility, or out-of-state)	NO LTSS Screening	MDS and Physician signature certifies NF LOC	Handled by NF
Private Pay individual becomes financially eligible for Medicaid while in NF LTSS	NO LTSS Screening	MDS and Physician signature certifies NF LOC	Handled by NF

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~~** FOR THE PURPOSES OF THIS CHART, PRIVATE PAY REFERS TO ANY PAYMENT SOURCE OTHER THAN MEDICAID OR PARTIAL MEDICAID PAYMENT.*~~

~~*** COMMUNITY-BASED TEAMS ARE CONTINUING TO CONDUCT ALL SCREENINGS AS REQUESTED AND REFERRED.*~~

~~**** ALL INDIVIDUALS, REGARDLESS OF PAYMENT SOURCE, WHO ARE BEING CONSIDERED FOR ADMISSION TO A MEDICAID-CERTIFIED NF (SNF OR LTSS NF) SHALL BE SCREENED FOR MENTAL ILLNESS, INTELLECTUAL DISABILITY OR RELATED CONDITIONS, PRIOR TO NF ADMISSION. THIS IS REFERRED TO AS THE PREADMISSION AND RESIDENT REVIEW (PASRR) PROCESS.*~~

COMMUNITY-BASED TEAMS~~—~~ - ADDITIONAL LTSS SCREENING REQUIREMENTS

~~The following information clarifies issues related to individuals s~~Screened by the CBTs.

"Community-based team" or "CBT" means entities designated by DMAS to conduct LTSS screenings in the community setting, minimally composed of a (1) registered nurse or nurse practitioner, (2) social worker or other assessor designated by the Department who is an employee of the Department of Health or the local department of social services, and (3) a physician. The authorization or denial for Medicaid LTSS (DMAS-96 form) is signed and attested to by the RN screener who conducted the assessment and certifying physician members of the CBT LTSS screening team. The RN must be listed on the DMAS 96 in eMLS as Screener 1 on every LTSS screening. DMAS contracts with VDH and Department of Social Services to fulfill the role of the CBT.

CBTs are responsible for all requests and referrals for individuals residing within the jurisdiction of the CBT (who are not inpatients in a hospital) unless there is a special circumstance. ~~as previously outlined.~~

The CBT can only go into the Hospital ER or Observational Unit when it is deemed an emergency or the individual's life is endangered upon return to a community home, or the case involves APS, LTSS screening teams (hospital and community) should confer as to which can most expediently conduct the LTSS screening.

~~The CBT is not required to conduct screenings for inmates of a correctional facility. The individual may be screened by the CBT upon discharge in the locality where the individual will reside.~~

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When Medicaid members residing in the community are in imminent need of nursing facility placement and the community-based screening team cannot conduct the screening within 30 days of the screening request, the nursing facility may collaborate with the community-based team to determine which entity can conduct the screening most expeditiously. The nursing facility must document the agreement for the nursing facility to conduct the screening in their records.

This documentation must be available for review upon DMAS's request. This documentation may also need to be shared with the Medicaid Health Plan for proper reimbursement. It should include the individual's name, Medicaid identification number, the name of the community-based screening team/contact, and the nursing facility staff member, as well as details of the agreement.

~~When the For adults, a CBT shall consist of both a public health nurse from the local health department, and a social worker or a family services specialist from the local department of social services.~~

~~For children, the local health department is considered the DMAS community designee for LTSS Screenings. A CBT shall consist of the public health nurse from the local health department, and **may** include a social worker or a family services specialist from the local department of social services. For children, it is the locality that decides the final members of the CBT.~~

~~For both adult and child community LTSS Screenings, a physician (or the nurse practitioner or physician's assistant working with the physician) working in the local health district must review the screening information, confirm the LTSS Screening determination and sign the Medicaid LTSS Authorization form.~~

~~For the LTSS Screening to be scheduled by the CBT, the individual or his representative must agree to participate and consent to allow the CBT to collect and share information necessary for the completion of the LTSS Screening. If an individual refuses to participate in the LTSS Screening, the LTSS Screening shall proceed only under order of a court in the appropriate jurisdiction. Individuals refusing the LTSS Screening must be informed that the LTSS Screening determines eligibility for Medicaid LTSS and if the screening is not conducted eligibility cannot be determined and Medicaid cannot be used for service payments if needed.~~

~~Determine~~When the community-based teams are unable to complete the screening within 30 days and/or the individual has requested enrollment in a PACE program, the CBT may

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collaborate with the local PACE site to determine which entity can conduct the screening most expeditiously.

~~1.~~ When the CBT receives a request or referral, they must determine if the individual is currently enrolled ~~for~~in a Medicaid LTSS program. If the individual is currently enrolled ~~for~~in Medicaid LTSS and is not receiving services, the screening team may refer the individual back to the ~~identified provider or care coordinator~~appropriate entity to assist with establishing services ~~or addressing issues involving, specific services or number of hours for authorized services.~~ :

~~2. Individuals in the community shall be screened by the CBT when:~~

- ~~Individuals who are Medicaid members or likely to become eligible for Medicaid shall be screened for LTSS, OR~~
- ~~There is a **request** for a LTSS Screening. All requests for a LTSS Screening must be honored. LTSSLTSS Screenings shall be conducted regardless of whether the person has applied for Virginia Medicaid. This includes the responsibility of completing a LTSS Screening even if the individual is in process of appealing a former screening. If the new LTSS Screening determines an individual meets the required level of care criteria for services, parties are responsible for notifying the DMAS appeals unit.~~

~~a)~~

For individuals on the CCC Plus Waiver and enrolled in managed care, contact the MCO care coordinator.

For individuals on the CCC Plus Waiver and fee-for-service (not enrolled in managed care), contact FFS.CCCPSupport@dmas.virginia.gov.

A new LTSS screening is not required.

~~3.~~ Each CBT shall contact the individual or ~~his~~their representative within seven (7) calendar days of the referral or request date for ~~a~~an LTSS s~~S~~creening to schedule the LTSS Screening with the individual. It is the responsibility of the CBT to coordinate contacts and scheduling between the LDSS and LHD using the most efficient method agreed to between the two agencies.

- ~~The "request date for a LTSS Screening" means "the date that an individual, an emancipated child, the individual's representative, an Adult or Child Protective Services Worker, physician, CSB Support Coordinator, or the individual's health plan health plan contacts the LTSS Screening entity in the jurisdiction where the individual resides asking for assistance with LTSS."~~

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~~4. When the LDSS or LHD receives a referral for a LTSS Screening, the LDSS or LHD shall obtain sufficient information from the referral source to initiate contact with the individual or his representative to discuss the LTSS Screening process.~~

- ~~Within seven (7) days of the referral date for a LTSS Screening, the LDSS or LHD shall contact the individual or his representative to determine if the individual is interested in receiving LTSS and would participate in the LTSS Screening.~~
- ~~If~~ If the LDSS or LHD is unable to contact the individual or ~~his~~their representative, the attempts shall be documented using the method adopted by the CBT.

- ~~After contact with the individual (or his representative) or if the LDSS or LHD is unable to contact the individual or his representative, the LDSS or LHD shall advise the referring person that contact or attempt to contact has been made in response to the referral for LTSS Screening.~~
  - ~~With either the individual's written consent or the written consent of his legal representative information about the results of the contact (not the actual LTSS Screening or the LTSS Screening determination) may be shared with the interested person who made the referral. .~~

~~5.~~ CBTs shall complete and submit all LTSS ~~s~~Screenings to ~~–~~eMLS as soon as possible but within 30 calendar days of the request date ~~for the Screening to assure delivery of services to individuals seeking LTSS and to document efforts to achieve timely and appropriate LTSS Screenings~~.

~~A~~An LTSS ~~s~~Screening shall be completed in the individual's residence unless the residence presents a safety risk for the individual or the CBT, or unless the individual or the representative requests that the LTSS Screening be performed in an alternate location within the same jurisdiction (alternate location may include a hospital emergency department or someone in observation status when there is an urgent need). The CBT shall accommodate the individual's preferences to the extent feasible.

~~Residence means the location in which the individual is living, for example, an individual's private home, apartment, assisted living facility, children's residential facility, NF or jail/correctional facility.~~

~~CBTs are allowed to conduct LTSS Screenings for individuals who are residing in a NF when a copy of the original LTSS Screening cannot be documented or located and the individual chooses to leave the NF and receive HCBS. This~~

~~action would be considered conducting a LTSS Screening for a significant change in condition.~~

~~Note: Individuals Who Are Inmates~~

~~:~~

Inmates ~~in local jails or correctional facilities~~ who are ready for release ~~back~~ into the community may require ~~a~~an LTSS s~~S~~creening ~~*if they need HCBS (CCC Plus Waiver or PACE) NF services or NF services.*~~ . The screening will be conducted by ~~T~~the CBT in the jurisdiction where the individual will reside upon release. The CBT should only go into the correctional facility when it is deemed an emergency or the individual's life is endangered upon return to the community setting.

Inmates who are in imminent need of nursing facility placement may be screened within 3 business days of admission by an accepting nursing facility. ~~correctional facility is located is responsible for conducting the LTSS sScreening.~~

CBT Screening Frequency
Any individual, regardless of age, who requests or is referred for an LTSS screening within six months of their most recent assessment, including periodic evaluations of nursing facility level of care criteria such as the level of care review (LOCERI), must demonstrate that a "major life change" has occurred. The CBT must not proceed with the request if a major life change has not occurred.

~~In order to be consistent with 42CFR § 441.302 which states that individuals are to be reevaluated at least annually, **enrollment** in home and community-based services (CCC Plus Waiver and PACE) must occur within one year of the date of authorization for LTSS. If an enrollment has not occurred within one year of the LTSS Screening, a new LTSS Screening shall be conducted to document the level of care and assure need for services.~~

For purposes of the LTSS screening, DMAS defines a major life change as a new or worsened condition causing a significant alteration in an individual's physical, cognitive, or functional status. This can apply to any of the areas evaluated in the LTSS screening: functional criteria, a new ongoing medical or nursing need, or loss of previously existing caregiving supports that place the individual at risk.

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A court order, APS referral, or CPS referral for an LTSS screening shall constitute a major life change.

Loss of access to CCC Plus Waiver services as a result of waiver termination for non-use shall not constitute a major life change as the services were not a part of the individual's support system.

CBTs shall continue current processes to determine if a screening is warranted by (1) performing an eMLS screening search to locate previous screenings and (2) evaluating receipt of current or previous LTSS. Individuals who have been terminated from the CCC Plus Waiver within six months of their last assessment or periodic evaluation must also provide evidence of a major life change.

When information of a major life change is required, the CBT must:

1. Within 7 days of the request or referral, contact the individual or their representative and ask for a description of the major life change.

   If the individual or their representative's explanation meets the definition, proceed with scheduling the LTSS Screening.

   The CBT shall use professional judgment to determine if a major life change has occurred.

   If the individual is unable to describe a major life change, inform the individual that the LTSS screening will not be scheduled. The CBT may request additional information, including documentation to provide at the LTSS screening, if there are questions to the validity or extent of the major life change.

2. Retain (1) the individual's screening request; (2) the date of contact with the individual to discuss the individual's major life change; (3) description of the individual's major life change, including the names and relationships of all persons who provided information; and (4) the final outcome of the request, including whether sufficient information was provided for the screening to proceed or the date of request closure.

3. Document the individual's major life change as recorded in Step 2 within the LTSS screening case summary field in eMLS.

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6. VDH and DARS are the state agencies responsible for the oversight of the LHD and LDSS LTSS Screening activities, respectively. Both VDH and DARS have staff identified to provide technical assistance to the CBT upon notification that aan LTSS Screening has not been scheduled within 21 days of the request date for aan LTSS Screening or when the CBT anticipates that aan LTSS Screening will not be completed within 30 days of the request date for aan LTSS Screening.

For Technical Assistance for the LHD: VDH LTSS Contact:
PASLTSS Program Manager
Department of Health
109 Governor Street
Richmond, VA 23219

Grace.Hughes@vdh.virginia.gov
LTSS.Screenings@vdh.virginia.gov

For Technical Assistance for LDSS Adult Services/ Screeners: DARS LTSS Contact:
Auxiliary Grant Program Manager
Adult Services Specialist
Adult Protective Services Division
Department for Aging and Rehabilitative Services (DARS)
8004 Franklin Farms Drive
Richmond, VA 23229
Phone: 804-662-7531
Tishaun.HarrisUgworji@dars.virginia.gov
adultservices@dars.virginia.gov

FEDERAL PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) PROCESS

The following process applies to all Medicaid-certified nursing facility admissions regardless of payer source or reason for admission.

Level I Screening and Level II Evaluation and Determination for Individuals Entering Nursing Facilities

Mental Illness (MI),

Intellectual Disability **(ID), and/or Related Condition (RC) Evaluations and Determinations**

Federal law requires that ALLALLregulations require ALL individuals **(regardless of payer source)** who apply as a **new admission** to a Medicaid-certified NF to be evaluated for evidence of possible Mental illness (MI,), Intellectual Disability (ID,), or Related Condition (RC.). This screening, evaluation, and determination is conducted to ensure that individuals are placed appropriately, in the least

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restrictive setting possible and that individuals receive needed services, wherever they are living. The process involves two steps, known as Level I screening and Level II and determination. The use of a Level I screening and Level II evaluation and determination is federally known as the **Preadmission Screening and Resident Review (PASRR) process**. By federal law, an individual **shall not be admitted to a NF** unless a Level I screening has been completed, and, if it is determined that the individual may have a condition of MI/ID or RC, then the individual shall not be admitted until the Level II evaluation and determination has been completed.An individual **shall not be admitted to a NF** under any circumstance unless the PASRR process has been completed, including the results of the Level II evaluation, if warranted.

A new admission is defined as anyone who is NOT readmitting to a facility from a hospital to which he or she was transferred for the purpose of receiving care or transferring from one nursing facility to another nursing facility, with or without an intervening hospital stay.

Any re-admission to a NF after an intervening return to the community, of any length of time, is considered a new admission and requires the completion of PASRR.

The PASRR process is not a requirement for the CCC Plus Waiver or PACE.

The process known as Preadmission Screening and Resident Review (PASRR) involves two steps, Level I screening and Level II evaluation and determination. The purpose of the Level I screening is to determine whether an individual might have MI, ID, or a RC. If an individual "tests positive" at Level I, they are referred for the Level II evaluation and determination. The Level II will confirm or disconfirm the results of the Level I screen, determine appropriate placement, and identify the set of services required to maintain and/or improve functioning.

Nursing Facilities shall have procedures in place to ensure Level I Screenings, and Level II evaluations and determinations, when warranted, are conducted prior to admission. When applicable, it is best practice for the PASRR to be conducted by the entity where the individual is currently receiving care.

The federal definition of Mental Illness (MI) for PASRR is best understood in terms of the four "D's":

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- A diagnosis or suspicion of a major mental illness such as schizophrenia, bipolar disorder, major depression, or an anxiety disorder such as OCD.
- An absence of dementia. If dementia is also present (co-morbid with) MI, it cannot be the primary diagnosis. The individual's MI must be more serious than their dementia.
- A well-defined duration. To be relevant, intensive psychiatric treatment for MI must have taken place within the last two (2) years.
- A particular level of disability. The individual's MI must have resulted in functional limitations in major life activities within the past 3 to 6 months. Crucially, the individual need not have received treatment. It is the severity and recency of impairment that matters, not whether the individual was hospitalized or even saw a mental health professional.
- States are permitted to create a broader definition of SMI, as long as it does not conflict with the minimum federal standard.

Intellectual DisabilityThe Omnibus Budget Reconciliation Act (OBRA) of 1987, Part 2, Subtitle C of Title IV, added §1919 to the Social Security Act prohibits Medicaid-certified NFs from admitting ANY new resident who may have MI, ID, or a RC unless that individual has been determined by the State Mental Health Authority (MHA) or State Intellectual Disability Agency (IDA) to require the level of services provided by a NF and/or the individual receives Specialized Services if needed.

The PASRR Level I Screening and Level II evaluation and determination (DMAS-95 MI/ID/RC Form) are not completed for individuals choosing the CCC Plus Waiver or PACE.

Medicaid-certified NFs must have a policy on file describing how the MI/ID/RC screening (Level I) and referral for evaluation and determination (Level II), when needed, will be handled for non-Medicaid-eligible individuals, or when the information is not part of the Medicaid LTSS Screening packet. This means each NF should have a written policy for how private pay, Medicare, persons admitted under special circumstances and those transferred from CCC Plus Waiver or PACE to NF, receive Level I Screening and, as needed, Level II evaluations and determinations. NFs may use the Level I form developed by DMAS, entitled, Level I Screening for Mental Illness, Intellectual Disability and Related Conditions, found at http://www.dmas.virginia.gov/#/longtermprograms

A PASRR Level I screening must be completed for all persons applying for admission to a Medicaid-certified nursing facility for all short-term and long-term services. This includes private pay, skilled or rehabilitation admissions regardless of payer source. NFs shall have procedures in place to ensure Level I screenings

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~~are conducted which could include use of qualified NF staff for Level I screenings, and, when needed, assure Level II evaluations are sent to the designated Level II contractor. Any individual who is seeking admission to a NF and has not been screened for Medicaid LTSS must receive a Level I screening following the NFs procedures and when a Level II evaluation and determination is needed the NF will ensure that necessary documentation and information is submitted to the designated Level II contractor.~~

~~PASRR Level I Screening~~

- ~~Typically, this definition requires an IQ score of less than 70, as measured by a standardized, reliable test of intellectual functioning.~~
- ~~ID encompasses a wide range of conditions and levels of impairment. To qualify as having ID for the purposes of PASRR, an individual must also have concurrent impairments in adaptive functioning.~~
- ~~Whatever form it takes, ID must have emerged before the age of 18 and must be likely to persist throughout a person's life.~~

~~Related Condition~~

- ~~Conditions that are not a form of intellectual disability, but which often produce similar functional impairments and require similar treatment or services (hence the term "related").~~
- ~~Related conditions must emerge before the age of 22.~~
- ~~Be expected to continue indefinitely~~
- ~~Must result in substantial functional imitations in three3 or more of the following major life activities:~~
  - ~~Self-care~~
  - ~~The understanding and use of language~~
  - ~~Learning~~
  - ~~Mobility~~
  - ~~Self-direction~~
  - ~~Capacity for independent living~~

- ~~Related conditions could include autism, cerebral palsy, Down Syndrome, fetal alcohol syndrome, muscular dystrophy, seizure disorder, and traumatic brain injury. Note that this is not an exhaustive list.~~

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PASRR Level I Screening Process

When it is determined that an individual chooses or requires NF services, a DMAS-95 MI/ID/RC or MI/ID/RC Level I Screening form is completed by the Medicaid LTSS Screener or party responsible for the PASRR process. A Level I screening, and a Level II evaluation and determination, if indicated, must be completed before a resident can be admitted into a nursing facility. When it is *unsuspected or unknown* that an individual has MI, ID, or RCthe LTSS screener completes a DMAS-95 MI/ID/RC Screening form. When the Level I screen indicates no PASRR condition is present or suspected, findings must be documented on the form, and no further PASRR activity is required prior to admission to the NF.

If the Level I *Screening form*screen identifies a present or *DMAS-95*. Ifsuspected PASRR condition, the individual requiresmust be referred for a Level II evaluation and determination, the responsible party. The LTSS screener forwards the completed Level I Screening form or DMAS-95toand other required documentation to the DBHDS contractor (contact information follows) for further evaluation.

PASRR Level II Evaluation and Determination

PASRR Level II is an individualized in-depth evaluation. Virginia's Level II process that includes the participation of a representative from the DBHDS and the contractor performing the reviews.

The Level II evaluation confirms or disconfirms the presence of a qualifying PASRR diagnosis, determines if the individual may benefit from additional specialized services, and does not preclude an individual from receiving NF services. The following documents SHALL be provided to the Level II contractor:

a) Completed UAI or equivalent assessment of ability to complete ADLs and IADLs,

Level I Screening form or (DMAS-95) and Guardianship documentation (if applicable).

b) Medical History and physical, signed by a physician and performed within 1 year of the screening date.

c) Psychiatric Evaluation for individuals already diagnosed with severe mental illness (SMI), signed by a psychiatrist and performed within one (1) year of the screening date.

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d) Intelligence testing for ID. - If not available, the Level II evaluatorindependent contractor will perform this test if an ID or RC is suspected.

DBHDS and contractor completes the Level II evaluation and determination prior to NF admission. The Level II results must be returned to the responsible party and if it a Medicaid LTSS Screener, the Level II Screening and determination is to be entered into the eMLS.

- NFs cannot admit an individual without a Level I screening and, if needed, a Level II evaluation and determination. The results from DBHDS and the contractor are documented on the DMAS-96 Authorization Form. Psychiatric Stability Note for individuals psychiatrically hospitalized or who are experiencing significant psychiatric symptoms. These documents must be signed by a credentialed psychiatric professional.
- Medical Stability Note is required if medical stability is not otherwise demonstrated by submitted documents.

The Level II evaluation and determination must be made in writing within an annual average of 7 to 9 working days of referral of the individual with MI/ID or RC by whatever agent performs the Level I identification. The DBHDS contractor. The DBHDS contractor's contact information is:

Ascend, A Maximus Company
Phone: 877-431-1388, Extension 3205
Fax: 877-431-9568
Website: www.ascendami.com

The Level II results, documented on the DMAS 95 Supplemental form, must be returned to the LTSS Sscreener to be retained in the individual's medical record and transcribed in eMLS, when applicable.

The following provides clarification for common scenarios in which the PASRR is conducted:

- Nursing Facilities have the authority to conduct the PASRR Level I Screening and Level II referral, when warranted, prior to admission. However, best practice is for the entity currently providing care to the individual to conduct the PASRR, when applicable.

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- ~~The NF will pass along the existing Resident Review for individuals transferring from NF to another.~~

- ~~Individuals transferring from the community to a Nursing Facility, where the original LTSS sScreening did not warrant the PASRR, the NF will conduct the PASRR Level I and Level II referral, if warranted, before admission.~~

- ~~Individuals who are discharging from the Hospital to the Nursing Facility, where the LTSS sScreening is not required, the Hospital is to conduct the PASRR Level I and Level II referral, if needed, utilizing the paper forms. The hospital then passes the completed PASRR form to the admitting Nursing Facility.~~

  ~~*The NF is not prohibited from doing it if needed. However, the individual cannot discharge to the NF before the PASRR is completed, including the results of the Levell II evaluation and determination, when applicable*.~~

- ~~The information from the PASRR Level I and Level II referral, if warranted, paper forms, are transcribed into eMLS, if/when the LTSS sScreening is performed. It is important for the Hospital and/or NF who is conducting the PASRR process on paper to use the DMAS 95 Level I form or Non-Medicaid 95 form and the DMAS 95 Level II Supplemental Forms so that all needed information for the system is captured. Please go to MES Homepage, forms library to download these forms.~~

- ~~The PASRR will continue to be bundled with the LTSS sScreening for individuals when nursing facility placement is chosen.~~

~~SCREENING FOR MEDICAID-FUNDED LTSS- LEVEL OF CARE (LOC)~~NURSING FACILITY LEVEL OF CARE ~~AUTHORIZATION~~ CRITERIA

To be eligible for Medicaid reimbursement of LTSS, individuals must meet Nursing Facility Level of Care criteria.

~~Attachment B~~Appendix A ~~of this chapter~~manual ~~provides a worksheet to assist in determining if an individual meets NF LOC criteria. Results from the s~~Screening

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~~can be entered on the two-page worksheet (Attachment BA) that assists with summarizing the information gathered and considers the NF LOC criteria.~~

~~ADULT SCREENING CRITERIA FOR MEDICAID-FUNDED LTSS~~

~~The LTSS Screening criteria for assessing an adult's~~individual's ~~eligibility for Medicaid reimbursement of LTSS~~Nursing Facility Level of Care criteria consists of several components as follows:

1. Functional capacity: evaluates an individual's ability to independently perform activities of daily living (ADLs), demonstrate mobility, joint motion, and medication administration and assess behavior and orientation status ~~as measured on the UAI.~~. This capacity assessment should be conducted face-to-face in person and to the extent possible observed by the s~~S~~creener. The assessment considers how an individual functions in a community environment and excludes all institutionally induced dependencies. IADLs may also be assessed to assist in determining needs for community (non-Medicaid) resources.

An individual may meet the functional capacity requirements for NF care when one of the following applies:

1. Rated dependent in two or more ADLs, *and* also rated semi-dependent *or* dependent in Behavior Pattern *and* Orientation, *and* semi-dependent or dependent in Joint Motion *or* dependent in Medication Administration; *or*
2. Rated dependent in five to seven ADLs *and* also rated dependent in Mobility; *or*
3. Rated semi-dependent or dependent in two or more of the ADLs *and* also rated dependent in Mobility *and* Behavior Pattern *and* Orientation.

The following abbreviations are used:

I = independent	**d = semi-dependent**	**D = dependent**

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2. Medical or nursing needs: determines if the individual meets the medical or nursing need criteria for NF level of care.

An individual with medical or nursing needs is an individual whose health needs require medical or nursing supervision or care above the level that could be provided through assistance with ADLs, medication administration, and general supervision, and is **not primarily for the care and treatment of mental illness, intellectual, or developmental disabilities** (12VAC30-60-303. D.).

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 by a medical professional to ensure evaluation of the individual's need for modification of treatment *or* additional medical procedures to prevent destabilization, *and* the individual has demonstrated an inability to self-observe *or* evaluate the need to contact skilled medical professionals; *or*

2. Due to the complexity created by the individual's multiple, inter-related medical conditions, medical instability exists or is imminent within 30 days; *or*

3. The individual requires *at least one ongoing* medical or nursing service. Ongoing means that the medical/nursing needs are continuing, not temporary, or where the individual is expected to undergo or develop changes with increasing severity in status. The individual shall require daily direct care and/or supervision by a licensed nurse that cannot be managed on an outpatient basis.

Specify the ongoing medical/nursing need in eMLS. An individual who is receiving rehabilitation services and/or special medical procedures does not automatically have ongoing medical or nursing needs.

An individual with dementia can be determined to have medical/nursing needs even if the individual's current medical condition appears stable. Such individuals are usually unable to self-observe and/or report any physical symptoms of illness, control adequate food and fluid intake without close supervision, and may require, depending on behavior

pattern, the use of a physical or chemical restraint or must be restricted to a secured environment.

~~2.~~ Note: NF LOC for an individual is not determined by an individual's age, nor a specific diagnosis or therapy.

PDN exception note: A medical situation that requires complex medical care or equipment to sustain life may be a reason for an individual to need PDN services. In these circumstances the individual may not meet functional criteria but may be considered in need of NF LOC. The DMAS-108 (adults) or DMAS-109 (children) is completed for these cases.

3. ~~**In order**~~At Risk: to qualify and be authorized for Medicaid reimbursement for LTSS, an individual must also be at risk for ~~**NF placement within 30 days in the absence of the CCC Plus Waiver or PACE** (42CFR441.302(c)(1)). "At Risk" also includes the need for~~needing the level of care provided in a nursing facility, specialized care nursing facility, or long-stay hospital within 30 days. "At-risk" *does not mean* that an individual must be placed in one of these settings. To be considered at-risk, the individual must meet one of the following conditions:

a) The individual has been cared for in the home and written evidence is available demonstrating a deterioration or significant change in the individual's health condition, or a change in available supports to meet the individual's needs; or

b) There has been no significant change in the individual's condition or available support, but evidence is available that demonstrates that the individual's functional and medical or nursing needs are not being met.

Examples of evidence for the items above *may* be, but shall not be limited to, recent hospitalizations, attending physician documentation, and/or reported findings from medical or social services programs such as APS, CPS, and CSBs.

~~3.~~ Appendix A of this manual provides a worksheet to assist in determining if an individual meets NF LOC criteria.

~~ADULT SCREENING CRITERIA AND SCOPE FOR MEDICAID-FUNDED LTSS~~

~~Individuals may be screened for the CCC Plus Waiver or PACE while they are on the waiting list for the Building Independence (BI); Family & Individual Services (FIS); or Community Living (CL) Waivers. However, the individual must meet the criteria for the services for which they seek enrollment in order to be authorized. Please note that eligibility for CCC Plus Waiver, PACE or NF services does not indicate eligibility for one of the Developmental Disability (DD) Waivers nor is someone who is a participant in a DD waiver automatically eligible for CCC Plus Waiver, PACE or NF services.~~

~~*It should be noted that the authorization for Medicaid-funded LTSS may be rescinded by the LTSS provider (including CCC Plus health plan or PACE) at any point in time that the individual is determined to no longer meet the criteria for Medicaid-funded LTSS.*~~

~~Functional Capacity~~
~~Functional capacity is the degree of independence that an individual can perform ADLs, demonstrate mobility, joint motion, and medication administration, and the individual's behavior and orientation status as measured on the UAI. These can be measured and are commonly used as a basis for differentiating levels of long-term services and supports. This capacity assessment should be conducted face-to-face and to the extent possible observed by the Sscreener.~~

~~An individual may meet the functional capacity requirements for NF care when one of the following applies:~~

1. ~~Rated dependent in two or more ADLs, *and* also rated semi-dependent *or* dependent in Behavior Pattern *and* Orientation, *and* semi-dependent or dependent in Joint Motion *or* dependent in Medication Administration; *or*~~

2. ~~Rated dependent in five to seven ADLs *and* also rated dependent in Mobility; *or*~~

3. ~~Rated semi-dependent or dependent in two or more of the ADLs *and* also rated dependent in Mobility *and* Behavior Pattern *and* Orientation.~~

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The following abbreviations are used on the UAI and mean:

I = independent	d= semi-dependent	D= dependent

Activities of Daily Living (ADLs)

Bathing,, Dressing,, Toileting, Transferring	Rating
Without help	I
Mechanical Help (MH) only	d
Human Help only (HH)	D
MH & HH	D
Performed by others	D
Is not performed	D
Bowel Function	
Continent	I
Incontinent less than weekly	d
External/In-dwelling device/Ostomy self-care	d
Incontinent weekly or more	D
Ostomy - not self-care	D
Bladder Function	
Continent	I
Incontinent less than weekly	d
External/In-dwelling device/ Ostomy self-care	d
Incontinent weekly or more	D
External device - not self-care	D
Indwelling catheter - not self-care	D
Ostomy - not self-care	D
Eating/Feeding	
Without help	I

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~~Mechanical help (MH) only~~	~~d~~
~~Human help only (HH)~~	~~D~~
~~MH & HH~~	~~D~~
~~Spoon Fed~~	~~D~~
~~Syringe or Tube Fed~~	~~D~~
~~Tube fed by IV or clysis~~	~~D~~

~~Joint Functioning~~	
~~Within normal limits or instability corrected~~	~~I~~
~~Limited motion~~	~~d~~
~~Instability - uncorrected or immobile~~	~~D~~
~~Mobility~~	
~~Goes outside without help~~	~~I~~
~~Goes outside with Mechanical help (MH) only~~	~~d~~
~~Goes outside with Human help only (HH)~~	~~D~~
~~Goes outside with MH & HH~~	~~D~~
~~Confined - moves about~~	~~D~~
~~Confined – does not move about~~	~~D~~
~~Medication Administration~~	
~~No medications~~	~~I~~
~~Self-administered – monitored less than weekly~~	~~I~~
~~By lay persons administered/monitored~~	~~D~~
~~By licensed/ professional nurse administered/ monitored~~	~~D~~
~~Orientation~~	
~~Oriented~~	~~I~~
~~Disoriented – Some spheres, some of the time~~	~~d~~
~~Disoriented – Some spheres, all the time~~	~~d~~
~~Disoriented – All spheres, some of the time~~	~~D~~
~~Disoriented – All spheres, all of the time~~	~~D~~

~~Comatose~~	~~D~~
~~**Behavior**~~	
~~Appropriate~~	~~I~~
~~Wandering/Passive-Less than Weekly~~	~~I~~
~~Wandering/Passive - Weekly or More~~	~~d~~
~~Abusive/Aggressive/Disruptive - Less than Weekly~~	~~D~~
~~Abusive/Aggressive/Disruptive – Weekly or More~~	~~D~~
~~Comatose~~	~~D~~

~~Medical or Nursing Needs~~

It is mandatory to use the rating criteria below to determine the individual's functional capacity and medical need. When assessing dependencies, LTSS screening teams should rate the level of dependency on a typical day which allows the person to perform the activity safely, reliably and completely from beginning to end. **A typical day means the level of assistance needed more than 50% of the time**. If the dependency level is between two levels, rate at the higher level.

Adult Screening Criteria Ratings

- **Does Not Need Help (I):** Individual safely completes the task without the use of equipment or the assistance of any other person.
- **Mechanical Help Only (d):** Individual typically equipment or a device to safely complete the task.
- **Supervision (Verbal Cues, Prompting) (D):** Individual prompting and/or verbal cues to safely complete the task.
- **Physical Assistance (Set-up, Hands-On Care) (D):** Individual needs hands-on physical assistance to safely complete the task.
- **Mechanical and Supervision (D):** Individual needs equipment or a device *and* requires prompting and/or verbal cues to safely complete the task.

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- **Mechanical and Physical Assistance (D):** Individual needs equipment or a device *and* requires assistance of other(s) to complete the task.

- **Performed by Others (D):** The individual does not take part in the activity at all. The task is *completely* performed by other(s).

- **Is Not Performed (D):** The individual is unable to engage in the task and does not perform the task due to physical confinement.

Children's Criteria Rating Exception~~An individual with medical or nursing needs is an individual whose health needs require medical or nursing supervision or care above the level, which that could be provided through assistance with ADLs, medication administration, and general supervision, and is not primarily for the care and treatment of mental diseases illness, intellectionalintellectual or developmental disabilities, or related conditions (12VAC30-60-303. D.). 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:~~

Children at different developmental stages normally require caregiver assistance to complete tasks. Therefore, the child's abilities are evaluated together with the caregiver's expected role, rather than treating the child's performance as independent. This approach, referred to as assessing the child and caregiver as a unit, ensures that identified needs reflect true functional limitations rather than typical, developmentally expected dependence. The functional capacity assessment should be conducted face-to-face in person and to the extent possible observed by the LTSS screener.

Screening considerations for children, as age appropriate, include safety concerns such as seizure activity, balance, head positioning, awareness of surroundings, and/or other characteristics that make performing the task very difficult, such as complex medical needs or equipment. If the child's situation includes any of these, consider how it impacts the ability to safely perform the task and if the child should be rated at a higher level of need.

Please note that age-appropriate application of the criteria involves **rating the child and the caregiver as a unit, when the child is below the age of expected independence**.

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Developmental Rating Exceptions for Children		
ADL	**Expected Age of Independence**	**Rating Exception**
Bathing	Aged 7	Use of age-appropriate equipment, such as a baby tub for infants is not considered mechanical help.
Dressing	Aged 5	Exclude assistance with shoe tying only.
Toileting	Aged 5	"Performed by Others" and "Is Not Performed" are not appropriate categories for aged 0-4.
		Aged 5-6 that ONLY need help wiping are independent.
		The deferment of toilet training does not constitute a dependency.
Transferring	Aged 5	
Bowel And Bladder	Aged 6	The deferment of toilet training does not constitute a dependency.
		"Incontinent less than weekly" and "weekly or more" are not appropriate categories for aged 0-4.
Eating/Feeding	Aged 5	"Supervision", "Physical Assistance", and "Mechanical and Physical Assistance" are not appropriate categories for aged 0-4.
Joint Motion		
Mobility	Aged 5	
Medication Administration	Aged 18	All children MUST be rated as a unit with their caregiver.
Orientation	Aged 5	Aged 0-4 are "Oriented" unless "Comatose" criteria ~~is~~ are met.

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Behavior	Aged 5	"Wandering, Passive, or Other" is not appropriate for aged 0-4. "Abusive, Aggressive, or Disruptive" is not appropriate for children below the age of 1.

Children Screening Criteria Ratings

Children BELOW Expected Age of Independence:

- **Does Not Need Help (I):** The child and caregiver as a unit can perform the task without assistance or safety concerns.
- **Mechanical Help Only (d):** The child and caregiver as a unit require Durable Medical Equipment (DME) to perform the task.
- **Supervision (Verbal Cues, Prompting) (d):** The child and caregiver as a unit, require an additional person for prompting and/or verbal cues to safely complete the task due to the caregiver's inability to supervise while performing the task.
- **Physical Assistance (Set-up, Hands-On Care) (D):** The child and the caregiver as a unit require an additional person to perform the task.
- **Mechanical and Supervision (d):** The child and caregiver as a unit requires DME and an additional person for prompting and/or verbal cues.
- **Mechanical and Physical Assistance (D):** The child and caregiver as a unit require DME and require the assistance of an additional person as defined above under "Mechanical Help" and "Physical Assistance" to complete the task.
- **Performed by Others (D):** The child is confined, unable to participate in the task at all due to complex medical needs, and the caregiver requires the assistance of an additional person to safely perform the task.
- **Is Not Performed (D):** Refers only to children confined to bed.

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Children *At or Above* Expected Age of Independence:

- **Does Not Need Help (I):** The child can perform the task without assistance or safety concerns.
- **Mechanical Help Only (d):** The child needs DME to perform the task safely.
- **Supervision (Verbal Cues, Prompting) (d):** The child needs prompting and/or verbal cues to safely complete the task.
- **Physical Assistance (Set-up, Hands-On Care) (D):** The child requires the assistance of another person to perform the task safely.
- **Mechanical and Supervision (d):** The child requires DME and needs prompting and/or verbal cues to safely complete the task.
- **Mechanical and Physical Assistance (D):** The child requires DME and the assistance of other(s) as defined above under "Mechanical Help" and "Physical Assistance" to safely complete the task.
- **Performed by Others (D):** The child is confined, unable to participate in the task at all due to complex medical needs, and the task is completely performed by other(s).
- **Is Not Performed (D):** Refers only to children confined to bed.

~~1. The individual's medical condition requires observation and assessment by a medical professional to ensure evaluation of the individual's need for modification of treatment *or* additional medical procedures to prevent destabilization, *and* the individual has demonstrated an inability to self-observe *or* evaluate the need to contact skilled medical professionals; *or*~~

~~2. Due to the complexity created by the individual's multiple, inter-related medical conditions, the potential for the individual's medical instability is high or medical instability exists or is imminent within 30 days; *or*~~

~~3. The individual requires *at least one ongoing* medical or nursing service. Ongoing means that the medical/nursing needs are continuing, not temporary, or where the individual is expected to undergo or develop changes with~~

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increasing severity in status. "Ongoing" refers to the need forThe individual shall require daily direct care and/or supervision by a licensed nurse that cannot be managed on an outpatient basis.

If applicable, specifySpecify the ongoing medical/nursing need in eMLS. An individual who is receiving rehabilitation services and/or special medical procedures does not automatically have ongoing medical or nursing needs as there should be documentation to support the rehabilitation services and/or ongoing special medical procedures such as physician orders or progress notes.

Note: NF LOC for an individual is not determined by an individual's age, nor a specific diagnosis or therapy.

The following is a non-exclusive list of medical *or* nursing services that MAY 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 a recent history of weight loss or inadequate hydration which, if not supervised, would be expected to result in malnourishment or dehydration (this also includes observation and supervision of special diets, e.g. diabetic, renal, cardiac, etc.);

(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, Posey vests, geri-chairs, locked units) or chemical restraints (e.g. overuse of sedatives), or both;

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~~(h) Routine skin care to prevent pressure ulcers for individuals who are immobile or whose medical condition increased the risk of skin breakdown;~~

~~(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 including observation of and care of the access port;~~

~~(n) Suctioning;~~

~~(o) Tracheostomy care;~~

~~(p) Infusion therapy;~~

~~(q) Oxygen;~~

~~Examples of Medical or Nursing Needs:~~

- ~~Drainage Tubes~~
- ~~End-Stage Disease~~
- ~~Naso-gastric Tube Feeding~~
- ~~Total Parenteral Nutrition management and care as directed~~
- ~~Severe Daily Pain Management as directed by physician~~
- ~~Transplant management and care as directed~~

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- ~~Uncontrolled Seizures management and observation~~
- ~~Use of Ventilator~~

~~Functional Tasks DefinitionsA medical situation that requires complex medical care or equipment to sustain life may be a reason for an individual to need PDN services. In these circumstances the individual may not meet functional criteria but would be considered in need of NF LOC. The DMAS-108 (for adults) or a DMAS-109 (for children) is completed for these cases.~~

~~PDN exception note: If the individual is rated dependent in some functional limitations, but does not meet the functional capacity requirements, it should be determined if the individual requires the daily direct services or supervision of a licensed nurse for PDN services that cannot be managed on an outpatient basis (e.g. clinic, physician visits, home health services).. These individuals must meet the PDN criteria on the DMAS-108.~~

~~Rating Criteria for Adult Assessments~~

~~**It is mandatory, when assessing an adult, to use the rating criteria below that indicates the individual's functional capacity and medical need**. When reviewing for dependencies, LTSS sScreening teams should rate the dependency level on a typical day at the individual's highest level of need, which allows the person to perform the activity safely, reliably and completely from beginning to end. If the dependency level on a typical day for the adult is between two levels, rate at the higher level.~~

~~Rating Criteria for Bathing:~~

Bathing entails getting in and out of the tub, preparing the bath (e.g., turning on the water), ~~actually~~ washing oneself, and towel drying. Some individuals may report various methods of bathing that constitute their usual pattern. For example, they may bathe themselves at a sink or basin five days a week~~,~~ but take a tub bath two days of the week when an aide assists them. The questions refer to the method

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used most or all of the time to bathe the entire body~~.~~. Individuals who only need physical assistance to wash their hair, back, or feet would be rated as “Does Not Need Help.”~~.~~

~~Rating Criteria for Dressing:~~

Dressing is the process of getting clothes from closets and/or drawers, putting them on, fastening, and taking them off. Clothing refers to clothes, braces and artificial limbs worn daily. Individuals who wear pajamas or gown with robe and slippers as their usual attire are considered dressed. Individuals who are confined to bed who are considered not dressed are rated as “Is Not Performed.”~~.~~

Toileting is the ability to get to and from the bathroom, get on/off the toilet, clean oneself, manage clothes and flush. A commode at any site may be considered the "bathroom" only if in addition to meeting the criteria for "toileting" the individual empties, cleanses, and replaces the receptacle, such as the bed pan, urinal or commode, without assistance from other(s). Individuals who do not use the toilet or independently manage a commode ~~bathroom~~ are rated as “Is Not Performed.”~~.~~

Transferring means the individual’s ability to move between the bed, chair, and/or wheelchair. If a person needs help with some transfers but not all, rate assistance at the highest level.~~.~~ Supervision includes guarding for transferring. Individuals who are confined to the bed are rated as “Is Not Performed.”~~.~~

Eating/Feeding is the process of getting food/fluid by any means into the body. This activity includes transferring food from a plate or bowl into the individual's mouth, opening a bottle and pouring liquids, and holding a glass to drink. This activity is the process of eating food after it is placed in front of the individual.

“Performed By Others” includes individuals who are spoon fed; fed by syringe or tube, or individuals who are fed intravenously (IV). Spoon fed means the individual does not bring any food to their mouth and is fed completely by others. Fed by syringe or tube means the individual usually is fed a prescribed liquid diet via a feeding syringe, NG-tube (tube from the nose to the stomach) or G-tube (opening into the stomach). Fed by I.V. means the individual usually is fed a prescribed sterile solution intravenously. Total parenteral nutrition (TPN) is the administration of a nutritionally adequate solution through an indwelling catheter into the superior vena cava.

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Mobility is the extent of the individual's movement outside his or her usual living quarters. Evaluate the individual's ability to walk steadily and his or her level of endurance.

Individuals who are *unable* to go outside of their residence but does go outside of their room are rated as Confined – Moves About (D).

Individuals who typically are unable to go outside of their room are rated as Confined – Does Not Move About (D).

If the individual *chooses* not to leave the room or mobility is restricted due to other Social Determinants of Health, do not rate as Confined.

Ambulation is the ability to get around indoors (walking) and outdoors (mobility), climb stairs and wheel. Individuals who are confined to a bed or chair must be shown as needing help for all ambulation activities. This is necessary in order to show their level of functioning/dependence in ambulation accurately. Individuals who are confined to a bed or a chair are rated "Is Not Performed" for all ambulation activities.

Walking is the process of moving about indoors on foot or on artificial limbs.

Wheeling is the process of moving about by a self-propelled wheelchair. The wheelchair itself is not considered a mechanical device for this assessment section. *Wheelchair adaptations that are required for safe wheeling may be considered a mechanical device.* Individuals who do not have a medical need for a wheelchair should be rated as Needs No Help.

Stair Climbing is the process of climbing up and down a flight of stairs from one floor to another. If the individual does not live in a dwelling unit with stairs, ask whether they could climb stairs if necessary.

~~○ Does Not Need Help (I): Individual gets in and out of the tub or shower, turns on the water, bathes entire body, or takes a full sponge bath at the sink and does not require immersion bathing, without using equipment or the assistance of any other person.~~

~~○ Mechanical Help Only (d): Individual usually needs equipment or a device such as a shower/tub chair/stool, grab bars, pedal/knee-controlled faucet, long-handled brush, and/or a mechanical lift to complete the bathing process.~~

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- ~~Human Help Only (D):~~

~~Supervision (Verbal Cues, Prompting) (D): Individual needs prompting and/or verbal cues to safely complete washing the entire body. This includes individuals who need someone to teach them how to bathe.~~

~~Physical Assistance (Set-up, Hands-On Care) (D): Someone fills the tub or brings water to the individual, washes part of the body, helps the individual get in and out of the tub or shower, and/or helps the individual towel dry. Individuals who only need human help physical assistance to wash their backshair, back, or feet would not be included in this category. Such individuals would be rated as "Does Not Need Help".~~

- ~~Mechanical and Human HelpPhysical Assistance (D): Individual usually needs equipment or a device and requires assistance of other(s) to bathe.~~

- ~~Performed by Others (D): Individual is completely bathed by other(s) and does not take part in the activity at all.~~

~~Rating Criteria for Dressing:~~

~~Dressing is the process of getting clothes from closets and/or drawers, putting them on, fastening, and taking them off. Clothing refers to clothes, braces and artificial limbs worn daily. Individuals who wear pajamas or gown with robe and slippers as their usual attire are considered dressed.~~

- ~~Does Not Need Help (I): Individual usually completes the dressing process without help from others. If the only help someone gets is tying shoes, do not count as needing help.~~

- ~~Mechanical Help Only (d): Individual usually needs equipment or a device such as a long-handled shoehorn, zipper pulls, specially designed clothing or a walker with an attached basket to complete the dressing process.~~

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- ~~Human Help Only (D):~~

~~Supervision (Verbal Cues, Prompting) (D): Individual usually requires prompting and/or verbal cues to complete the dressing process. This category also includes individuals who are being taught to dress.~~

~~Physical Assistance (Set-up, Hands-On Care) (D): Individual usually requires assistance from another person who helps in obtaining clothing, fastening hooks, putting on clothes or artificial limbs, etc.~~

- ~~Mechanical and Human HelpPhysical Assistance (D): Individual usually needs equipment or a device and requires assistance of other(s) to dress.~~

- ~~Performed by Others (D): Individual is completely dressed by another individual and does not take part in the activity at all.~~

- ~~Is Not Performed (D): Refers only to individuals confined to bed who are considered not dressed.~~

~~Rating Criteria for Toileting:~~

~~Toileting is the ability to get to and from the bathroom, get on/off the toilet, clean oneself, manage clothes and flush. A commode at any site may be considered the "bathroom" only if in addition to meeting the criteria for "toileting" the individual empties, cleanses, and replaces the receptacle, such as the bed pan, urinal or commode, without assistance from other(s).~~

- ~~Does Not Need Help (I): Individual uses the bathroom, cleans self, and arranges clothes without help. This includes appropriate use and disposal of incontinent supplies or pads by the individual.~~

- ~~Mechanical Help Only (d): Individual needs grab bars, raised toilet seat or transfer board and manages these devices without the aid of other(s). Includes individuals who use handrails, walkers, wheelchairs, or canes for support to complete the toileting process. Also includes individuals who use the bathroom without help during the day, use a bedpan, urinal, or bedside commode without help during the night, and can empty this receptacle without assistance. This category includes appropriate use and disposal of incontinent supplies or pads by the individual.~~

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- ~~Human Help Only (D):~~

~~Supervision (Verbal Cues, Prompting) (D): Individual requires verbal cues and/or prompting to complete the toileting process.~~

~~Physical Assistance (Set-up, Hands-On Care) (D): Individual usually requires assistance from another person who helps in getting to/from the bathroom, adjusting clothes, transferring on and off the toilet, or cleansing after elimination. The individual participates in the activity. This includes supervision and/or physical assistance with incontinent supplies or pads.~~

- ~~Mechanical and Human Help~~Physical Assistance (D): ~~Individual usually needs equipment or a device and requires assistance of other(s) to toilet.~~

- ~~Performed by Others (D): Individual does use the bathroom, but is totally dependent on another's assistance. Individual does not participate in the activity at all. This includes total assistance by others with incontinent supplies or pads.~~

- ~~Is Not Performed (D): Individual does not use the bathroom.~~

~~Rating Criteria for Transferring:~~

~~Transferring means the individual's ability to move between the bed, chair, and/or wheelchair. If a person needs help with some transfers but not all, rate assistance at the highest level.~~

- ~~Does Not Need Help (I): Individual usually completes the transferring process without human~~physical ~~assistance or use of equipment.~~

- ~~Mechanical Help Only (d): Individual usually needs equipment or a device, such as lifts, hospital beds, sliding boards, pulleys, trapezes, railings, walkers or the arm of a chair, to safely transfer, and individual manages these devices without the aid of another person.~~

- ~~Human Help Only (D):~~

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Supervision (Verbal Cues, Prompting) (D): Individual usually needs verbal cues or guarding to safely transfer.

Physical Assistance (Set-up, Hands-On Care) (D): Individual usually requires the assistance of another person who lifts some of the individual's body weight and provides physical support in order for the individual to safely transfer.

- Mechanical and Human HelpPhysical Assistance (D): Individual usually needs equipment or a device and requires the assistance of other(s) to transfer.

- Performed By Others (D): Individual is usually lifted out of the bed and/or chair by another person and does not participate in the process. If the individual does not bear weight on any body part in the transferring process; the individualhe/she is not participating in the transfer. Individuals who are transferred with a mechanical or Hoyer lift are included in this category.

- Is Not Performed (D): The individual is confined to the bed.

Rating Criteria for Eating/Feeding:

Eating/Feeding is the process of getting food/fluid by any means into the body. This activity includes cutting food, transferring food from a plate or bowl into the individual's mouth, opening a cartonbottle and pouring liquids, and holding a glass to drink. This activity is the process of eating food after it is placed in front of the individual.

- Does Not Need Help (I): Individual is able to perform all of the activities without using equipment or the supervision or assistance of another.

- Mechanical Help Only (d): Individual usually needs equipment or a device, such as hand splints, adapted utensils, and/or nonskid plates, in order to complete the eating process. Individuals needing mechanically adjusted diets (pureed food) and/or food chopped are included in this category.

- Human Help Only (D):

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~~Supervision (Verbal Cues, Prompting) (D): Individual feeds self, but needs verbal cues and/or prompting to initiate and/or complete the eating process safely.~~

~~Physical Assistance (Set-up, Hands-On Care):) (D): Individual needs assistance to bring food to the mouth, cut meat, butter bread, open cartonsbottles and/or pour liquid due to an actual physical or mental disability (e.g., severe arthritis, Alzheimer's). This category must not be checked if the individual is able to feed himself or herself, but it is more convenient for the caregiver to complete the activity.~~

~~o Mechanical and Human HelpPhysical Assistance (D): Individual usually needs equipment or a device and requires assistance of other(s) to eat.~~

~~o Performed By Others (D): Includes individuals who are spoon fed; fed by syringe or tube, or individuals who are fed intravenously (IV). Spoon fed means the individual does not bring any food to histheir mouth and is fed completely by others. Fed by syringe or tube means the individual usually is fed a prescribed liquid diet via a feeding syringe, NG-tube (tube from the nose to the stomach) or G-tube (opening into the stomach). Fed by I.V. means the individual usually is fed a prescribed sterile solution intravenously. Total parenteral nutrition (TPN) is the administration of a nutritionally adequate solution through an indwelling catheter into the superior vena cava.~~

~~Rating Criteria for Bowel:~~

Bowel and Bladder ~~c~~continence is the physiological process of elimination of feces and/or urine.

Continence is the ability to control ~~bowel~~ elimination. Incontinence may have one of several different causes, including specific disease processes and side effects of medications. Helpful questions include, "Do you get to the bathroom ~~on~~ in time?",~~;~~ "How often do you have accidents?", and "Do you use pads or adult diapers?"

- **Does Not Need Help (I):**
  ~~This category includes:~~ 1) ~~the l~~individual voluntarily controls the elimination of feces/urine. ~~**OR**~~ **OR**

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2) ~~If the i~~individual on a bowel/bladder program never empties ~~his or her~~their bowel/bladder without stimulation or a specified ~~bowel~~ regimen or an individual on dialysis who has no urine output.~~, the individualhe or she is rated as "Does not need help," and T~~t~~he bowel/bladder training is noted under medical/nursing needs because in this case, there is no voluntary elimination; evacuation is planned.~~. If an individual on a bowel regimen also has occasions of bowel incontinence, then the individualhe or she would be rated as incontinent, either less than weekly or weekly or more.~~

OR

~~o~~ 3) ~~If an i~~Individual uses incontinent supplies such as briefs, pads or diapers and can independently change and dispose of items appropriately~~, then the individual is rated "Does not need help."~~.

○ **Incontinent Less than Weekly [does not occur every week] (d):** The individual has involuntary elimination of feces/urine, but it does not occur every week (e.g., every other week). ~~Includes i~~Individuals who use incontinence supplies ~~such as briefs, pads, or diapers for involuntary elimination of feces and the individual~~and are~~is~~ unable to properly change and dispose of the items are rated as Independent ~~but it does not occur every week.~~. ~~In these cases, the individual is rated as "incontinent less than weekly."~~

○ **External Device, Catheter, or Ostomy - Self-Care (d):** The individual has~~utilizes~~ an ~~artificial anus established by an opening into the colon (colostomy) or ileum (ileostomy) and can independently care for the ostomy, stoma, skin cleansing, dressing, application of appliance, irrigation, etc., and if needed~~external device, ~~(i.e.~~ Peristeen Pump~~)~~, urosheath, catheter (indwelling or intermittent), ostomy, or may include in and out catheterizations multiple times a day to assist with ~~ostomy, can appropriately change and dispose of incontinence supplies used~~evacuation of bowel or elimination of urine when there is no voluntary elimination and the individual requires no assistance caring for the device or skin surrounding the ostomy.

○ **Incontinent Weekly or More [Occurring at least once a week or more] (D):** The individual has involuntary elimination of feces/urine at least once a week or more~~. Includes individuals who use incontinence supplies such as briefs, pads, or diapers for involuntary elimination of feces occurring at least once a week or more~~ and ~~does not~~cannot use and correctly dispose of incontinence supplies.

~~o~~ **External Device/ Catheter/ Ostomy - Not Self-Care (D):** ~~-~~The individual utilizes an external device, Peristeen Pump, urosheath, catheter (indwelling

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or intermittent), or ostomy to assist with evacuation of bowel or elimination of urine and requires the assistance of another person to care for the device or perform catheterizations.~~The individual has~~utilizes ~~an artificial anus established by an opening into the colon (colostomy) or ileum (ileostomy)~~external device (i.e. Peristeen Pump) to assist with evacuation of bowel when there is no voluntary elimination and another person cares for the ostomy, stoma, skin cleansing, dressing, application of appliance, irrigations, etc., and may also need~~requires~~ assistance with the changing and appropriate disposal of incontinence supplies. .

~~Rating Criteria for Bladder:~~

~~Bladder continence is the physiological process of elimination of urine.~~

~~Continence is the ability to control urination (bladder). Incontinence may have one of several different causes, including specific disease processes and side effects of medications. Helpful questions include, "Do you get to the bathroom on time?".; "How often do you have accidents?", and "Do you use pads or adult diapers?"~~

~~o Does Not Need Help (I): This category includes:~~

~~1) The individual voluntarily empties his or her bladder. OR~~

~~2) Individuals on dialysis who have no urine output would be rated "Does not need help" as the individual~~he or she ~~does not perform this process. Dialysis will be noted under medical/nursing needs. OR~~

~~3) Similarly, individuals who perform the Crede method for himself or herself for bladder elimination would also be rated "Does not need help." OR~~

~~4) If an individual uses incontinent supplies such as briefs, pads or diapers and can independently change and dispose of them appropriately, then the individual is rated "Does not need help.".~~

~~o Incontinent Less than Weekly [does not occur every week] (d): The individual has involuntary emptying or loss of urine, but it does not occur every week. Includes individuals who use incontinence supplies such as briefs, pads, or diapers for involuntary emptying or loss of urine and the individual is unable to properly dispose of the items, but it does not occur every week. In these cases, the individual is rated as "incontinent less than weekly."~~

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- External Device, Indwelling Catheter, or Ostomy - Self-Care (d): The individual has an urosheath or condom with a receptacle attached to collect urine (external catheter); a hollow cylinder passed through the urethra into the bladder (internal catheter); a surgical procedure that establishes an external opening into the ureter(s) (ostomy) or may include in and out catheterizations occurring multiple times a day (not indwelling). The individual completely cares for urinary devices (changes the catheter or external device, irrigates as needed, empties and replaces the receptacle) and the skin surrounding the ostomy This includes individuals who use any of these devices and may also need to use incontinence supplies such as briefs, pads, or diapers but can correctly dispose of them.

- Incontinent Weekly or More [Occurring at least once a week or more] (D): The individual has involuntary emptying or loss of urine at least once a week or more. Includes individuals who use incontinence supplies such as briefs, pads, or diapers for involuntary emptying or loss of urine occurring at least once a week or more and does not correctly dispose of them.

- External Device - Not Self-Care (D): Individual has an urosheath or condom with a receptacle attached to collect urine. Another person cares for the individual's external device. This includes individuals who use these devices and may need to use incontinence supplies such as briefs, pads, or diapers but cannot correctly dispose of them.

- Indwelling Catheter - Not Self-Care (D): Individual has a hollow cylinder passed through the urethra into the bladder. Another person cares for the individual's indwelling catheter or must perform in and out catheterizations multiple times a day. This category includes individuals who self-catheterize, but who need assistance to set-up, clean up, etc. This includes individuals who use these devices and may need to use incontinence supplies such as briefs, pads, or diapers but cannot correctly dispose of them.

- Ostomy - Not Self-Care (D): Individual has a surgical procedure that establishes an external opening into the ureter(s). Another person cares for the individual's ostomy and may assist with the use, changing, and appropriate disposal of incontinence supplies.

Rating Criteria for Mobility:

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Mobility is the extent of the individual's movement outside his or her usual living quarters. Evaluate the individual's ability to walk steadily and his or her level of endurance.

Ambulation is the ability to get around indoors (walking) and outdoors (mobility), climb stairs and wheel. Individuals who are confined to a bed or chair must be shown as needing help for all ambulation activities. This is necessary in order to show their level of functioning/dependence in ambulation accurately. Individuals who are confined to a bed or a chair are rated Is Not Performed for all ambulation activities.

Walking is the process of moving about indoors on foot or on artificial limbs.

Wheeling is the process of moving about by a wheelchair. The wheelchair itself is not considered a mechanical device for this assessment section. Individuals who do not have a medical need for a wheelchair should be rated as Does Not Need Help.

Stair Climbing is the process of climbing up and down a flight of stairs from one floor to another. If the individual does not live in a dwelling unit with stairs, ask whether he can climb stairs if necessary.

- Does Not Need Help (I): Individual usually goesis able to move about outside of his or her residence on a routine basis. If the only time the individual goes outside is for trips to without assistance or medical appointments or treatments by ambulance, car, or van, do not rate the individual here because this is not considered going outside. These individuals would be rated either in the "confined - moves about" or "confined - does not move about" categoriestransportation.

- Mechanical Help Only (d): Individual usually needs equipment or a device to gomove about outside. Equipment or device includes splint, special shoes, leg braces, crutches, walkers, wheelchairs, canes, handrails, chairlifts, and special ramps.

- Human Help Only (D):

Supervision (Verbal Cues, Prompting) (D): Individual usually requires assistance from another person who provides supervision, cues, or coaxing to gocues to move about outside.

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~~Physical Assistance (Set-up, Hands-On Care) (D): Individual usually receives assistance from another person who physically supports or steadies the individual to gomove about outside.~~

~~o Mechanical and Human HelpPhysical Assistance (D): Individual usually needs equipment or a device and requires assistance of other(s) to gomove about outside.~~

~~o Confined - Moves About (D): Individual does not customarilyis unable to go outside of his or her residence, but does go outside of his or her room. If the individual chooses not to leave the residence or mobility is restricted due to other Social Determinants of Health, do not rate as Confined.~~

~~Confined - Does Not Move About (D): The individual usually stays in his or her room. If the individual chooses not to leave the room or mobility is restricted due to other Social Determinants of Health, do not rate as Confined.~~

~~o~~

~~Rating Criteria for~~ **Joint Motion~~:~~**

~~This~~ is the individual's ability to move his or her fingers, arms, and legs (active range of movement or ROM) or, if applicable, the ability of someone else to move the individual's fingers, arms, and legs (passive ROM).

- **Within normal limits or instability corrected (I):** means the joints can be moved to functional motion without restriction, or a joint does not maintain functional motion and/or position when pressure or stress is applied~~,~~ but has been corrected by the use of an appliance or by surgical procedure.

- **Limited motion (d):** means partial restriction in the movement of a joint including any inflammatory process in the joint causing redness, pain, and/or swelling that limits the motion of the joint.

- **Instability uncorrected or immobile (D):** means a joint does not maintain functional motion and/or position when pressure or stress is applied and the disorder has not been surgically corrected or an appliance

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is not used, or there is total restriction in the movement of a joint (e.g., contractures, which are common in individuals who have had strokes).

~~Rating Criteria for~~ Medication Administration ~~:~~

~~Medication Administration~~ refers to the person(s) who ~~administer~~administers medications or if the individual is being referred elsewhere, the person(s) who will administer medications following referral.

- **Without Assistance or No Medications (I):** No Medications means the individual takes medication without any assistance from another person or is monitored by another individual less than weekly or does not take any medications.
- **Administered/Monitored by Lay Person(s) (D):** The individual needs assistance of a person without pharmacology training to either administer or monitor medications~~.~~ more than weekly. This includes medication aides in assisted living facilities (certified but not licensed) and programmed medication dispensers.
- **Administered/Monitored by Professional Nursing Staff (D):** The individual needs licensed or professional health personnel to administer or monitor some or all of the medications.

~~Rating Criteria for~~ Behavior Pattern and Orientation~~: Behavior and Orientation~~ are considered in combination for service authorization. A ~~To accurately rate~~ Behavior and Orientation crosswalk ~~can be found please use the crosswalk included as Attachment~~refer to in Appendix A of~~in~~ this manual.

Behavior Pattern is the manner of conducting oneself within one's environment.

Orientation is the awareness of an individual within his or her environment in relation to time, place, and person.

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BEHAVIOR PATTERN

- **Appropriate (I):** The individual's behavior pattern is suitable or fitting to the environment. Appropriate behavior is of the type that adjusts to accommodate expectations in different environments and social circumstances. Behavior pattern does not refer to personality characteristics such as "selfish," "impatient," or "demanding," but is based on direct observations of the individual's actions.

- **Inappropriate Wandering, Passive, or Other:**
  Wandering/Passive < weekly = (I);
  Wandering/Passive Weekly or More = (d):
  The individual's usual behavior is manifested in a way that does not present major management problems. Wandering is characterized by physically moving about aimlessly or mentally being non-focused. Passive behavior is characterized by a lack of awareness or interest in personal matters and/or in activities taking place in close proximity. Other characterizations of behavior such as impaired judgment, regressive behavior, agitation, or hallucinations that is not disruptive are included in this category.

- **Inappropriate Abusive, Aggressive, or Disruptive:**
  Abusive/Aggressive/Disruptive < Weekly = (D);
  Abusive/Aggressive/Disruptive Weekly or More = (D):
  The individual's behavior is manifested by acts detrimental to the life, comfort, safety, and/or property of the individual and/or others. Agitations, hallucinations, or assaultive behavior that is detrimental are included in this category and specified in the space provided.

- **Comatose (D):** refers to the semi-conscious or comatose (unconscious) state.
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ORIENTATION

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- **Oriented (I):** The individual has no apparent problems with orientation and is aware of who ~~they are~~he or she is, where ~~they are~~he or she is, the day of the week, the month, and people around ~~them~~him or her.

- **Disoriented - Some Spheres, Some of the Time (d):** The individual sometimes has problems with one or two of the three cognitive spheres of person, place, or time. Some of the Time means there are alternating periods of awareness-unawareness.

- **Disoriented - Some Spheres, All of the Time (d):** The individual is disoriented in one or two of the three cognitive spheres of person, place, and time. All of the time means this is the individual's usual state.

- **Disoriented - All Spheres, Some of the Time (D):** The individual is disoriented to person, place, and time periodically, but not always.

- **Disoriented - All Spheres, All of the Time (D):** The individual is always disoriented to person, place, and time.

- **Comatose (D):** The individual is in a semi-comatose or unconscious state or is otherwise non-communicative.

~~**Crosswalk for combination determination: Behavior and Orientation are considered as a combination for service authorization. Please see the chart below that provides the combinations that determine whether or not an individual is independent (I), semi-dependent (d), or dependent (D) in both behavior and orientation for the purposes of Screening for Medicaid-funded LTSS. This crosswalk has been provided as a quick pull reference sheet, Attachment A, for face-to-face assessments.**~~

~~ORIENTATION PATTERN~~	~~**BEHAVIOR PATTERN**~~	~~Appropriate~~	~~Wandering/ Passive Less Than Weekly~~	~~Wandering/ Passive Weekly or More~~	~~Abusive/Aggressive/ Disruptive Less Than Weekly~~	~~Abusive/ Aggressive/Disruptive Weekly or More~~
	~~Oriented~~	~~**I**~~	~~**I**~~	~~**I**~~	~~**d**~~	~~**d**~~
	~~Disoriented: **Some** spheres **Some** of the time~~	~~**I**~~	~~**I**~~	~~**d**~~	~~**d**~~	~~**D**~~
	~~Disoriented: **Some** spheres **All** of the time~~	~~**I**~~	~~**I**~~	~~**d**~~	~~**d**~~	~~**D**~~

	~~Disoriented: **All** spheres **Some** of the time~~	~~**d**~~	~~**d**~~	~~**D**~~	~~**D**~~	~~**D**~~
	~~Disoriented: **All** spheres **All** of the time~~	~~**d**~~	~~**d**~~	~~**D**~~	~~**D**~~	~~**D**~~
	~~Comatose~~	~~**D**~~	~~**D**~~	~~**D**~~	~~**D**~~	~~**D**~~

FEDERAL PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) PROCESS

Federal regulations require ALL individuals **(regardless of payer source)** who apply as a **new admission** to a Medicaid-certified NF to be evaluated for evidence of possible Mental illness (MI), Intellectual Disability (ID), or Related Condition (RC). This screening, evaluation, and determination is conducted to ensure that individuals are placed appropriately, in the least restrictive setting possible and that individuals receive needed services, wherever they are living**.** An individual **shall not be admitted to a NF** under any circumstance unless the PASRR process has been completed, including the results of the Level II evaluation, if warranted.

A new admission is defined as anyone who is NOT readmitting to a facility from a hospital to which he or she was transferred for the purpose of receiving care or transferring from one nursing facility to another nursing facility, with or without an intervening hospital stay.

Any re-admission to a NF after an intervening return to the community, of any length of time, is considered a new admission and requires the completion of PASRR.

The PASRR process is not a requirement for the CCC Plus Waiver or PACE.

The process known as Preadmission Screening and Resident Review (PASRR) involves two steps, Level I screening and Level II evaluation and determination. The purpose of the Level I screening is to determine whether an individual might have MI, ID, or a RC. If an individual “tests positive” at Level I, they are referred for the Level II evaluation and determination. The Level II will confirm or disconfirm the results of the Level I screen, determine appropriate placement, and identify the set of services required to maintain and/or improve functioning.

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Nursing Facilities shall have procedures in place to ensure Level I Screenings, and Level II evaluations and determinations, when warranted, are conducted prior to admission. When applicable, it is best practice for the PASRR to be conducted by the entity where the individual is currently receiving care.

The federal definition of Mental Illness (MI) for PASRR is best understood in terms of the four "D's":

a) A diagnosis or suspicion of a major mental illness such as schizophrenia, bipolar disorder, major depression, or an anxiety disorder such as OCD.
b) An absence of dementia. If dementia is also present (co-morbid with) MI, it cannot be the primary diagnosis. The individual's MI must be more serious than their dementia.
c) A well-defined duration. To be relevant, intensive psychiatric treatment for MI must have taken place within the last two (2) years.
d) A particular level of disability. The individual's MI must have resulted in functional limitations in major life activities within the past 3 to 6 months. Crucially, the individual need not have received treatment. It is the severity and recency of impairment that matters, not whether the individual was hospitalized or even saw a mental health professional.
e) States are permitted to create a broader definition of SMI, as long as it does not conflict with the minimum federal standard.

Intellectual Disability

a) Typically, this definition requires an IQ score of less than 70, as measured by a standardized, reliable test of intellectual functioning.
b) ID encompasses a wide range of conditions and levels of impairment. To qualify as having ID for the purposes of PASRR, an individual must also have concurrent impairments in adaptive functioning.
c) Whatever form it takes, ID must have emerged before the age of 18 and must be likely to persist throughout a person's life.

Related Condition

a) Conditions that are not a form of intellectual disability, but which often produce similar functional impairments and require similar treatment or services (hence the term "related").
b) Related conditions must emerge before the age of 22.
c) Be expected to continue indefinitely

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d) Must result in substantial functional imitations in three or more of the following major life activities:
- Self-care
- The understanding and use of language
- Learning
- Mobility
- Self-direction
- Capacity for independent living

e) Related conditions could include autism, cerebral palsy, Down Syndrome, fetal alcohol syndrome, muscular dystrophy, seizure disorder, and traumatic brain injury. Note that this is not an exhaustive list.

PASRR Level I Screening Process

When it is determined that an individual chooses or requires NF services, the LTSS screener completes a DMAS-95 MI/ID/RC Screening form. When the Level I screen indicates no PASRR condition is present or suspected, findings must be documented on the form, and no further PASRR activity is required prior to admission to the NF.

If the Level I screen identifies a present or suspected PASRR condition, the individual must be referred for a Level II evaluation and determination. The LTSS screener forwards the completed Level I Screening form and other required documentation to the DBHDS contractor (information follows) for further evaluation.

PASRR Level II Evaluation and Determination

PASRR Level II is an individualized in-depth evaluation that includes the participation of a representative from DBHDS and the contractor performing the reviews.

The Level II evaluation confirms or disconfirms the presence of a qualifying PASRR diagnosis, determines if the individual may benefit from additional specialized services, and does not preclude an individual from receiving NF services. The following documents SHALL be provided to the Level II contractor:

b) Completed UAI or equivalent assessment of ability to complete ADLs and IADLs, Level I Screening form (DMAS-95) and Guardianship documentation (if applicable).

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c) Medical History and physical, signed by a physician and performed within 1 year of the screening date.

d) Psychiatric Evaluation for individuals already diagnosed with severe mental illness (SMI), signed by a psychiatrist and performed within one (1) year of the screening date.

e) Intelligence testing for ID. If not available, the Level II independent contractor will perform this test if an ID is suspected.

f) Psychiatric Stability Note for individuals psychiatrically hospitalized or who are experiencing significant psychiatric symptoms. These documents must be signed by a credentialed psychiatric professional.

g) Medical Stability Note is required if medical stability is not otherwise demonstrated by submitted documents.

The Level II evaluation and determination must be made in writing within an annual average of 7 to 9 working days of referral of the individual. The DBHDS contractor's contact information is:

Ascend, A Maximus Company

Phone: 877-431-1388, Extension 3205

Fax: 877-431-9568

Website: www.ascendami.com

The Level II results, documented on the DMAS 95 Supplemental form, must be returned to the LTSS screener to be retained in the individual's medical record and transcribed in eMLS, when applicable.

The following provides clarification for common scenarios in which the PASRR is conducted:

a) Nursing Facilities have the authority to conduct the PASRR Level I Screening and Level II referral, when warranted, prior to admission. However, best practice is for the entity currently providing care to the individual to conduct the PASRR, when applicable.

b) The NF will pass along the existing Resident Review for individuals transferring from one NF to another.

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c) Individuals transferring from the community to a Nursing Facility, where the original LTSS screening did not warrant the PASRR, the NF will conduct the PASRR Level I and Level II referral, if warranted, before admission.

d) Individuals who are discharging from the Hospital to the Nursing Facility, where the LTSS screening is not required, the Hospital is to conduct the PASRR Level I and Level II referral, if needed, utilizing the paper forms. The hospital then passes the completed PASRR form to the admitting Nursing Facility.

The NF is not prohibited from doing it if needed. However, the individual cannot discharge to the NF before the PASRR is completed, including the results of the Levell II evaluation and determination, when applicable.

e) The information from the PASRR Level I and Level II referral, if warranted, paper forms, are transcribed into eMLS, if/when the LTSS screening is performed. It is important for the Hospital and/or NF that is conducting the PASRR process on paper to use the DMAS 95 Level I form or Non-Medicaid 95 form and the DMAS 95 Level II Supplemental Forms so that all needed information for the system is captured. Please go to the MES Homepage, forms library to download these forms.

f) The PASRR will continue to be bundled with the LTSS screening for individuals when nursing facility placement is chosen.

~~**Reminder**: An individual must meet all criteria to meet NF LOC, i.e. the individual has limited functional capacity, medical or nursing needs, and is at imminent risk of NF placement within 30 days without services~~

~~**Attachment B** of this manual provides a worksheet for summarizing the results of the LTSS Screening and determining functional, medical or nursing need, and at-risk status of the individual.~~

~~CHILDREN'S SCREENING CRITERIA FOR MEDICAID-FUNDED LTSS~~

~~The sScreening criteria for assessing a child's eligibility for Medicaid reimbursement of LTSS consists of several components as follows:~~

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1. **Functional capacity:** evaluates a child's ability to independently perform activities of daily living (ADLs), demonstrate mobility, joint motion, and medication administration, and assess behavior and orientation status as measured on the UAI.. The assessment considers how a child functions in a community environment and excludes all institutionally induced dependencies. IADLs may also be assessed to assist in determining needs for community (non-Medicaid) resources.

2. **Medical or nursing needs:** determines if the child meets the medical criteria for nursing facility level of care and/or admission.

In order

3. **At Risk:** to qualify and be authorized for Medicaid reimbursement for LTSS, the childan individual must also be **at risk for NF placement, or equivalent facility for children, within 30 days in the absence of the CCC Plus Waiver.** "At Risk" also includes the need forneeding the level of care provided in a nursing facility, specialized care nursing facility, or long-stay hospital within 30 days.

The CCC Plus Waiver may be an appropriate choice for children. Prior to a NF placement or admission (or equivalent for children), the LTSS Screening team must also ensure that provision of services in a HCBS setting is considered before a NF placement is sought.

Children may be screened for the CCC Plus Waiver while they are on the waiting list for the Building Independence (BI); Family & Individual Services (FIS); or Community Living (CL) Waivers. However, the child must meet the criteria for the waivers for which they seek enrollment in order to be authorized for services. Please note that eligibility for CCC Plus Waiver or NF services does not indicate eligibility for one of the Developmental Disability (DD) Waivers nor is someone who is a participant in a DD waiver automatically eligible for CCC Plus Waiver or NF services.

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~~Children are considered a household of one for the purposes of the CCC Plus Waiver financial determinations.~~

~~*It should be noted that the authorization for Medicaid-funded LTSS may be rescinded by the LTSS provider (including CCC Plus health plan or PACE) at any point in time that the child is determined to no longer meet the criteria for Medicaid-funded LTSS.*~~

~~Functional Capacity~~

~~Functional capacity is the degree of independence that with which a child, as age appropriate, or the child and caregiver as a unit, performs ADLs, joint motion, and medication administration, and as well as the individual's behavior and orientation status as measured on the UAI.~~

~~Functional capacity can be measured and is commonly used as a basis for differentiating levels of long-term services and supports. Child and caregiver as a unit is used to describe the usual caregiving responsibilities that are provided at certain ages by a caregiver (e.g. children under two as developmentally appropriate receive diaper changes, assistance with bathing, dressing, assistance with IADLS, etc.). This The functional capacity assessment should be conducted face-to-face and to the extent possible observed by the LTSS Sscreener. At certain ages, developmentally appropriate caregiving is provided to a child even when the child's functional capacity is not limited. For this reason, the functional capacity assessment must consider the child and caregiver as a unit when rating ADLs.~~

~~A child may meet the functional capacity requirements for NF care when one of the following applies:~~

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1. Rated dependent in two or more of the ADLs, *and* also rated semi-dependent *or* dependent in Behavior Pattern *and* Orientation, *and* semi-dependent or dependent in Joint Motion *or* dependent in Medication Administration; *or*

2. Rated dependent in five to seven of the ADLs *and* also rated dependent in Mobility; *or*

3. Rated semi-dependent or dependent in two or more of the ADLs *and* also rated dependent in Mobility *and* Behavior Pattern *and* Orientation.

The following abbreviations are used on the UAI and mean:

I = independent	**d= semi-dependent**	**D= dependent**

Activities of Daily Living (ADLs)

Bathing, Dressing, Toileting, Transferring	Rating
Without help	I
Mechanical Help (MH) only	d
Human Help only (HH)	D
MH & HH	D
Performed by others	D
Is not performed	D
Bowel Function	
Continent	I
Incontinent less than weekly	d
External/In-dwelling device/Ostomy self-care	d

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~~Incontinent weekly or more~~	~~D~~
~~Ostomy - not self-care~~	~~D~~
~~Bladder Function~~	
~~Continent~~	~~I~~
~~Incontinent less than weekly~~	~~d~~
~~External/In-dwelling device/ Ostomy self-care~~	~~d~~
~~Incontinent weekly or more~~	~~D~~
~~External device - not self-care~~	~~D~~
~~Indwelling catheter - not self-care~~	~~D~~
~~Ostomy - not self-care~~	~~D~~
~~Eating/Feeding~~	
~~Without help~~	~~I~~
~~Mechanical help (MH) only~~	~~d~~
~~Human help only (HH)~~	~~D~~
~~MH & HH~~	~~D~~
~~Spoon Fed~~	~~D~~
~~Syringe or Tube Fed~~	~~D~~
~~Tube fed by IV or clysis~~	~~D~~
~~Joint Functioning~~	
~~Within normal limits or instability corrected~~	~~I~~
~~Limited motion~~	~~d~~
~~Instability - uncorrected or immobile~~	~~D~~
~~Mobility~~	
~~Goes outside without help~~	~~I~~
~~Goes outside with Mechanical help (MH) only~~	~~d~~
~~Goes outside with Human help only (HH)~~	~~D~~
~~Goes outside with MH & HH~~	~~D~~
~~Confined - moves about~~	~~D~~
~~Confined – does not move about~~	~~D~~
~~Medication Administration~~	
~~No medications~~	~~I~~
~~Self-administered – monitored less than weekly~~	~~I~~
~~By lay persons administered/monitored~~	~~D~~
~~By licensed/ professional nurse administered/ monitored~~	~~D~~
~~Orientation~~	

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Oriented	I
Disoriented – Some spheres, some of the time	d
Disoriented – Some spheres, all the time	d
Disoriented – All spheres, some of the time	D
Disoriented – All spheres, all of the time	D
Comatose	D
Behavior	
Appropriate	I
Wandering/Passive-Less than Weekly	I
Wandering/Passive - Weekly or More	d
Abusive/Aggressive/Disruptive - Less than Weekly	D
Abusive/Aggressive/Disruptive - Weekly or More	D
Comatose	D

Medical or Nursing Needs

A child with medical or nursing needs is a child whose health needs require medical or nursing supervision or care above the level that could be provided through assistance with ADLs, medication administration, and general supervision and is not primarily for the care and treatment of mental diseasesillness, intellectional intellectual or developmental disabilities, or related conditions (12VAC30-60-303.D). Medical or nursing supervision or care beyond this level is required when any one of the following describes the child's need for medical or nursing supervision:

1. The child's medical condition requires observation and assessment by a medical professional to ensure evaluation of the child's need for modification of treatment *or* additional medical procedures to prevent destabilization, *and* the child, as developmentally appropriate, has demonstrated an inability to self-observe *or* evaluate the need to contact skilled medical professionals; *or*

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2. Due to the complexity created by the child's multiple, inter-related medical conditions, the potential for the child's medical instability is high or medical instability exists; or is imminent within 30 days; *or*

1. The child requires *at least one ongoing* medical or nursing service. Ongoing means that the medical/nursing needs are continuing, not temporary, or where the individual is expected to undergo or develop changes with increasing severity in status. "Ongoing" refers tostatus. The individual shall require the need for daily direct care and/or supervision by a licensed nurse that cannot be managed on an outpatient basis.

If applicable, specifySpecify the ongoing medical or nursing need in eMLS. An individual who is receiving rehabilitation services and/or special medical procedures does not automatically have ongoing medical or nursing needs as there should be documentation to support the rehabilitation services and/or special medical procedures such as physician orders or progress notes.

Note: NF LOC for an individual is not determined by an individual's age, nor specific diagnosis or therapy used.

The following is a non-exclusive list of medical *or* nursing services that MAY 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 children who show clinical evidence of malnourishment or dehydration or have a recent history of weight loss or inadequate hydration which, if not supervised, would be expected to result in malnourishment or dehydration (this also includes

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observation and supervision of special diets, e.g. diabetic, renal, cardiac, etc.);

(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, Posey vests, geri-chairs, locked units) or chemical restraints (e.g. overuse of sedatives), or both;

(h) Routine skin care to prevent pressure ulcers for children who are immobile or whose medical condition increases the risk of skin breakdown;

(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 including observation of and care of the access port;

(n) Suctioning;

(o) Tracheostomy care;

(p) Infusion therapy;

(q) Oxygen;

Examples of Medical or Nursing Needs:

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- ~~Drainage Tubes~~
- ~~End-Stage Disease~~
- ~~Naso-gastric Tube Feeding~~
- ~~Total Parenteral Nutrition management and care as directed~~
- ~~Severe Daily Pain Management as directed by physician~~
- ~~Transplant management and care as directed~~
- ~~Uncontrolled Seizures management and observation~~
- ~~Use of Ventilator~~

~~Please note that in rare circumstances, a medical situation that requires complex medical care or equipment to sustain life may be a reason for an individual to meet NF LOC even when the individual does not meet functional capacity criteria. In these instances, a DMAS-108 (for adults) or a DMAS-109 (for children) would be completed. Additional information is found under Private Duty Nursing (PDN) services.~~

~~PDN exception PDN note: If the child is rated dependent in some functional limitations, but does not meet the functional capacity requirements, it should be determined if the individual requires the daily direct services or supervision of a licensed nurse for PDN services that cannot be managed on an outpatient basis (e.g. clinic, physician visits, home health services). Individuals under the age of 21, who meet the medical necessity criteria, receive Private Duty Nursing services through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. For additional details, please refer to the individual program provider manuals found on the Virginia Medicaid portal found under provider resources at https://vamedicaid.dmas.virginia.gov/provider.~~

~~Rating Criteria for Children's Assessments~~

~~**It is mandatory, when assessing children, to use the rating criteria below that indicates the child's functional capacity and medical/nursing need with the child and caregiver assessed together as one unit.** When reviewing children for dependencies, LTSS sScreening teams should rate the dependency level at~~

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theon a typical day highest dependency level which accurately assesses the child's needs and allows the child (and their caregiver) to perform the activity safely, reliably and completely from beginning to end. If the dependency level on a typical day for the child and caregiver unit is between two levels, rate at the higher level.

Screening considerations for children, as age appropriate, include safety concerns such as seizure activity, balance, head positioning, awareness of surroundings, and/or other characteristics that make performing the task very difficult, such as complex medical needs or equipment. If the child's situation includes any of these, consider how it impacts the ability to safely perform the task and if the child should be rated at a higher level of need.

Please note that age-appropriate **rating criteria involves the child and the caregiver as a unit, when the child** is developmentally expected to be dependent on their caregiver for the task. The concept of the child and the caregiver as a unit applies only to children.

Rating Criteria for Bathing:

Bathing entails getting in and out of the tub, preparing the bath (e.g., turning on the water), actually washing oneself, and towel drying. Some individuals may report various methods of bathing that constitute their usual pattern. For example, they may bathe themselves at a sink or basin five days a week, but take a tub bath two days of the week when an aide assists them. The questions refer to the method used **most or all of the time** to bathe the entire body. **Children who only need help to wash their hair, backs, or feet are independent.**

Screening considerations for children, as age appropriate, include: safety concerns such as seizure activity; balance; head positioning; awareness of water depth, temperature, or surroundings (i.e. location of faucet); and/or other characteristics that make bathing very difficult such as complex medical needs or equipment. If the child's situation includes any of these, rate accordingly, as age appropriate.

- **Does Not Need Help (I):** The child and caregiver as a unit, or the child, as age appropriate, gets in and out of the tub or shower, turns on the water, bathes entire body, or takes a full sponge bath at the sink.
  - **Children** younger than 12 months**aged 0 to 6** are developmentally expected to be totally dependent on another person/caregiver for bathing. If there are no other complex medical needs or equipment, then the child is rated as independent.

- Children age 1 to 4 are developmentally expected to physically participate in bathing but require caregiver supervision, physical assistance, and help getting in and out of the tub. If the child andMUST be assessed with their caregiver as a unit. If the caregiver and the child can achieve this task; the child is participating as appropriate; and there are no other complex medical needs or equipment, then, they are independent.
    - Children age 5 to 18 years are developmentally expected to physically and cognitively perform all essential components of bathing safely and without assistance. The child should be able to bathe independently (if they are not able to achieve this task, then refer to one of the other functional capacities listed below and rate accordingly).

Does Not Need Help (I): The child and caregiver as a unit can perform the task without assistance or safety concerns.

- **Mechanical Help Only (d):** The child and caregiver as a unit, or the child, as age appropriate, needs equipment or an assistive device such as aDurable Medical Equipment (DME) to perform the task. Examples of qualifying DME are shower/tub chair/stool, pedal/knee -controlled faucet, grab bars, long-handled brush, and/or a mechanical lift to complete the bathing process. This does not include a . The use of age-appropriate equipment, such as a baby tub for infants,. is not considered mechanical help and the task should be rated as independent.

- **Human Help Only (D):**

Supervision (Verbal Cues, Prompting): **) (d):** The child and caregiver as a unit, needs require an additional person for supervision, prompting and/or verbal cues to safely complete washing the entire body. Developmental stage should be considered as to what is appropriate. the task due to the caregiver's inability to supervise while performing the task.

Physical Assistance (Set-up, Hands-On Care): The child requires someone to fill the tub or bring water to the child, wash part of the body, help the child get in and out of the tub or shower, and/or help the child towel dry. Developmental stage should be considered as to what is appropriate.**) (D):** The child and the caregiver as a unit require an additional person to perform the act of bathing.

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Children who only need help to wash their backs or feet would not be included in this category.

- Children younger than 12 months are developmentally expected to be totally dependent on another person/caregiver for bathing. If there are no other complex medical needs or equipment, then the child is rated independent. If the child has a complex medical need, then this category may be appropriate.
- **Children** age 1 to 4 are developmentally expected to physically participate in bathing but require caregiver supervision, physical assistance, and help getting in and out of the tub. If the child and caregiver as a unit can achieve this task; the child is participating; and there are no other complex medical needs or equipment, then the child is rated independent. If the child has a complex medical need, then this category may be appropriate. as a unit requires an additional person to perform the act of bathing.

Mechanical and Physical Assistance (D): The child and caregiver as a unit needsrequire DME and requires the assistance of an additional person as defined above under "Mechanical Help" and "Physical Assistance" to bathe.

Performed by Others (D): The child is confined, unable to participate in the task at all due to complex medical needs, and the caregiver requires the assistance of an additional person to safely perform the task.

- **Children** age 5**aged 7 to 18** years are developmentally expected to physically and cognitively perform all essential components of bathing safely and without assistance. The child should be able to bathe independently (if they are not ableand should NOT be assessed with their caregiver as a unit. If the child can achieve this task then this category may be appropriate)., they are independent.

Mechanical and HumanDoes Not Need Help (D): I): The child can perform the task without assistance or safety concerns.

Mechanical Help Only (d): The child needs DME to perform the task safely. Examples of qualifying DME are shower/tub chair/stool, pedal/knee-controlled faucet, grab bars, long-handled brush, and/or a mechanical lift.

Supervision usually needs equipment or a device and **(Verbal Cues, Prompting) (d):** The child needs supervision, prompting and/or verbal cues to safely complete the task.

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Physical Assistance (Set-up, Hands-On Care) (D): The child requires the assistance of another person to perform the task of bathing safely. Children who only need help to wash their hair, backs, or feet would not be included in this category.

Mechanical and Physical Assistance (D): The child requires DME and the assistance of other(s) as defined above under Mechanical Help and Human HelpPhysical Assistance to bathe. Developmental stage should be considered as to what is appropriate.

- Children younger than 12 months are developmentally expected to be totally dependent on another person/caregiver for bathing. If the child and caregiver as a unit can achieve this task and there are no other complex medical needs or equipment, then the child is rated independent. If the child has a complex medical need, then this category may be appropriate.
  - **Children** age 1 to 4 are developmentally expected to physically participate in bathing but require caregiver supervision, physical assistance, and help in and out of the tub. If the child and caregiver as a unit can achieve this task; the child is participating; and there are no other complex medical needs or equipment, then the child is rated independent. If the child has a complex medical need, then this category may be appropriate.
  - Children age 5 to 18 years are developmentally expected to physically and cognitively perform all essential components of bathing safely and without assistance. The child should be able to bathe independently (if they are not able achieve this task then this category may be appropriate).

Performed by Others (D): The child is confined, unable to participate in the task at all due to complex medical needs, and is completely bathed by other(s). and does not take part in the activity at all. Developmental stage should be considered as to what is appropriate.

- Children younger than 12 months are developmentally expected to be totally dependent on another person/caregiver for bathing. If there are no other complex medical needs or equipment, then the child is rated independent. If the child has a complex medical need, then this category may be appropriate.
- **Children** age 1 to 4 are developmentally expected to physically participate in bathing but require caregiver supervision, physical assistance, and help in and out of the tub. If the child and caregiver as a unit can achieve this task; the child is participating; and there are no other complex medical needs or equipment, then the child is rated independent. If the child has a complex medical need, then this category may be appropriate.

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- Children age 5 to 18 years are developmentally expected to physically and cognitively perform all essential components of bathing safely and without assistance. The child should be able to bathe independently (if they are not able achieve this task then this category may be appropriate).

Rating Criteria for Dressing:

Dressing is the process of getting clothes from closets and/or drawers, putting them on, fastening, and taking them off. Clothing refers to clothes, braces and artificial limbs worn daily. Individuals who wear pajamas or gown with robe and slippers as their usual attire are considered dressed.

Screening considerations for children, as age appropriate, include: safety concerns such as seizure activity; balance; awareness to surroundings; proneness to skin irritation/allergies; and/or other characteristics that make dressing very difficult and may include complex medical needs or equipment maybe considered. If the child's situation includes any of these, rate accordingly, as age appropriate.

- **Does Not Need Help (I):** The child and caregiver as a unit, or the child, as age appropriate, usually dresses without the help from others. If the only help the child received is tying shoes, do not count as needing help.
- Children younger than 12 months of age are developmentally expected to be totally dependent on another person/caregiver for dressing. If there are no other complex medical needs or equipment, then the child is independent.
- Children age 1**Children aged 0 to 4** are developmentally expected to participate in dressing, which includes placing arms in sleeves or legs into pants, pulling at hats, socks or mittens, and require supervision, reminders, physical assistance, helpbe dependent on another person for dressing and MUST be assessed with fasteners or shoes, and/or selecting clothes. If the child andtheir caregiver as a unit. If the caregiver and the child can achieve this task, they are independent.; the child participates; and there are no other complex medical needs or equipment, then the child is rated independent.
- Children age 5 to 18 years are developmentally expected to be independent and able to physically and cognitively perform all essential components of dressing, safely and appropriately to weather, and without assistance (if, they are not able to achieve this task, then refer to one of the other functional capacities listed below and rate accordingly).independent.

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Does Not Need Help (I): The child and caregiver as a unit can perform the task without assistance or safety concerns.

- **Mechanical Help Only (d):** The child, as age appropriate, usually needs equipment or adaptive devices such as and caregiver as a unit needsrequire DME to safely perform the task. Examples of qualifying DME are a long-handled shoehorn, zipper pulls, specially designed clothing or the use of a walker with an attached basket to complete the dressing process.

- **Human Help Only (D):**

Supervision (Verbal Cues, Prompting): **) (d):** The child usually requires and caregiver as a unit needsrequire an additional person for supervision, prompting and/or verbal cues to safely complete the dressing process. Developmental stage should be considered as to what is appropriate. task due to the caregiver's inability to supervise while performing the task.

Physical Assistance (Set-up, Hands-On Care) (D): The child and caregiver as a unit require an additional person to perform the act of dressing. Help with shoe tying only is not a dependency.usually requires assistance from another person who helps in obtaining clothing, fastening hooks, putting on clothes or artificial limbs, etc. Developmental stage should be considered as to what is appropriate.

If the only help the child needs is someone tying shoes, do not count as needing help.

- Children younger than 12 months are developmentally expected to be totally dependent on another person/caregiver for dressing. If there are no other complex medical needs or equipment, then the child is rated independent. If the child has a complex medical need, then this category may be appropriate.and the
- **Children** age 1 to 4 are developmentally expected to participate in dressing which includes placing arms in sleeves or legs into pants, pulling on hats, socks or mittens, and require supervision, reminders, physical assistance, help with fasteners or shoes, and/or selecting clothes. If the child and caregiver as a unit can achieve this task; the child participates; and there are no other complex medical needs or equipment, then the child is rated independent. If the child has a complex medical need, then this category may be appropriate.

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- ~~Children ages 5 to 18 years are developmentally expected to be independent and able to perform all essential components of safely dressing and dressing appropriately to the weather, and without assistance (if the child is not able to achieve this task, then this category may be appropriate).~~

- ~~**Mechanical and Human Help (D):** Child usually needs equipment or a device and requires assistance of other(s) to dress as defined above under Mechanical Help and Human Help to dress.~~
- ~~Children younger than 12 months are developmentally expected to be totally dependent on another person/caregiver for dressing. If there are no other complex medical needs or equipment, then the child is rated independent. If the child has a complex medical need, then this category may be appropriate.~~
- ~~Children age 1 to 4 are developmentally expected to participate in dressing which includes placing arms in sleeves or legs into pants, pulling on hats, socks or mittens, and require supervision, reminders, physical assistance, help with fasteners or shoes, and/or selecting clothes. If the child and caregiver as a unit can achieve this task; the child participates; and there are no other complex medical needs or equipment, then the child is rated independent. If the child has a complex medical need, then this category may be appropriate.~~
- ~~Children ages 5 to 18 years are developmentally expected to be independent and able to perform all essential components of safely dressing and dressing appropriately to the weather, and without assistance (if the child is not able to achieve this task, then this category may be appropriate).~~

- ~~**Performed by Others (D):** Child is completely dressed by another individual and does not take part in the activity at all.~~
- ~~Children younger than 12 months are developmentally expected to be totally dependent on another person/caregiver for dressing. If the child and caregiver as a unit can achieve this task and there are no other complex medical needs or equipment, then the child is rated independent. If the child has a complex medical need, then this category may be appropriate.~~
- ~~Children age 1 to 4 are developmentally expected to participate in dressing which includes lacing arms in sleeves or legs into pants, pulling at hats, socks or mittens, and require supervision, reminders, physical assistance, help with fasteners or shoes, and/or selecting clothes. If the child and caregiver as a unit can achieve this task; the child participates; and there are no other complex medical needs or equipment, then the child is rated independent. If the child has a complex medical need, then this category may be appropriate.~~

~~Children ages 5 to 18 years are developmentally expected~~

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Mechanical and Physical Assistance(D): The child and caregiver as a unit needsrequire DME and requires the assistance of an additional person as defined above under "Mechanical Help" and "Physical Assistance" to dress.

Performed by Others (D): The child is confined, is unable to participate in the task at all due to complex medical needs, and the caregiver requires the assistance of an additional person to be independent and able tosafely perform the task.

Is Not Performed (D): Refers only to children confined to bed.

Children aged 5 to 18 are developmentally expected to independently, physically, and cognitively perform all essential components of dressing, safely and dressing appropriately to weather, and without assistance.

- **Does Not Need Help (I):** The child can perform the task without assistance.
- **Mechanical Help Only (d):** The child needs DME to safely perform the task. Examples of qualifying DME are a long-handled shoehorn, zipper pulls, specially designed clothing or the use of a walker with an attached basket to complete the dressing process.
- **Supervision** (if **(Verbal Cues, Prompting (d):** The child needs supervision, prompting and/or verbal cues to safely complete the task.
- **Physical Assistance (Set-up, Hands-On Care) (D):** The child requires the assistance of another person to perform the act of dressing. If the child ONLY needs help with tying shoes, they are not able to achieve this task then this category may be appropriate).rated as independent.
- **Mechanical and Physical Assistance (D):** The child needs DME and requires physical assistance as defined above under "Mechanical Help Only" and "Physical Assistance" to dress.
- **Performed by Others (D):** The child is confined, is unable to participate in the task at all due to complex medical needs and is completely dressed by others.
- **Is Not Performed (D):** Refers only to children confined to bed, who are considered not dressed.

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Rating Criteria for Toileting:

Toileting is the ability to get to and from the bathroom, get on/off the toilet, clean oneself, manage adjusting clothes, and flush. A commode at any site may be considered the "bathroom" only if in addition to meeting the criteria for "toileting" the individual empties, cleanses, and replaces the receptacle, such as the bed pan, urinal or commode, without assistance from other(s).

This category includes appropriate use and disposal of incontinent supplies or pads by the child.

Screening considerations for children, as age appropriate, include: safety concerns such as frequent infections; hygiene needs; utilizes incontinence supplies; and/or other characteristics that make toileting very difficult including complex medical needs or equipment. If the child's situation includes any of these, rate accordingly, as age appropriate.

- **Does Not Need Help (I):** The child and caregiver as a unit, or the child, as age appropriate, achieves the toileting process. The child uses the bathroom, cleans self, and arranges clothes without the help from others. The child appropriately uses and disposes of incontinent supplies or pads.

  - **Children** from birth**aged 0 to** 3 years of age**4** are developmentally expected to be dependent on another person/ for toileting and must be assessed with their caregiver as a unit. If the caregiver for assistance in toileting or diapering. Children starting at 24 months of age (2 years of age) are expected to begin toilet training. If the child and caregiver as a unit can achieve the task and there are no other complex medical needs or equipment, then the child is rated independent.

- Children 4-5 years of age are developmentally expected to need intermittent supervision, cuing, minor physical assistance, and may have occasional night-time bedwetting and accidents during waking hours. Children starting at 24 months of age (2 years of age) are expected to be toilet training. If the child and caregiver as a unitand the child can achieve this task and there, they are no other complex medical needs or equipment, then the child is rated independent.

  - Children 6 to 18 years of age are developmentally expected to be independent and able to physically and cognitively perform all essential components of toileting safely and without assistance except for children aged 6 that may need help with wiping. If the child is not able to achieve

these tasks, then refer to one of the other functional capacities listed below and rate accordingly.

Does Not Need Help (I): The child and caregiver as a unit can perform the task without assistance or safety concerns.

- **Mechanical Help Only (d):** The child and caregiver as a unit, or the child, as age appropriate, needs needsrequire DME to safely perform the task. Examples of qualifying DME are grab bars, step stools, transfer board, handrails, walkers, wheelchairs, and/or canes for support during the toileting process. This also includes children whoThe use the bathroom without help during the day and uses a bedpan, urinal, or bedside commode without help during the night and can empty this receptacle without assistance. This category includes use and disposal of incontinent supplies or pads by the child. This does not includeof age appropriate equipment, such as a "potty" chair used for toilet training children under 65 years of age. , is not a dependency.

- **Human Help Only (D):**

Supervision (Verbal Cues, Prompting): **) (d):** The child, as age and caregiver as a unit, needs require an additional person for supervision, prompting and/or verbal cues to safely complete the task due to the caregiver's inability to supervise while performing the task.

Physical Assistance (Set-up, Hands-On Care) (D): The child and the caregiver as a unit requires an additional person to perform the act of toileting.

Mechanical and Physical Assistance (D): The child and caregiver as a unit needsrequire DME and requires the assistance of an additional person as defined above under "Mechanical Help Only" and "Physical Assistance" for toileting.

Performed by Others (D): This category is not appropriate for children aged 0-4.

Is Not Performed (D): This category is not appropriate for children aged 0-4.

Children , **aged 5 to 18** years of age are developmentally expected to be independent and able to physically and cognitively perform all essential

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components of toileting safely and without assistance. If the child is able to achieve this task, they are independent. Children aged 5-6 that ONLY need help with wiping are independent.

Does Not Need Help (I): The child can perform the task without assistance.

Mechanical Help Only (d): The child needs DME to safely perform the task. Examples of qualifying DME are grab bars, transfer board, handrails, walkers, wheelchairs, and/or canes for support during the toileting process.

Supervision (Verbal Cues, Prompting) (d): The child usually requires prompting and/or verbal cues to complete the toileting process. Children 6 years of age and older who need supervision would receive this category rating.

Physical Assistance (Set-up, Hands-On Care): **) (D):** The child, as age appropriate, usually requires assistance from another person who helps in getting to/from the bathroom, adjusting clothes, transferring on and off the toilet, cleansing after elimination (aged 7-18) or assists with use and disposal of incontinence supplies or pads. The child participates in the activity.

- Children younger than 4 years of age are developmentally expected to be dependent on another person/caregiver for assistance in toileting or diapering. Children starting at 24 months of age (2 years of age) are expected to begin toilet training. If the child and caregiver as a unit can achieve this task and there are no other complex medical needs or equipment, then the child is rated independent. If the child has a complex medical need then this category may be appropriate.
- Children 4-5 years of age are developmentally expected to need intermittent supervision, cuing, minor physical assistance, and may have occasional night-time bedwetting and accidents during waking hours. Children starting at 24 months of age (2 years of age) are expected to begin toilet training. If the child and caregiver as a unit can achieve these tasks and there are no other complex medical needs or equipment, then the child is independent. If the child has a complex medical need then this category may be appropriate.
- Children 6 to 18 years of age are developmentally expected to be independent and able to physically and cognitively perform all essential components of toileting safely and without assistance except for children aged 6 that may need help with wiping. If the child is not able to achieve these tasks then this category may be appropriate. This category

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includes supervision and/or physical assistance with incontinent supplies or pads.

- **Mechanical and Human Help Physical Assistance (D):** The child usually needs equipment or a deviceDME and requires physical assistance of other(s) as defined above under "Mechanical Help Only" and Human Help "Physical Assistance" to toilet.
  - Children younger than 4 years of age are developmentally expected to be dependent on another person/caregiver for assistance in toileting or diapering. Children starting at 24 months of age (2 years of age) are expected to begin toilet training. If the child and caregiver as a unit can achieve these tasks and there are no other complex medical needs or equipment, then the child is rated independent. If the child has a complex medical need, then this category may be appropriate.
  - Children 4-5 years of age are developmentally expected to need intermittent supervision, cuing, minor physical assistance, and may have occasional night-time bedwetting and accidents during waking hours. Children starting at 24 months of age (2 years of age) are expected to begin toilet training. If the child and caregiver as a unit can achieve these tasks and there are no other complex medical needs or equipment, then the child is rated independent. If the child has a complex medical need, then this category may be appropriate.
  - Children 6 to 18 years of age are developmentally expected to be independent and able to physically and cognitively perform all essential components of toileting safely and without assistance except for children aged 6 that may need help with wiping. If the child is not able to achieve the tasks of toileting, then this category may be appropriate.

  - **Performed by Others (D):** The child age 5 and over, uses the bathroom, eliminates on a toilet but is totally dependent on another's assistance in getting to/from the bathroom, adjusting clothes, transferring on and off the toilet, cleansing after elimination and/ordoes not participate in the activity at all, and is totally dependent on another's assistance with the use and disposal of incontinent supplies or pads, and the child does not participate in the activity at all, then this category is chosento toilet.
  - Children younger than 4 years of age are developmentally expected to be dependent on another person/caregiver for assistance in toileting or diapering. Children starting at 24 months of age (2 years of age) are expected to begin toilet training. If the child and caregiver as a unit can achieve this task and there are no other complex medical needs or

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equipment, then the child is rated independent. If the child has a complex medical need, then this category may be appropriate.

- Children 4-5 years of age are developmentally expected to need intermittent supervision, cuing, minor physical assistance, and may have occasional night-time bedwetting and accidents during waking hours. Children starting at 24 months of age (2 years of age) are expected to begin toilet training. If the child and caregiver as a unit can achieve this task and there are no other complex medical needs or equipment, then the child is rated independent. If the child has a complex medical need, then this category may be appropriate.
- Children 6 to 18 years of age are developmentally expected to be independent and able to physically and cognitively perform all essential components of toileting safely and without assistance except for children aged 6 that may need help with wiping. If the child is not able to achieve the tasks of toileting, then this category may be appropriate. This category includes total assistance by others with incontinent supplies or pads.

- **Is Not Performed (D):** The child age 5 and over does not use the bathroom to eliminate or go to/from the bathroom, adjust clothes, transfer on and off the toilet, cleanse after elimination, or independently use and dispose of incontinent supplies or pads. perform the act of toileting.

Rating Criteria for Transferring:

Transferring means the individual's ability to move between the bed, chair, and/or wheelchair. If a person needs help with some transfers but not all, rate assistance at the higherst level.

Children Screening considerations for children, as age appropriate, include: safety concerns such as the child's ability to move between the bed, chair, and/or wheelchair. If the child's situation includes safety concerns, rate accordingly, as age appropriate.

Children aged 0 to 4 are developmentally expected to be dependent on a caregiver for assistance in transferring. If the child and caregiver as a unit are able to achieve the transferring process, then the child is rated independent.

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- **Does Not Need Help (I):** The child and caregiver as a unit, or the child, as age appropriate, achieves the transferring process without humanphysical assistance of an additional person or use of equipment. Children from birth to 5 years of age are developmentally expected to need total dependence or assistance from a caregiver in transferring. If the
- **Mechanical Help Only (d):** The child and caregiver as a unit are able needsrequire equipment or a device, such as lifts, hospital beds, sliding boards, pulleys, trapezes, railings, or a walker, to safely transfer.
- **Supervision (Verbal Cues, Prompting) (d):** The child and caregiver as a unit, needsrequire an additional person to provide verbal cues or guarding to achievesafely transfer.
- **Physical Assistance (Set-up, Hands-On Care) (D):** The child and caregiver as a unit requires the assistance of another person who lifts some of the individual's body weight and provides physical support for the child to safely transfer.

Mechanical and Physical Assistance (D): The child and caregiver as a unit needsrequire equipment or a device *and* requires the assistance of an additional person as defined above under Mechanical Help and Physical Assistance to transfer.

- **Performed By Others (D):** The child is unable to bear weight on any body part and does not participate in the transferring process, then the child is rated independent. and the caregiver requires the assistance of an additional person to lift the child out of the bed and/or chair. Individuals who are transferred with a mechanical lift and do not participate are included in this category.

Is Not Performed (D): The child is confined to the bed.

- **Children** age 6 years of age and older**aged 5 to 18** are developmentally expected to be independent and able to physically and cognitively perform all essential components of transferring safely, and without assistance. If the child is not able to achieve this task, then refer to one of the other functional capacities listed below and rate accordingly.

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Does Not Need Help (I): The child achieves the transferring process without physical assistance or use of equipment.

- **Mechanical Help Only (d):** The child and caregiver as a unit, or the child, as age appropriate, usually needs equipment or a device, such as lifts, hospital beds, sliding boards, pulleys, trapezes, railings, or a walkers or the arm of a chair, to safely transfer, *and* the child manages these devices without the aid of another person.

- **Human Help Only (D):**

Supervision (Verbal Cues, Prompting) (d): The child, as age appropriate, usually needs verbal cues or guarding to safely transfer.

Physical Assistance (Set-up, Hands-On Care) (D): The child and caregiver as a unit, or the child, as age appropriate, usually requires the assistance of another person who lifts some of the individual's body weight and provides physical support in order for the child to safely transfer.

  - Children from birth to 5 years of age are developmentally expected to need assistance from a caregiver in the transferring process. If the child and caregiver as a unit are able to achieve the transferring process, then the child is rated as independent.
  - Children age 6 years of age and older are developmentally expected to be independent and able to physically and cognitively perform all essential components of the task safely and without assistance. If the child is not able to achieve in the task then this category may be appropriate.

  - **Mechanical and Human HelpPhysical Assistance (D):** The child and caregiver as a unit, or the child, as age appropriate, usually needs equipment or a device and requires the assistance of other(s) to transfer as defined above under "Mechanical Help Only" and Human Help "Physical Assistance" to transfer.
  - Children from birth to 5 years of age are developmentally expected to need assistance from a caregiver in the transferring process. If the child and caregiver as a unit are able to achieve the transferring process, then the child is rated as independent.
  - Children age 6 years of age and older are developmentally expected to be independent and able to physically and cognitively perform all

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essential components of the task safely and without assistance. If the child is not able to achieve in the task, then this category may be appropriate.

- **Performed By Others (D):** The child and caregiver as a unit, or the child, as age appropriate, is usually lifted out of the bed and/or chair by another person and does not participate in the process. If the child does not bear weight on any body part in the transferring process; the childhe/she is not participating in the transfer. Individuals who are transferred with a mechanical lift and do not participate are included in this category.
  - Children from birth to 5 years of age are developmentally expected to need assistance from a caregiver in the transferring process. If the child and caregiver as a unit are able to achieve the transferring process and are not using a mechanical lift, then the child is rated as independent.
  - Children age 6 years of age and older are developmentally expected to be independent and able to physically and cognitively perform all essential components of the task safely and without assistance. If the child is not able to achieve in the task, then this category may be appropriate.

- **Is Not Performed (D):** The child is confined to the bed.

Rating Criteria for Eating/Feeding:

Eating/Feeding is the process of getting food/fluid by any means into the body. This activity includes cutting food, transferring food from a plate or bowl into the individual's mouth, opening a carton and pouring liquids, and holding a glass to drink. **This activity is the process of eating food after it is placed in front of the individual and does not include the process of cooking or preparing meals, snacks, or beverages.**

Screening considerations for children, as age appropriate, include: safety concerns such as the child's ability to regulate amount of intake; chew; swallow; monitoring to prevent choking or aspiration; utilize utensils; seizure activity; dietary restrictions; allergies; eating disorders; requires more than one hour per feeding for ages birth to 37 months (3 years and 1 month); requires more than 3 hours per feeding for ages 5 to 18; has other forms of feeding such as tube or intravenous; or other serious complications. If the child's situation includes any of these, rate accordingly, as age appropriate.

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Children aged 0 to 4 are developmentally expected to be dependent on a caregiver for eating/feeding and monitoring for safety. If the child and caregiver as a unit can achieve the tasks of eating/feeding, then the child is rated independent.

- **Does Not Need Help (I):** The child and caregiver as a unit, or the child, as age appropriate, is are able to perform all of the activities of eating/feeding without using specialized equipment or the supervision or assistance of another.

Children from birth to 12 months of age are developmentally expected to be dependent on another person/caregiver for eating/feeding and monitoring for safety. If the

- **Mechanical Help Only (d):** The child and caregiver as a unit can achieve the tasks of eating/feeding and there are no other complex medical needs, require specialized equipment such as hand splints or adapted utensils in order to complete the eating/feeding process., or age appropriate risk such as stated above under considerations, then the child is rated independent.

- Children from ages 1-4 are developmentally expected to physically participate and may need constant supervision for safetyhand splints or adapted utensils and/or assistance in eating/feeding. If the child and caregiver as a unit can achieve the tasks of eating/feeding and there are no other complex medical needs, equipment, or risk as stated above under considerations, then the child is rated as independentorder to complete the eating/feeding process.

Supervision (Verbal Cues, Prompting) (d): Category is not appropriate for agesd 0-4.

Physical Assistance (Set-up, Hands-On Care) (D): Category is not appropriate for agesd 0-4.

Mechanical and Physical Assistance (D): Category is not appropriate for agesd 0-4.

Performed By Others (D): This category includes children who are fed by syringe or tube, or children who are fed intravenously (IV).

Fed by syringe or tube means the child usually is fed a prescribed liquid diet via a feeding syringe, NG-tube (tube from the nose to the stomach) or G-tube (opening into the stomach).

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Fed by I.V. means the child usually is fed a prescribed sterile solution intravenously.

Total parenteral nutrition (TPN) is the administration of a nutritionally adequate solution through an indwelling catheter into the superior vena cava.

- **Children** ages**aged 5 to 18** are developmentally expected to physically and/or cognitively perform all essential components of eating/feeding safely, and without assistance, after food is placed in front of the child. If the child is not able to independently eat/feed, then refer to one of the other functional capacities listed below and rate accordingly.

Does Not Need Help (I): The child is able to perform all of the activities of eating/feeding without using equipment or the supervision or assistance of another.

- **Mechanical Help Only (d):** The child, as age appropriate, usually needs specialized equipment or a device, such as hand splints, adapted utensils, and/or nonskid plates, in order to complete the eating/feeding process. A child needing mechanically adjusted diets (pureed food) and/or food chopped would be rated this category.

- **Human Help Only (D):**

Supervision (Verbal Cues, Prompting) (d): The child as age appropriate, feeds his or herself, but needs verbal cues and/or prompting to initiate and/or complete the eating/feeding process.

Physical Assistance (Set-up, Hands-On Care) (D): The child and caregiver as a unit, or the child, as age appropriate, needs assistance to bring food to the mouth, butter bread, open cartons and/or pour liquid due to an actual physical or mental disability.

This category must not be checked if the child is able to feed himself but it is more convenient for the caregiver to complete the activity.

- Children from birth to 12 months of age are developmentally expected to be dependent on another person/caregiver for eating/feeding and monitoring for safety. If the child and caregiver as a unit can achieve the tasks of eating/feeding and there are no other complex medical

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needs, equipment, or age appropriate risk as stated above under considerations, then the child is rated independent.

- Children from ages 1-4 are developmentally expected to physically participate and may need constant supervision for safety and/or assistance in eating/feeding. If the child and caregiver as a unit can achieve the tasks of eating/feeding and there are no other complex medical needs, equipment, or risk as stated above under considerations, then the child is rated as independent.
- Children ages 5-18 are developmentally expected to physically and/or cognitively perform all essential components of eating/feeding safely, and without assistance, after food is placed in front of the child. If the child is not able to independently eat/feed, then refer to one of the other functional capacities listed below and rate accordingly.

- **Mechanical and Human Help Physical Assistance (D):** The child and caregiver as a unit, or the child, as age appropriate, usually needs specialized equipment or a device and requires assistance of other(s) to eat as defined above under "Mechanical Help Only" and "Physical Assistance."Human Help.
  - Children from birth to 12 months of age are developmentally expected to be dependent on another person/caregiver for eating/feeding and monitoring for safety. If the child and caregiver as a unit can achieve the tasks of eating/feeding and there are no other complex medical needs, equipment, or age appropriate risk as stated above under considerations, then the child is rated independent.
  - Children from ages 1-4 are developmentally expected to physically participate and may need constant supervision for safety and/or assistance in eating/feeding. If the child and caregiver as a unit can achieve the tasks of eating/feeding and there are no other complex medical needs, equipment, or risk as stated above under considerations, then the child is rated as independent.
  - Children ages 5-18 are developmentally expected to physically and/or cognitively perform all essential components of eating/feeding safely, and without assistance, after food is placed in front of the child. If the child is not able to independently eat/feed, then refer to one of the other functional capacities listed below and rate accordinglyPhysical Assistance.

- **Performed By Others (D**): This category includesd children who are spoon fed; fed by syringe or tube, or children who are fed intravenously (IV).

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Spoon fed means the child does not bring any food to his or her mouth and is fed completely by others.

Fed by syringe or tube means the child usually is fed a prescribed liquid diet via a feeding syringe, NG-tube (tube from the nose to the stomach) or G-tube (opening into the stomach).

Fed by I.V. means the child usually is fed a prescribed sterile solution intravenously.

Total parenteral nutrition (TPN) is the administration of a nutritionally adequate solution through an indwelling catheter into the superior vena cava.

- Children from birth to 12 months of age are developmentally expected to be dependent on another person/caregiver for eating/feeding and monitoring for safety. This may include the child being spoon fed by a caregiver or learning to self-feed. If the child and caregiver as a unit can achieve the tasks of eating/feeding, then the child is rated as independent. If the child has a complex medical need or risk as stated above, then this category may be appropriate.
- Children from ages 1-4 are developmentally expected to physically participate and may need constant supervision for safety and/or assistance in eating/feeding. If the child and caregiver as a unit are able to achieve the tasks of eating/feeding, then the child is rated as independent. If the child has a complex medical need or risk as stated above, then this category may be appropriate.
- Children ages 5-18 are developmentally expected to physically and/or cognitively perform all essential components of eating/feeding safely, and without assistance, after food is placed in front of the child. If the child has a complex medical need or risk as stated above, then this category may be appropriate.

Rating Criteria for Bowel:

Bowel continence is the physiological process of elimination of feces.

Continence is the ability to control bowel elimination. Incontinence may have one of several different causes, including specific disease processes and side effects of

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medications. Helpful questions include, "Do you get to the bathroom on time?"; "How often do you have accidents?", and "Do you use pads or diapers?"

- **Does Not Need Help (I):** This category includes age appropriate behavior:

1) The child voluntarily controls the elimination of feces. **OR**

2) If the child is on a bowel program and never empties his or her bladder without stimulation or a specified bowel regimen, then the child is rated as independent. The bowel/bladder training is noted under medical/nursing needs because in this case, there is no voluntary elimination; evacuation is planned.

If a child on a bowel regimen also has occasions of bowel incontinence, then the individual would be rated as incontinent, either less than weekly or weekly or more. **OR**

3) If a child uses incontinent supplies such as briefs, pads or diapers and can independently change and dispose of items as age appropriate, then the child is rated as independent.

- **Children** younger than 4 years of age**aged 0 to 5** are developmentally expected to need help with toileting and diaperingelimination of feces. Incidents of incontinence are typical for children in this age range. If the child can have a bowel movement without the use of a medical or mechanical intervention, then the child is rated independent.

Does Not Need Help (I):

1) The child voluntarily controls the elimination of feces. **OR**

- Children 4-5 years of age are developmentally expected to need help with toileting and may have occasional accidents during waking hours (this is not considered incontinence). If the child can have a bowel movement without the use of a medical or mechanical intervention, then the child is rated as independent.

Children 6 to 18 years of age are expected to voluntarily control the elimination of feces. If the child can empty his or her bowel without the use of medical or mechanical intervention, then the 2) The child is on a bowel program and never empties his or her bowel without stimulation or a specified bowel regimen and the child and caregiver as a unit can achieve the task. The bowel training is noted under medical/nursing needs because in this case, there is no voluntary elimination; evacuation is planned. **OR**

3) If a child uses incontinent supplies such as briefs, pads or diapers and the child and caregiver as a unit can change and dispose of items.

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Incontinent Less than Weekly [does not occur every week] (d): This category is not appropriate for children aged 0 to 5.

Ostomy - Self-Care (d): The child utilizes an external device (i.e. Peristeen Pump) to assist with evacuation of bowel when there is no voluntary elimination and the child and caregiver as a unit requires no assistance.

Incontinent Weekly or More [Occurring at least once a week or more] (D): This category is not appropriate for children aged 0 to 5.

Ostomy - Not Self-Care (D): utilizes an external device (i.e. Peristeen Pump) to assist with evacuation of bowel when there is no voluntary elimination and the child and caregiver as a unit requires assistance of others to perform the task.

- **Children aged 6 to 18** are expected to voluntarily control the elimination of feces. If the child can empty his or her bowel without the use of medical or mechanical intervention, then the child is rated as independent. is rated as independent. For children who use incontinence supplies such as briefs, pads, or diapers for involuntary elimination of feces and who are able tocan properly use or dispose of the items, then the child is rated independent. If the child is not able to achieve control of elimination and cannot properly use or dispose of incontinence supplies, then refer to one of the other functional capacities listed below and rate accordingly.

Does Not Need Help (I):

1) The child voluntarily controls the elimination of feces. **OR**
2) The child is on a bowel program and never empties his or her bowel without stimulation or a specified bowel regimen. The bowel training is noted under medical/nursing needs because in this case, there is no voluntary elimination; evacuation is planned. **OR**
3) If a child uses incontinent supplies such as briefs, pads or diapers and can independently change and dispose of items.

- **Incontinent Less than Weekly [does not occur every week] (d):** The child has involuntary elimination of feces but it, that does not occur every week (e.g., every other week). The individual is rated as "incontinent less than weekly.") and the child cannot properly use and dispose of incontinence supplies.
  - Children younger than 4 years of age are developmentally expected to need help with toileting and diapering. If the child can have a bowel movement without the use of a medical or mechanical intervention, then the child is rated independent.

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- Children 4-5 years of age are developmentally expected to need help with toileting and may have occasional accidents during waking hours (this is not considered incontinence). If the child can have a bowel movement without the use of a medical or mechanical intervention, then the child is rated as independent.
- Children 6 to 18 years of age are expected to voluntarily control the elimination of feces. If the child can empty his or her bowel without the use of medical or mechanical intervention, then the child is rated as independent. If the child is not able to maintain continence, then this category may be appropriate. For children who use incontinence supplies such as briefs, pads, or diapers for involuntary elimination of feces and who are unable to properly use or dispose of the items, then this category may be appropriate.

- **Ostomy - Self-Care (d):** The child hasutilizes an artificial anus established by an opening into the colon (colostomy) or ileum (ileostomy) and he independently cares for the ostomy, stoma, and skin cleansing, dressing, application of appliance, irrigation, etc. and if needed with ostomy, can appropriately change and dispose of incontinence supplies used.

- external device (i.e. Peristeen Pump) to assist with evacuation of bowel when there is no voluntary elimination and requires no assistance. This category should only be used if the child can complete all components of this task independently.

- **Incontinent Weekly or More [Occurring at least once a week or more] (D):** The child has involuntary elimination of feces at least once a week or more. Includes children who use incontinence supplies such as briefs, pads, or diapers for involuntary elimination of feces occurring at least once a week or more and, as age appropriate, and the child cannot correctlyproperly use orand dispose of incontinence supplies independently.
  - Children younger than 4 years of age are developmentally expected to need help with toileting and diapering. If the child can have a bowel movement without the use of a medical or mechanical intervention, then the child is rated independent.
  - Children 4-5 years of age are developmentally expected to need help with toileting and may have occasional accidents during waking hours (this is not considered incontinence). If the child can have a bowel movement without the use of a medical or mechanical intervention, then the child is rated as independent.
  - Children 6 to 18 years of age are expected to voluntarily control the elimination of feces. If the child can empty his or her bowel without the use of medical or mechanical intervention, then the child is rated as

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independent. If the child is not able to maintain continence, then this category may be appropriate. For children who use incontinence supplies such as briefs, pads, or diapers for involuntary elimination of feces and who are unable to properly use or dispose of the items, then this category may be appropriate.

- **Ostomy - Not Self-Care (D)**: The child hasThe child utilizes an artificial anus established by an opening into the colon (colostomy) or ileum (ileostomy) and another person cares for the ostomy, stoma, skin cleansing, dressing, application of appliance, irrigations, etc. and may also needexternal device (i.e. Peristeen Pump) to assist with evacuation of bowel when there is no voluntary elimination and requires assistance to complete the task. assistance with the changing and appropriate disposal of incontinence supplies.
- This category should be used if the child cannot to complete all components of this the task independently..

Rating Criteria for Bladder:

Bladder continence is the physiological process of elimination of urine.

Continence is the ability to control urination (bladder). Incontinence may have one of several different causes, including specific disease processes and side effects of medications. Helpful questions include, "Do you get to the bathroom on time?"; "How often do you have accidents?", and "Do you use pads or diapers?"

Children aged 0 to 5 years of age are developmentally expected to need help with the elimination of urine. Incidents of incontinence are typical for children in this age range. If a child falls into this age group, the child is rated as independent with their caregiver as a unit, unless the child requires other medical or mechanical intervention.

- **Does Not Need Help (I):** This category includes:
  1) The child voluntarily empties his or her bladder. **OR**
  2) Children on dialysis who have no urine output would be rated as independent as the child does not perform this process. Dialysis will be noted under medical/nursing needs. **OR**

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3) Similarly, children who Child and caregiver as a unit perform the Crede method for himself or herself for bladder elimination would also be rated as independent. **OR**

4) As age appropriate, the child usesChildren who use incontinencet supplies such as briefs, pads or diapers and can independently the caregiver and child as a unit can change and dispose of them appropriately, the child is rated as independent.

Children younger

Incontinent Less than 4 years of age are developmentally expected**Weekly [does not occur every week] (d):** This category is not appropriate for children aged 0 to need help5.

External Device, Indwelling Catheter, or Ostomy - Self Care (d): The child has an urosheath, with toileting and diapering. If a child falls external catheter, internal catheter, ostomy, into this age group, the or may also include in and out catheterizations occurring multiple times a day (not indwelling). The child is ratedand caregiver as independent unlessa unit can care for the urinary devices and the skin surrounding the ostomy.

Incontinent Weekly or More [Occurring once a week or more] (D): This category is not appropriate for children aged 0 to 5.

- **External Device - Not Self-Care (D):** The child has somean urosheath or external catheter, and the caregiver requires the assistance of other complex medical need such as an (s) to care for the external device, indwelling catheter, or ostomy. .

Indwelling Catheter - Not Self-Care (D): The child has an internal catheter, and the caregiver requires the assistance of another person to care for the child's indwelling catheter or must perform in and out catheterizations multiple times a day.

Ostomy - Not Self-Care (D): The child has a surgical procedure that establishes an external opening into the ureter(s) and the caregiver requires the assistance of another person to care for the child's ostomy.

- **Children** Children 4-5 years of age are developmentally expected to need help with toileting and may have occasional accidents during waking hours (this is not considered incontinence). If a child falls into this age group, the child is rated as independent unless the child has

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some other complex medical need such as an external device, indwelling catheter, or ostomy.

- Children**aged 6 to 18** years of age are expected to voluntarily control the elimination of urine and can empty his or her bladder. If a child uses incontinent supplies such as briefs, pads or diapers and can independently change and dispose of them appropriately, then the child is rated as independent. If a child falls into this age group, the child is rated as independent unless the child has somerequires other complex medical need such as an external device, indwelling catheter, or ostomy.mechanical intervention.

Does Not Need Help (I): This category includes:
1) The child voluntarily empties his or her bladder. **OR**
2) Children on dialysis who have no urine output as the child does not perform this process. Dialysis will be noted under medical/nursing needs. **OR**
3) Children who independently perform the Crede method **OR**
4) Children who use incontinent supplies such as briefs, pads or diapers and can independently change and dispose of them appropriately.

- **Incontinent Less than Weekly [does not occur every week] (d):** The child has involuntary emptying or loss of urine but it, that does not occur every week (e.g., every other week) and is unable to independently use and dispose of incontinence supplies.
  - Children younger than 4 years of age are developmentally expected to need help with toileting) *and* diapering. If a child falls into this age group, the child is rated as independent unless the child has some other complex medical need such as an external device, indwelling catheter, or ostomy.
  - Children 4-5 years of age are developmentally expected to need help with toileting and may have occasional accidents during waking hours (this is not considered incontinence). If a child falls into this age group, the child is rated as independent unless the child has some other complex medical need such as an external device, indwelling catheter, or ostomy.
  - Children 6 to 18 years of age are expected to voluntarily control the elimination of urine and can empty his or her bladder. If the child is not capable of maintaining continence or utilizing dispose of incontinence supplies such as briefs, pads, or diapers, then this category may be appropriate.

- **External Device, Indwelling Catheter, or Ostomy - Self Care (d):** The child has an urosheath, internal catheter, external catheter, orostomy, condom with a receptacle attached to collect urine (external catheter); a hollow cylinder

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passed through the urethra into the bladder (internal catheter), a surgical procedure that establishes an external opening into the ureter(s) (ostomy) or may also include in and out catheterizations occurring multiple times a day (not indwelling). The child completely cares for urinary devices (changes the catheter or external device, irrigates as needed, empties and replaces the receptacle) and the skin surrounding the ostomy. This includes children who use any of these devices and may also need to use incontinence supplies such as briefs, pads, or diapers but can correctly change and dispose of them.

- This category should only be used if the child can complete all components of this task independently.

- **Incontinent Weekly or More [Occurring once a week or more] (D):** The child has involuntary emptying or loss of urine at least once a week or more and is unable to independently use and dispose of incontinence supplies.
  - Children younger than 4 years of age are developmentally expected to need help with toileting and diapering. If a child falls into this age group, the child is rated as independent unless the child has some other complex medical need such as an external device, indwelling catheter, or ostomy.
  - Children 4-5 years of age are developmentally expected to need help with toileting and may have occasional accidents during waking hours (this is not considered incontinence). If a child falls into this age group, the child is rated as independent unless the child has some other complex medical need such as an external device, indwelling catheter, or ostomy.
  - Children 6 to 18 years of age are expected to voluntarily control the elimination of urine and can empty his or her bladder. If they are not capable of maintaining continence, then this category may be appropriate. This includes children who use incontinence supplies such as briefs, pads, or diapers for involuntary emptying or loss of urine occurring at least once a week or more and who cannot correctly change or dispose of the items.

- **External Device - Not Self-Care (D):** The child has an urosheath or condom with a receptacle attached to collect urineexternal catheter. Another person cares and requires the assistance of other(s) to care for the child's external device or additionaluse and dispose of incontinence supplies such as briefs, pads, or diapers. This category should be used if the child cannot manage all tasks associated with maintaining an external device independently.

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- **Indwelling Catheter - Not Self-Care (D):** The child has an internal catheter and hollow cylinder passed through the urethra into the bladder. A another person cares for the child's indwelling catheter, additional incontinence supplies, such as briefs, pads, or diapers or must perform in and out catheterizations multiple times a day. This category includes children who self-catheterize, but who need assistance to set-up, clean up, etc. This category should be used if the child cannot complete all components of the tasks associated with an indwelling catheter independently.

- **Ostomy - Not Self-Care (D):** The child has a surgical procedure that establishes an external opening into the ureter(s). Another person cares for the child's ostomy and may assist with the use, changing, and appropriate disposal of incontinence supplies such as briefs, pads or diapers. This category should be used if the child cannot manage all components of the tasks associated with ostomy care independently.

Rating Criteria for Mobility:

Mobility is the extent of the individual's movement outside his or her usual living quarters. Evaluate the individual's ability to walk steadily and his or her level of endurance.

Ambulation is the ability to get around indoors (walking) and outdoors (mobility), climb stairs and wheel. Individuals who are confined to a bed or chair must be shown as needing help for all ambulation activities. This is necessary in order to show their level of functioning/dependence in ambulation accurately. Individuals who are confined to a bed or a chair are rated **Is Not Performed** for all ambulation activities.

Walking is the process of moving about indoors on foot or on artificial limbs.

Wheeling is the process of moving about by a wheelchair. The wheelchair itself is not considered a mechanical device for this assessment section.

Stair Climbing is the process of climbing up and down a flight of stairs from one floor to another. If the individual does not live in a dwelling unit with stairs, ask whether he can climb stairs if necessary.

Special Note: Children from birth through 45 years of age may require supervision for safety and physical assistance.

Screening considerations for children, as age appropriate, include: ability to safely maneuver (ambulate) without assistance, creep up stairs, and kneel without support, and assume standing position; seizure activity; frequent falls; balance; and/or visual concerns.

Children aged 0 to 4 are developmentally expected to be dependent on their caregiver for mobility or supervision for safety and must be assessed with their caregiver as a unit.

- **Does Not Need Help (I):** The child, and caregiver as age appropriate, goesa unit, have the ability to go outside of his or hertheir residence on a routine basis. If the child is only goesable to go outside for trips to a medical appointment or for treatments by ambulance, car, or van, rate either in the "confined - moves about" or "confined - does not move about" categories.
  - Children from birth to 6 months of age should be dependent on another person/caregiver for mobility. If the child and caregiver as a unit can achieve mobility and there are no other complex medical needs or equipment, the child is rated as independent.
  - Children ages 7-12 months of age should be dependent on another person/caregiver for mobility and should be able to maintain a sitting position when placed and able to move self by rolling, crawling, or creeping. The child requires supervision for safety. If the child can achieve developmental milestones and there are no other complex medical needs or equipment, the child is rated as independent. If the child is not able to achieve developmental milestones, then refer to one of the other functional capacities listed below.
  - Children ages 13-18 months of age (1-year-old) should be dependent on another person/caregiver for mobility and should be able to able to crawl, creep, pull to stand up, and sit alone. The child requires supervision for safety and intermittent assistance. If the child can achieve the developmental milestones and there are no other complex medical needs or equipment, the child is rated as independent. If the child is not able to achieve developmental milestones or requires a stander, then refer to one of the other functional capacities listed below.
  - Children ages 19-24 months of age (1 ½ to 2-year-old) should be dependent on another person/caregiver for mobility and be able to walk well, master stair climbing but still require supervision for safety and

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intermediate assistance. If the child can achieve developmental milestones and there are no other complex medical needs or equipment, the child is rated as independent. If the child is not able to achieve developmental milestones or requires a stander or other medical assistance such as use a wheelchair, then refer to one of the other functional capacities listed below.

- Children ages 25 months to 4 years of age should be able to walk well, master physical skills involved in running and jumping but still require supervision for safety and may need intermittent assistance. If the child can achieve developmental milestones and there are no other complex medical needs or equipment, the child is rated as independent. If the child is not able to achieve developmental milestones or requires a stander or other medical assistance such as use a wheelchair, then refer to one of the other functional capacities listed below.
- Children from age 5 to 18 years of age should be able to physically perform all essential components of the tasks of mobility safely and without assistance. If the child is not able to achieve mobility or requires a stander or other medical assistance such as use a wheelchair, then refer to one of the other functional capacities listed below.

- **Mechanical Help Only (d):** The child and caregiver as a unit, usually needsneed equipment or a device to go outside, independently. Equipment or device includes splint, such as special shoes, leg braces, crutches, walkers, wheelchairs, canes, handrails, chairlifts, and special ramps. The use of a stroller is not considered mechanical help unless medically necessary.
  - This category should only be used if the child can utilize equipment or devices independently.

- **Human Help Only (D):**

Supervision (Verbal Cues, Prompting): **) (d):** The child, and caregiver as age appropriatea unit, usually requires assistance from another person who provides supervision, cues, or coaxing in mobility.

Physical Assistance (Set-up, Hands-On Care): **) (D):** The child, and caregiver as age appropriatea unit, usually receivesrequire assistance from another person who physically supports or steadies the child to go outside.

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- ~~Children from birth to 6 months of age should be dependent on another person/caregiver for mobility and should be rated as independent unless they have a complex medical need or equipment.~~
- ~~Children ages 7-12 months of age should be dependent on another person/caregiver for mobility and supervision for safety and should be rated as independent unless they have a complex medical need, equipment, or are unable to reach developmental milestones of maintaining a sitting position when placed or able to move self by rolling, crawling, or creeping.~~
- ~~Children ages 13-18 months of age (1-year-old) should be dependent on another person/caregiver for mobility and supervision for safety and should be rated as independent unless they have a complex medical need, equipment, or are unable to reach developmental milestones of crawling, creeping, pulling to stand up, and sitting alone.~~
- ~~Children ages 19-24 months of age (1 ½ to 2-year-old) should be dependent on another person/caregiver for mobility and supervision for safety including intermittent physical assistance and should be rated as independent unless they have a complex medical need, equipment, or require a stander or other medical assistance such as use a wheelchair or are unable to reach developmental milestones of walking well and mastering stair climbing.~~
- ~~Children ages 25 months to 4 years of age should be dependent on another person/caregiver for mobility and supervision for safety including intermittent physical assistance and should be rated as independent unless they have a complex medical need, equipment, or require a stander or other medical assistance such as use a wheelchair or are unable to reach developmental milestones of walking well or mastering physical skills involved in running and jumping.~~
- ~~Children from age 5 to 18 years of age should be able to physically perform all essential components of the task of mobility safely and without assistance. If they are not able to achieve mobility or require a stander or other medical assistance such as use a wheelchair, then this category may be appropriate.~~

- ~~**Mechanical and Human HelpPhysical Assistance (D):** The child, and caregiver as age appropriatea unit, usually needs equipment or a device and requires assistance of other(s) to go outside as defined above under "Mechanical Help Only" and Human Help "Physical Assistance."~~
  - ~~Children from birth to 6 months of age should be dependent on another person/caregiver for mobility and should be rated as independent unless they have a complex medical need or equipment.~~

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- ~~Children ages 7-12 months of age should be dependent on another person/caregiver for mobility and supervision for safety and should be rated as independent unless they have a complex medical need, equipment, or are unable reach developmental milestones of maintaining a sitting position when placed or able to move self by rolling, crawling, or creeping.~~
- ~~Children ages 13-18 months of age (1-year-old) should be dependent on another person/caregiver for mobility and supervision for safety and should be rated as independent unless they have a complex medical need, equipment, or are unable to reach developmental milestones of crawling, creeping, pulling to stand up, and sitting alone.~~
- ~~Children ages 19-24 months of age (1 ½ to 2-year-old) should be dependent on another person/caregiver for mobility and supervision for safety including intermittent physical assistance and should be rated as independent unless they have a complex medical need, equipment, or require a stander or other medical assistance such as use a wheelchair or are unable to reach developmental milestones of walking well and mastering stair climbing.~~
- ~~Children ages 25 months to 4 years of age should be dependent on another person/caregiver for mobility and supervision for safety including intermittent physical assistance and should be rated as independent unless they have a complex medical need, equipment, or require a stander or other medical assistance such as use a wheelchair or are unable to reach developmental milestones of walking well or mastering physical skills involved in running and jumping.~~
- ~~Children from age 5 to 18 years of age should be able to physically perform all essential components of the task of mobility, safely, and without assistance. If they are not able to achieve mobility or require a stander or other medical assistance, such as use a wheelchair, then this category may be appropriate.~~

- ~~**Confined - Moves About (D):** The child does notis unable to customarily go outside of his or her residence, but does go outside of his or her room.~~

- ~~Refers only to children confined to residency due to their complex medical needs or equipment. but can go outside of his or her room.~~

- ~~**Confined - Does Not Move About (D):** The child usually stays in his or her room.~~

- ~~Refers only to children confined to bed due to their complex medical needs or use of need for equipment.~~

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Children aged 5 to 18 should be able to physically perform all essential components of mobility safely and without assistance. If the child is able to achieve mobility without assistance, they are independent.

Does Not Need Help (I): The child has the ability to go outside of their residence on a routine basis. If the child is only able to go outside for trips to a medical appointment, rate either in the "confined - moves about" or "confined - does not move about" categories.

Mechanical Help Only (d): The child needs equipment or a device to go outside independently such as, special shoes, leg braces, crutches, walkers, wheelchairs, canes, handrails, chairlifts, and special ramps.

Supervision (Verbal Cues, Prompting) (d): The child requires assistance from another person who provides supervision, safety cues, or coaxing in mobility.

Physical Assistance (Set-up, Hands-On Care) (D): The child requires assistance from another person who physically supports or steadies the child to go outside.

Mechanical and Physical Assistance (D): The child needs equipment or a device and requires assistance of other(s) to go outside as defined above under Mechanical Help and Physical Assistance.

Confined - Moves About (D): The child is unable to customarily go outside of his or her residence due to their complex medical needs or equipment but can go outside of his or her room.

Confined - Does Not Move About (D): The child stays in his or her room due to their complex medical needs or equipment.

Rating Criteria for Joint Motion:

Joint motion is the child's ability to move his or her fingers, arms, and legs (active ROM) or, if applicable, the ability of someone else to move the child's fingers, arms, and legs (passive ROM).

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- Within Normal Limits Or Instability Corrected (I): means the child's joints can be moved to functional motion without restriction, or a joint does not maintain functional motion and/or position when pressure or stress is applied, but has been corrected by the use of an appliance or by surgical procedure.

- Limited Motion (d): Means partial restriction in the movement of a joint including any inflammatory process in the joint causing redness, pain, and/or swelling that limits the motion of the joint.

- Instability Uncorrected Or Immobile (D): means a joint does not maintain functional motion and/or position when pressure or stress is applied and the disorder has not been surgically corrected or an appliance is not used, or there is total restriction in the movement of a joint (e.g., contractures, which are common in individuals who have had strokes).

Rating Criteria for Medication Administration:

Medication Administration refers to the person(s) who administers medications such as the child and caregiver as a unit, the child as age appropriate, or if the child is being referred elsewhere, the person(s) who will administer medications following referral. . All children are expected to require assistance from their caregiver for medication administration and MUST be rated with their caregiver as a unit from aged 0 to 18.

- **Without Assistance or No Medications (I):** means the child and caregiver as a unit or the child independently administers their own child's medication, or the child does not take any medications.

- **Administered/Monitored by Lay Person(s) (D):** TheMedications are administered via a NG-tube (tube from the nose to the stomach) or G-tube (opening into the stomach) or the child and caregiver as a unit or the child needs additional assistance of a person without pharmacology training to either administer or monitor medications. This includes medication aides that may be certified but not licensed or programmed medication dispensers. If meds are given by lay and professional staff, rate at the higher level.

- **Administered/Monitored by Professional Nursing Staff (D):** The child and caregiver as a unit, needs licensed or professional health personnel to

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administer or monitor some or all of the medications. If meds are given by lay and professional staff, rate at the higher level.

Rating Criteria for Behavior Pattern and Orientation:

Behavior Pattern is the manner of conducting oneself within one's environment without placing oneself at risk.

Orientation is the awareness of an individual within his or her environment in relation to time, place, and person. It can also mean the recognition of danger.

See crosswalk at the end of this section and as a quick reference guide, Attachment A.

Screening considerations for children, as age appropriate, include: assistance to engage in safe actions and interactions; refrain from unsafe actions and interactions; exhibits disruptive or dangerous behavior such as: verbal and physical abuse to self or others; wandering; removing or destroying property; acting in a sexually aggressive manner; reported neurological impairment; hyper/hypo sensitivity to external stimulus; constant vocalizations/perseveration; impaired safety skills; engages in smearing behavior; sleep deprivation; reported cognitive impairment; lack of awareness; unable to respond to cues; unable to communicate basic needs and wants; disorientation/disassociation; unable to follow directions; unable to process information or social cues; and unable to recall personal information. If the child exhibits any of these, rate accordingly as developmentally appropriate.

BEHAVIOR PATTERN

- **Appropriate (I):** The child's behavior pattern is suitable or fitting to the environment and age of the child. Appropriate behavior is of the type that adjusts to accommodate expectations in different environments and social circumstances. Behavior pattern does not refer to personality characteristics such as "selfish," "impatient," or "demanding," but is based on direct observations of the individual's actions. If the behavior is not appropriate, then refer to one of the other functional capacities listed below.

- Children from birth to 5 months are developmentally expected to respond to sounds by startling; fixate on human's face; respond to caregivers face and voice; move extremities; and smile responsively. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.
- Children from 6-12 months are developmentally expected to respond to sounds; own name; string vowels together when babbling (ah, eh, oh); make sounds to show joy and displeasure; play with others; respond to emotions; show anxiety with strangers; and like to look at self in mirror. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.
- Children from 13-36 months are developmentally expected to respond to simple spoken requests, use simple gestures like shaking head no or waving bye; say mama or dada or uh-oh or other single words; point to show someone what they want or to identify; know names of familiar people and things; demonstrate shyness or nervousness with strangers; cry when caregiver leaves; show fear in some situations; has favorite things and people; hands things to others as play; plays with doll; copies others; gets excited with other children; and may show defiant behavior. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.
- Children from 37 months to 4 years of age are developmentally expected to effectively share information and wants and needs; use simple words, phrases, or short sentences; be able to ask for at least 10 things using appropriate names; understand instructions; and demonstrate the ability to initiate conversation; identify self and significant others; recognize person, places, events, and objects in their community. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.
  Children from 5-18 years of age

- are developmentally expected to identify self, place of residence, and significant others. For age 6 years and older, engages others in a socially appropriate manner and recognizes and appropriately responds to dangerous situations that might put health and safety at risk or lead to exploitation (this includes wandering and flight behavior). If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.

- **Inappropriate Wandering, Passive, or Other:**

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Wandering/Passive < weekly = (I);

Wandering/Passive Weekly or More = (d):

The child's usual behavior is manifested in a way that does not present major management problems. Wandering is characterized by physically moving about aimlessly or mentally being non-focused. Passive behavior is characterized by a lack of awareness or interest in personal matters and/or in activities taking place in close proximity. Other characterizations of behavior such as impaired judgment, regressive behavior, agitation, or hallucinations that is not disruptive are included in this category. If the behavior ***This category is not appropriate*** or the child has a risk***for children aged 0 to 4 as*** stated above under considerations, then this category may***they are expected to be*** appropriate. ***dependent on a caregiver for mobility and supervision for safety.***

- Children from birth to 5 years of age should be dependent on another person/caregiver for mobility and supervision for safety and should be rated as independent unless they have a complex medical condition.
- Children from 5-18 years of age are developmentally expected to identify self, place of residence, and significant others. For age 6 years and older, engages others in a socially appropriate manner and recognizes and appropriately responds to dangerous situations that might put health and safety at risk or lead to exploitation (this includes wandering and flight behavior). If the child cannot meet developmental milestones, then this category may be appropriate.

- **Inappropriate Abusive, Aggressive, or Disruptive:**

Abusive/Aggressive/Disruptive < Weekly = (D);

Abusive/Aggressive/Disruptive Weekly or More = (D):

The child's behavior is manifested by acts detrimental to the life, comfort, safety, and/or property of the child and/or others. Agitations, hallucinations, or assaultive behavior that is detrimental are included in this category and specified in the space provided. If the behavior is described as above or the child has a risk as stated under considerations, then this***This category*** may be***is not appropriate***. ***for children aged 0 to 12 months.***

- Children birth to 12 months should be dependent on another person/caregiver for supervision for safety and this category does not apply unless they have a complex medical condition.
- Children 13 months-18 years of age; this category may be appropriate.

- **Comatose refers to the semi-conscious or comatose (unconscious) state. (D)**

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ORIENTATION

Children aged 0 to 4 years are developmentally expected to be dependent on a caregiver for orientation, mobility, and supervision for safety. If the child does not meet comatose criteria, rate the child as independent.

- **Oriented (I):** The individualchild and caregiver as a unit, has have no apparent problems with orientation and the child is aware of who they arehe or she is, where they are, the day of the week, the monthhe or she is, and people around him or her. them,
  - Children from birth to 5 months are developmentally expected to respond to sounds by startling; fixate on human's face; respond to caregivers face and voice; move extremities; and smile responsively. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.
  - Children from 6-12 months are developmentally expected to respond to sounds; own name; string vowels together when babbling (ah, eh, oh); make sounds to show joy and displeasure; play with others; respond to emotions; show anxiety with strangers; and like to look at self in mirror. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.
  - Children from 13-36 months are developmentally expected to respond to simple spoken requests, use simple gestures like shaking head no or waving bye; say mama or dadahim or uh-oh or other single words; point to show someone what they want or to identify; know names of familiar people and things; demonstrate shyness or nervousness with strangers; cry when caregiver leaves; show fear in some situations; has favorite things and people; hands things to others as play; plays with doll; copies others; gets excited with other children; and may show defiant behavior. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly. her.
  - Children from 37 months to 4 years of age are developmentally expected to effectively share information and wants and needs; use simple words, phrases, or short sentences; be able to ask for at least 10 things using appropriate names; understand instructions; and demonstrate the ability to initiate conversation; identify self and significant others; recognize person, places, events, and objects in their community. If the child can

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meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.

- Children from 5-18 years of age are developmentally expected to identify self, place of residence, and significant others. For age 6 years and older, engages others in a socially appropriate manner and recognizes and appropriately responds to dangerous situations that might put health and safety at risk or lead to exploitation (this includes wandering and flight behavior). If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.

Disoriented-Some Spheres, Some of the Time (d): This category is not appropriate for children aged 0-4.

Disoriented - Some Spheres, All of the Time (d): This category is not appropriate for children aged 0-4.

Disoriented - All Spheres, Some of the Time (D): This category is not appropriate for children aged 0-4.

Disoriented - All Spheres, All of the Time (D): This category is not appropriate for children aged 0-4.

Comatose (D): The child is in a semi-comatose or unconscious state or is otherwise non-communicative.

Children from 5-18 years are developmentally expected to identify self, place of residence, and significant others.

The individual**Oriented (I):** The child has no apparent problems with orientation and is aware of who he or she is, where he or she is, and people around him or her.

- **Disoriented - Some Spheres, Some of the Time (d):** The child sometimes has problems with one or two of the three cognitive spheres of person, place, or time. Some of the Time means there are alternating periods of awareness-unawareness.

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- ~~Children from birth to 5 months are developmentally expected to respond to sounds by startling; fixate on human's face; respond to caregivers face and voice; move extremities; and smile responsively. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.~~
- ~~Children from 6-12 months are developmentally expected to respond to sounds; own name; string vowels together when babbling (ah, eh, oh); make sounds to show joy and displeasure; play with others; respond to emotions; show anxiety with strangers; and like to look at self in mirror. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.~~
- ~~Children from 13-36 months are developmentally expected to respond to simple spoken requests, use simple gestures like shaking head no or waving bye; say mama or dada or uh-oh or other single words; point to show someone what they want or to identify; know names of familiar people and things; demonstrate shyness or nervousness with strangers; cry when caregiver leaves; show fear in some situations; has favorite things and people; hands things to others as play; plays with doll; copies others; gets excited with other children; and may show defiant behavior. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.~~
- ~~Children from 37 months to 4 years of age are developmentally expected to effectively share information and wants and needs; use simple words, phrases, or short sentences; be able to ask for at least 10 things using appropriate names; understand instructions; and demonstrate the ability to initiate conversation; identify self and significant others; recognize person, places, events, and objects in their community. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.~~
- ~~Children from 5-18 years of age are developmentally expected to identify self, place of residence, and significant others. For age 6 years and older, engages others in a socially appropriate manner and recognizes and appropriately responds to dangerous situations that might put health and safety at risk or lead to exploitation (this includes wandering and flight behavior). If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.~~

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- **Disoriented - Some Spheres, All of the Time (d):** The individualchild is disoriented in one or two of the three cognitive spheres of person, place, and time. All of the time means this is the individual's usual state.
  - Children from birth to 5 months are developmentally expected to respond to sounds by startling; fixate on human's face; respond to caregivers face and voice; move extremities; and smile responsively. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.
  - Children from 6-12 months are developmentally expected to respond to sounds; own name; string vowels together when babbling (ah, eh, oh); make sounds to show joy and displeasure; play with others; respond to emotions; show anxiety with strangers; and like to look at self in mirror. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.
  - Children from 13-36 months are developmentally expected to respond to simple spoken requests, use simple gestures like shaking head no or waving bye; say mama or dada or uh-oh or other single words; point to show someone what they want or to identify; know names of familiar people and things; demonstrate shyness or nervousness with strangers; cry when caregiver leaves; show fear in some situations; has favorite things and people; hands things to others as play; plays with doll; copies others; gets excited with other children; and may show defiant behavior. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.
  - Children from 37 months to 4 years of age are developmentally expected to effectively share information and wants and needs; use simple words, phrases, or short sentences; be able to ask for at least 10 things using appropriate names; understand instructions; and demonstrate the ability to initiate conversation; identify self and significant others; recognize person, places, events, and objects in their community. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.
  - Children from 5-18 years of age are developmentally expected to identify self, place of residence, and significant others. For age 6 years and older, engages others in a socially appropriate manner and recognizes and appropriately responds to dangerous situations that might put health and safety at risk or lead to exploitation (this includes wandering and flight behavior). If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.

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- **Disoriented - All Spheres, Some of the Time (D):** The individualchild is disoriented to person, place, and time periodically, but not always.
  - Children from birth to 5 months are developmentally expected to respond to sounds by startling; fixate on human's face; respond to caregivers face and voice; move extremities; and smile responsively. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.
  - Children from 6-12 months are developmentally expected to respond to sounds; own name; string vowels together when babbling (ah, eh, oh); make sounds to show joy and displeasure; play with others; respond to emotions; show anxiety with strangers; and like to look at self in mirror. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.
  - Children from 13-36 months are developmentally expected to respond to simple spoken requests, use simple gestures like shaking head no or waving bye; say mama or dada or uh-oh or other single words; point to show someone what they want or to identify; know names of familiar people and things; demonstrate shyness or nervousness with strangers; cry when caregiver leaves; show fear in some situations; has favorite things and people; hands things to others as play; plays with doll; copies others; gets excited with other children; and may show defiant behavior. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.
  - Children from 37 months to 4 years of age are developmentally expected to effectively share information and wants and needs; use simple words, phrases, or short sentences; be able to ask for at least 10 things using appropriate names; understand instructions; and demonstrate the ability to initiate conversation; identify self and significant others; recognize person, places, events, and objects in their community. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.
  - Children from 5-18 years of age are developmentally expected to identify self, place of residence, and significant others. For age 6 years and older, engages others in a socially appropriate manner and recognizes and appropriately responds to dangerous situations that might put health and safety at risk or lead to exploitation (this includes wandering and flight behavior). If the child can meet developmental milestones, rate as

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independent. If they are not able to achieve developmental milestones, then rate accordingly.

- **Disoriented - All Spheres, All of the Time (D):** The individualchild is always disoriented to person, place, and time.
  - Children from birth to 5 months are developmentally expected to respond to sounds by startling; fixate on human's face; respond to caregivers face and voice; move extremities; and smile responsively. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.
  - Children from 6-12 months are developmentally expected to respond to sounds; own name; string vowels together when babbling (ah, eh, oh); make sounds to show joy and displeasure; play with others; respond to emotions; show anxiety with strangers; and like to look at self in mirror. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.
  - Children from 13-36 months are developmentally expected to respond to simple spoken requests, use simple gestures like shaking head no or waving bye; say mama or dada or uh-oh or other single words; point to show someone what they want or to identify; know names of familiar people and things; demonstrate shyness or nervousness with strangers; cry when caregiver leaves; show fear in some situations; has favorite things and people; hands things to others as play; plays with doll; copies others; gets excited with other children; and may show defiant behavior. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.
  - Children from 37 months to 4 years of age are developmentally expected to effectively share information and wants and needs; use simple words, phrases, or short sentences; be able to ask for at least 10 things using appropriate names; understand instructions; and demonstrate the ability to initiate conversation; identify self and significant others; recognize person, places, events, and objects in their community. If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.
  - Children from 5-18 years of age are developmentally expected to identify self, place of residence, and significant others. For age 6 years and older, engages others in a socially appropriate manner and recognizes and appropriately responds to dangerous situations that might put health and safety at risk or lead to exploitation (this includes wandering and

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flight behavior). If the child can meet developmental milestones, rate as independent. If they are not able to achieve developmental milestones, then rate accordingly.

- **Comatose (D):** The individualchild is in a semi-comatose or unconscious state or is otherwise non-communicative.

Behavior and Orientation are considered as a combination for service authorization. Please see the chart belowin Appendix A that provides the combinations that determine whether or not an individual is independent (I), semi-dependent (d), or dependent (D) in both behavior and orientation for the purposes of sScreening for Medicaid LTSS.

Attachment A provides the following crosswalk as a "pull out" tool which can be used in determining eligibility.

	BEHAVIOR PATTERN	Appropriate	Wandering/ Passive Less Than Weekly	Wandering/ Passive Weekly or More	Abusive/Aggressive/ Disruptive Less Than Weekly	Abusive/ Aggressive /Disruptive Weekly or More
ORIENTATIO	Oriented	**I**	**I**	**I**	**d**	**d**

	Disoriented: **Some** spheres **Some** of the time	I	I	d	d	D
	Disoriented: **Some** spheres **All** of the time	I	I	d	d	D
	Disoriented: **All** spheres **Some** of the time	d	d	d	D	D
	Disoriented: **All** spheres **All** of the time	d	d	d	D	D
	Comatose	D	D	D	D	D

Reminder: An individual must meet all criteria to meet NF LOC, i.e., the individual has limited functional capacity, medical or nursing needs, and is at risk of NF placement within 30 days without services.

Attachment B of this manual provides a worksheet for summarizing the results of the LTSS Screening and determining functional, medical or nursing need, and at-risk status of the individual.

TARGET POPULATION & GENERAL CRITERIA FOR HCBS

LTSS sScreeners are responsible for providing general information regarding Medicaid HCBSLTSS as well as non-Medicaid service and support options. As such, LTSS sScreeners should be knowledgeable about available community services and supports and have a current list available, with contact information, for individuals who are screened.

NOTE: The following information regarding the CCC Plus Waiver and PACE are program snapshots. For additional details, please refer to the individual program provider manuals found on the Virginia Medicaid portal found under provider

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resources at https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/Home/homepage/.

~~**Virginia has two HCBS programs that require a Medicaid LTSS Screening as described in this manual. These programs are:**~~

- ~~Program of All-Inclusive Care for the Elderly (PACE); and~~
- ~~Commonwealth Coordinated Care Plus (CCC Plus) Waiver~~

Program of the All-Inclusive Care for the Elderly (PACE)

~~PACE is a program that serves individuals who meet the level of care for NFs. It is an alternative to long term NF placement.~~ PACE services are all inclusive and highly coordinated, focusing on improving the individual's whole life. Services include adult day ~~care~~, acute care, dental services, care by a physician, transportation, pharmaceuticals, home health, all rehabilitation services and any other services that the Interdisciplinary Team agrees is needed by the individual.

PACE is ~~a capitated rate program~~ jointly funded by Medicare and Medicaid.

The general requirements for PACE are~~:~~

1. Be fifty-five (55) years of age or older; ~~and~~
2. Reside in a PACE program's service area; ~~and~~
3. Meet NF LOC criteria; ~~and~~
4. Have a safe plan of care developed allowing the individual to live in the community; ~~and~~
5. Agree to the terms and conditions of participation in the PACE program; and~~,~~
6. ~~Have an income equal to or less than 300% of the current Social Security Income~~Meet all other financial and non-financial requirements.

~~**NOTE:**~~ The PACE program requires LTSS s~~S~~creenings for **ALL** individuals entering the program regardless of payment source. ~~The Screening teams must complete the LTSS Screening for~~ This includes individuals who are ~~anticipating accessing PACE services, even if the individual will access those services under a~~ private ~~pay status.~~ payers. ~~DMAS will reimburse the LTSS Screening team for these Screenings. For all individuals screened for PACE, the~~The LTSS

sScreening Team must send a copy of the successfully processedAccepted-Authorized Screening packet to the selected PACE site.

Services available through PACE are all-inclusive and include all acute, medical, dental, long-term services and supports, etc. For this reason, a list is not included here.

Commonwealth Coordinated Care Plus (CCC Plus) Waiver

Individuals utilizing this waiver may be enrolled in the Commonwealth Coordinated Care Plus (CCC Plus) Program (Virginia's Medicaid Cardinal care managed long-term care services and supportscare program) or be Fee for Service (FFS).

To participate in the CCC Plus Waiver, individuals must meet ***all*** of the following general requirements:

1. MeetMeets the NF LOC criteria, has medical or nursing needs, and is at risk for NF or hospital placement within 30 days in the absence of HCBS;
2. Has been determined to meet all Medicaid financial and non-financial eligibility requirements financially eligible for Medicaid coverage;
3. Is not a resident of a NF, an intermediate care facility for individuals with intellectual disabilities; rehabilitation hospital; long-stay hospital; specialized care nursing facility; adult foster home; group home licensed by the Department of Behavioral Health and Developmental Services, or assisted living facility (ALF) that serves fiveour or more individuals;
4. 3. Has insufficient community resources *or* no other community resources available to meet their needs;
5. 4. Has a safe plan of care developed allowing them to live in the community; and
6. 5. Has a viable back-up plan for available caregivers.

Services available through the CCC Plus Waiver include:

- Adult Day Health Care
- Assistive Technology (AT) for those aged 21 & up. This is not a stand-alone service and must be authorized in addition to one of the other services available in this waiver.
- Environmental Modification (EM). This is not a stand-alone service and must be authorized in addition to one of the other services available in this waiver.

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- Personal Care Services (Agency and Consumer-Directed options)
- Personal Emergency Response System (PERS): Installation and ~~may or may not include~~ monthly monitoring, which may include medication monitoring. ~~This is not a stand-alone service and must be authorized in addition to one of the other services available in this waiver.~~
- ~~Medication Monitoring (can only be received in conjunction with PERS)~~
- Private Duty Nursing (PDN) for those aged 21 & up
- Respite Services (Agency and Consumer-Directed options)
- Service Facilitation (for Consumer Direction)
- ~~Transition Services~~
-

~~Individuals living with MI, IDa intellectual or other RC, including autism, individuals in therapeutic foster care or individuals living with behavioral health conditionsdevelopmental disability may qualify for the CCC Plus Waiver; however, all individuals utilizing the CCC Plus Waiver must provided they meet the CCC Plus WaiverLTSS sScreening criteria i.e. functional need, medical or nursing need, and risk for institutionalization within 30 days. Eligible individuals may be enrolled in the CCC Plus Waiver, while also being on a wait list for one of the Developmental Disability waivers. Individuals seeking enrollment in a DD waiver must meet that waiver's criteria and individuals already receiving a DD waiver who wish to change and receive CCC Plus Waiver services, must have a LTSS Screening and meet CCC Plus Waiver criteria.~~

Private Duty Nursing (PDN) Services Offered through the CCC Plus Waiver or EPSDT

Adults requiring PDN and children requiring Early and Periodic Screening, Diagnostic and Treatment (EPSDT) PDN services may be screened for the CCC Plus Waiver the same as other individuals~~; however,~~. Tthese individuals require more substantial medical nursing interventions. ~~CCC Plus Waiver with PDN services shall be covered only for Medicaid-eligible individuals who have been determined eligible for CCC Plus Waiver services and who also require the level of care provided in either a specialized care NF, or long-stay hospital, or are determined to have needs with can only be addressed by a private duty nurse and who meet criteria assessment evaluated on the DMAS-108 (adults) or DMAS-109 (children).~~ PDN services shall be the critical services necessary to delay or avoid the individual's placement in an appropriate facility.

Eligibility for the CCC Plus Waiver based on PDN ~~services~~ needs is determined by using the DMAS-108 (for adults) and the DMAS-109 (for children) forms in

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conjunction with the Medicaid LTSS sScreening forms. Medical and nursing needs are documented on the DMAS-108 or DMAS-109.

The DMAS 109 form should only be submitted for children who qualify for at least 50 points or more on the form (ventilator, trach or combinations of conditions as direction on the DMAS-109 form). Completing the form for children who meet the DMAS-109, 50--point criteria, allows them to be enrolled in the CCC Plus Waiver as a medically complex individual even though their PDN must be provided through the EPSDT program. Please review directions specified on the DMAS-109 form.

EPSDST provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services. More information about Virginia's EDPSDT pProgram can be found at httphttps://www.dmas.virginia.gov/#/maternalepsdt./for-members/benefits-and-services/maternal-and-child-health/early-and-periodic-screening-diagnostic-and-treatment-epsdt/.

For LTSS screening teams, eMLS will allow opening DMAStheDMAS-108 and DMAS-109 forms when PDN service is selected on the DMAS-96 Authorization form page. Final eligibility is determined using the age appropriate PDN referral form, *in addition to* the UAI, DMAS-96 and DMAS-97.

Consumer-Directed or Agency-Direct Personal Care

Agency-directed care is where services are coordinated and received through an agency who is responsible for hiring and training its employees. Consumer-directed care is where the individual (or an appointee) is the Eemployer of the personsRecord and hires an attendant to providing provide services. Individuals may receive personal care, adult day health care, respite (skilled and non-skilled), PDN and Personal Emergency Response System (PERS) through an agency-directed model of care. Individuals may also receive personal care and non-skilled respite through a consumer-directed model of care. The choice of the model of care is made freely by the individual or their representative, if the individual is not able to make a choice. Individuals may also choose to receive a combination of agency-directed and consumer-directed care.

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~~MOVEMENT BETWEEN NF, CCC PLUS WAIVER AND PACE AFTER INITIAL SCREENING FOR MEDICAID-FUNDED LTSS~~SCREENING VALIDITY

Individuals meeting NF LOC criteria are able to choose their services and transition among ~~certain~~ LTSS settings (NF, CCC Plus Waiver and PACE) after the initial Medicaid LTSS s~~S~~creening and service enrollment/authorization occurs, provided all the requirements are met for the newly selected setting or program. ~~Examples of additional criteria that must be met from one services program to another include: age requirement for PACE, and the completion of a Level I Screening and if needed, a Level II evaluation and determination for MI, ID and RC, for all admissions to a Medicaid-certified NF.~~ Movement provides choice to the individual and enables the individual to more freely move between NF and CCC Plus Waiver, PACE or between NFs.

After an initial Medicaid LTSS s~~S~~creening is conducted and ~~successfully processed~~is in Accepted-Authorized status in eMLS, enrollment in services shall occur as soon as possible ~~after LTSS sScreening~~ but no later than ~~one year~~365180 days from the date of physician signature on the LTSS s~~S~~creening. If enrollment does not occur within ~~one (1)~~180365 days ~~year~~ a new LTSS s~~S~~creening is required.

~~LTSS annual LOC review will be monitored using established processes for the~~ Once an individual is enrolled in CCC Plus Waiver ~~(as found in the CCC Plus Waiver Manual)~~, PACE, or Custodial NF, a screening does NOT expire or need to be updated as long as the individual continues to receive Medicaid LTSS. Individuals are allowed 180 days to transition between LTSS ~~models of care~~settings. ~~After 180 days and the Minimum Data Set (MDS) in NFs. PACE sites will follow their usual process for monitoring annual LOC. A~~a new ~~LTSS~~ screening ~~is not needed nor~~ is ~~an updated Screening~~ required.

~~for persons enrolled for Medicaid LTSS unless an individual is **terminated** from enrollment for services.~~

~~When there is a transition of services from one provider to another, it is up to the FFS LTSS provider, individual's CCC Plus health plan or PACE site to ensure that~~

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~~all documentation including LTSS Screening packet is forwarded to a new provider in order for an appropriate and safe plan of care to be developed. If the existing provider does not have a copy of the LTSS Screening packet, any of the providers serving the individual or the original LTSS Screening team should assist in providing an LTSS Screening packet when requested. Copies of the LTSS Screening packet can be printed from eMLS.~~

~~If an individual is unenrolled from Medicaid and/or Medicaid LTSS enrollment is terminated and the individual wishes to restart/reinitiate LTSS, a new Screening is required. In this situation, the initiation of services is considered a new application for LTSS.~~

If an individual's LTSS enrollment is terminated due to NF LOC criteria no longer being met, a new LTSS screening is required. This includes individuals who are terminated from the CCC Plus waiver for non-use of services.

Individuals who have been terminated within 6 months of a previous LTSS Screening or determined not to meet NF LOC criteria through an annual level of care review (LOCERI) must demonstrate that a major life change has occurred warranting a new screening.

PREAUTHORIZATIONS AND REFERRALS

DMAS Authority for Authorization of Medicaid Payment

The s~~S~~creening teams have the responsibility to determine if the individual meets the initial required NF LOC. The DMAS eMLS system does not determine the LOC. The LTSS s~~S~~creening team determines functional eligibility and by selecting a category of service on the DMAS-96 Authorization Form (CCC Plus Waiver, PDN services, PACE or NF), the s~~S~~creener is documenting the authorization determination. This determination is needed for Medicaid reimbursement of LTSS. Any information that is needed to support the s~~S~~creening team's LOC decision must be documented ~~on the last page (narrative section) of the DMAS-P98 (UAI-B)~~ in ~~-~~eMLS. ~~FFS~~ LTSS providers are responsible for developing the plan of care

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and requesting authorization for services. FFS authorizations are submitted to through the DMAS-designated FFS service authorization contractor or. CCC PlusCardinal Care health plans will manage these processes for individuals enrolled in the CCC Plus managed care program.

In those cases where the individual has been referred for a Level II evaluation for SMI, ID/RC, the responsibility and authority for the authorization of services is shared with the state DBHDS and contracted evaluation team. The Level II authorization **must** occur **prior** to service initiation for NF services. The LTSS sScreening teams must document the findings of the Level II in eMLS.

NFsCCC Plus waiver providers, custodial nursing facilities, and PACE will not be reimbursed by DMAS for NF placement or Medicaid LTSS services without a valid LTSS screening in eMLS until a LTSS Screening has been completed and successfully processed in eMLS (as described in this manual) and the individual is determined to meet the initial required LOC criteria for LTSS (except for special circumstances allowing NF admission without LTSS sScreening). It is the NF's responsibility of the Medicaid LTSS service provider not to accept an individual for LTSS nor submit a LOC change from skilled services (including rehabilitation services) to LTSS before the completion of awithout the appropriate LTSS sScreening documentation.

Freedom of Choice

The sScreening team *shall* inform the individual of the feasible alternatives available for LTSS and allow the individual to choose either institutional or HCBS programs (Title 42: Subpart H§441.353(d).) Regardless of the LTSS services authorization, the individual *shall* be given choice of settings (HCBS or NF) and of services and providers. The sScreening team must document the individual's choices on the Individual Choice-Institutional Care or Waiver Services Form (DMAS-97). **This includes those who meet and do not meet criteria and documenting that an individual has chosen to decline services, if that is the case.**

All of the following information, which is included on the DMAS-97, *shall* be discussed with the individual or his or her representative during the sScreening, and *documented* on the DMAS-97:

- The findings and results of the individual's evaluation and needs;
-

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- ~~A choice between NF, CCC Plus Waiver, or PACE;~~
- ~~For individuals selecting NF, the individual's understanding that when there is a suspected or known diagnosis of a MI, ID or RC, a Level II Screening is required to determine if additional services are necessary;~~
- ~~The individual's right to a fair hearing and the appeal process;~~
- ~~The individual's right to choose provider(s). When an individual is participating in the CCC Plus programCardinal Care Managed Care pProgram the sScreener will inform the individual that the health plan will provide a list of available providers enrolled with the plan; when an individual is FFS the sScreener will provide a list of available community providers;~~
- ~~The individual's right to choice of service(s);~~
- ~~The individual's potential to have a patient pay amount, based on his or her income regardless of the amount of NF/HCBS programs;~~
- ~~The individual understands that, by using the Consumer-Directed (CD) Option of service delivery, the individualhe or she bears the responsibilities associated with employing his or her own personal care attendants (*NOTE: DMAS is not the employer for CD personal care attendants providing personal care, companion services, or respite services)*; and~~
- The individual's (or representative's) consent to exchange information with DMAS by signing and dating the DMAS-97 form. This consent will remain in effect until revoked by the individual (or representative) in writing.

The sScreening team must document that the individual was *provided a choice* on the DMAS-97 form in eMLS and have the individual sign a copy for file recordkeepings. If a provider is chosen, this selection should be noted on the DMAS-97 form. If services are declined that mustshould also be noted.

The sScreening team must also inform the individual and/or the representative of **all** of the following requirements:

1. The authorization for Medicaid-funded LTSS does not mean that the individual will be found eligible for Medicaid; come financially Medicaid-eligible;

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2. ~~Financial E~~eligibility for Medicaid coverage must be determined by ~~a benefits (eligibility) worker at~~ the LDSS. The member or their authorized representative must submit a separate application for Medicaid if they have not yet already done so; ~~and that~~

~~2.~~3. Medicaid members receiving LTSS may have a patient pay responsibility, which will be determined, calculated, and communicated by the LDSS ~~include responsibility for a patient pay amount~~; and

Medicaid shall not reimburse for services unless the individual has been determined to be ~~financially~~ Medicaid-eligible and meet~~s~~ the LOC criteria for service authorization.

~~3.~~

The s~~S~~creening team will send a copy of the LTSS screening and letter documenting its decision to the selected provider, health plan ~~health plan,~~ and individual. The approval (DMAS-P238) and denial (DMAS-P239) ~~sample~~ letter template~~s have been revised and~~ are located ~~for screener access~~ on the Medicaid Enterprise System ~~Web Portal under *Provider Services/Provider Forms Search*~~ at ~~: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal.~~ https://vamedicaid.dmas.virginia.gov/provider/forms#gsc.tab=0 ~~Under *Category*, use the drop-down menu and click on *Pre-Admission Screening* to access the sample letters, *DMAS-P238, Approval Letter and DMAS-P239, Denial Letter*.~~

Additional Non-Medicaid Covered Services

An individual shall be notified of non-Medicaid community services that can provide support based on their needs. The individual or family may choose the additional services from any source, including a community-based agency or be determined eligible or possibly eligible for other programs by local human services agencies.

Referrals for NF, CCC Plus Waiver and PACE

The LTSS s~~S~~creening team must consider the individual's health, safety, and welfare as well as the individual's choice of provider and setting when considering HCBS such as the CCC Plus Waiver or PACE. If the individual already has an APS or CPS worker assigned through the local DSS and it is known by the LTSS

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sScreening team or contact can be accessed, this individual should be consulted. In order to authorize HCBS, the individual must meet all of the criteria for the specific HCBS program prior to authorization. CCC Plus Health PlanCardinal Care Managed Care (CCMC) Care Coordinators Managers will work with plan members to assure health, safety, and welfare for the member while respecting the individual's choice of provider and setting for services.

HCBS should first be discussed with the individual; however, NF services cancan be authorized with documentation addressing why HCBS cannot be authorized. This action can allow for temporary placement in a NF setting until a safe plan of care can be developed for HCBS.

For individuals choosing a NF, LTSS sScreeners must ensure the completion of the DMAS-95 (screening for MI, ID/RC) and make appropriate referral for a Level II evaluation and determination if MI/ID/RC are suspected. Both the MI/ID/RC screening (Level I) and evaluation (Level II) process must be completed prior to NF admission.

The Screening team must document the individual's choices on the DMAS-97 in eMLS.

FFS and CCC Plus Excluded Population Process

For individuals that who are in FFS or in a CCC Plus excluded population or program, the LTSS Screening team must inform the individual of Medicaid policies and alternatives to NF placement (CCC Plus Waiver and PACE). If the individual being screened is FFS, the LTSS sScreening team must offer a written list of Medicaid-enrolled provider agencies and/or CD services facilitators in their area, and PACE providers (if applicable). The individual's choice of provider should be documented. A current list of DMAS enrolled CCC Plus Waiver providers can be found at: https://vamedicaid.vaxix.net/Search

https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/SearchForProviders. Under Provider Type select Case Management – Waiver and Service Facilitation (for consumer-directed services), Personal Care (for agency-directed services), or PDN. For PACE choose PACE Provider.

Per the individual's choice, the Screening team will forward a complete Medicaid LTSS Screening Packet to the selected provider. The provider (CD Services Facilitator or Agency) will manage the LTSS enrollment process.

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~~CCC Plus~~Cardinal ~~Care~~Managed Care Population ~~Program~~ Process

If the individual is enrolled in a health plan~~ CCC Plus health~~, then the LTSS s~~S~~creening team ~~*will*~~ *must forward* all screening documentation to the ~~CCC Plus~~ health plan~~ fax number (listed later in this Chapter) for follow-up with the individual by the individual's care coordinator.~~ . Fax numbers can be found on the MES homepage. The health plan will manage the LTSS enrollment process.

The LTSS s~~S~~creener should provide general information regarding NF, CCC Plus Waiver, and if applicable, PACE services, as well as inform the individual that the ~~CCC Plus care coordinator~~MCO will provide a list of available network choices to the individual.~~ Individuals may also visit the following DMAS webpage to investigate providers who are enrolled with their health plan: https://www.dmas.virginia.gov/for-members/find-a-provider/~~

~~eMLS~~

PACE Program Process:

Individuals interested in PACE should be provided contact information for the PACE program serving the locality (if PACE is available). ~~Individuals should be directed to discuss their interest with the PACE staff. If the individual chooses PACE services, this choice should be noted on the authorization form.~~ The local PACE program will notify DMAS regarding the potential enrollee and manage the PACE enrollment process for the individual.

DOCUMENTATION REQUIREMENTS

Distribution of Screening Forms

~~The LTSS Screening team sends the following forms as outlined below.~~ No LTSS s~~S~~creening packet should be distributed until it ~~has "Successfully Processed" as noted~~is in Accepted- Authorized Status in eMLS. Once a~~a~~n LTSS s~~S~~creening is ~~submitted~~processed via ~~-~~eMLS, the LTSS s~~S~~creener is responsible for ~~returning to the eMLS portal after 24 hours to confirm the forms were Successfully Processed and print~~providing copies of the packet as needed. No handwritten forms/screening packets should be forwarded to a provider or individual.

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~~Please note that it should be standard practice for~~ LTSS ~~s~~Screening entities ~~to~~ must provide copies of the LTSS ~~s~~Screening packet to the individual or the authorized representative. LTSS ~~s~~Screening packets ~~should~~ must also be provided to newly chosen providers if all information security (PHI) guidelines are followed, and it is within the record and retention timeframes for the ~~s~~Screening entity.

~~Medicaid LTSS Screening, Form Distribution~~

~~CCC Plus Member Forms Sent to Health Plan~~		**~~FFS Members Forms Sent to Provider~~**		**~~PACE Admissions Forms Sent to Provider~~**
~~NF Admission~~ ~~Full Screening Package sent to Admitting NF~~	~~CCC Plus Waiver~~	~~NF Admission~~ ~~Full Screening Package sent to Admitting NF~~	~~CCC Plus Waiver~~	
~~DMAS-P98~~	~~DMAS-P98~~	~~DMAS-P98~~	~~DMAS-P98~~	~~DMAS-P98~~
~~DMAS-95~~ ~~• Level I~~ ~~• Level II (if appropriate)~~		~~DMAS-95~~ ~~• Level I~~ ~~• Level II (if appropriate~~		
~~DMAS-96~~	~~DMAS-96~~	~~DMAS-96~~	~~DMAS-96~~	~~DMAS-96~~
~~DMAS-97~~	~~DMAS-97~~	~~DMAS-97~~	~~DMAS-97~~	~~DMAS-97~~
	~~DMAS-108 (as appropriate)~~		~~DMAS-108 (as appropriate)~~	
	~~DMAS-109 (as appropriate)~~		~~DMAS-109 (as appropriate)~~	

~~*~~A copy of the DMAS-96 is always forwarded to the benefits unit of the LDSS.

~~**~~ The original signed copy of the DMAS-97 should be maintained with the individual's official record ~~and transferred to~~with the ~~new provider if~~LTSS ~~s~~Screening entity who conducted the ~~individual transitions to a new service~~

~~provider.~~screening. All other providers may retain a printed copy of the DMAS-97 noting names of original signers.

~~***~~ The individual screened for LTSS, or the representative, must receive a notification letter providing appeal rights and a copy of the full LTSS s~~S~~creening packet. Please note that the notification letter is not to be used for authorization of services. Only ~~a~~an LTSS s~~S~~creening packet which includes the DMAS-96 Authorization for LTSS Form can be used to confirm authorization.

Screeners will need to retain copies of the s~~S~~creening packet per retention policy cited in this manual or upon request retrieve LTSS s~~S~~creening packets from eMLS.

~~For Medicaid Members who are enrolled with a CCC Plus program health plan, Screeners will need to determine whether individuals are currently CCC Plus members, and if so, forward the completed Screening packet to the health plan for use by the individual's assigned care coordinator. Contact and FAX numbers are listed below.~~

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~~CCC Plus Health Plan~~	~~FAX Number for Screening Documents~~	~~Care Coordination Phone Number~~
~~Aetna Better Health of Virginia~~	~~844-459-6680~~	~~855-652-8249 Press #1 and ask for Case Management~~
~~Anthem HealthKeepers Plus~~	~~855-471-7937~~	~~855-323-4687 (Option 4) TTY 711~~
~~Magellan Complete Care of Virginia~~	~~866-210-1523~~	~~800-424-4524~~
~~Optima Health Community Care~~	~~844-552-7508~~	~~866-546-7924 or 757-552-8398~~
~~United Healthcare Community Plan~~	~~855-770-7088~~	~~Providers 877-843-4366 Members 1-866-622-7982~~
~~Virginia Premier Health Plan~~	~~800800-846-4254~~	~~877-719-7358 press option 1, then 3~~

~~For individuals enrolled in the CCC Plus program, the health plan is responsible for submitting the DMAS-225 to the LDSS benefits program (eligibility section) once services are initiated for the individual.~~

~~For FFS for NF, CCC Plus Waiver and PACE, the direct service provider is responsible for notifying the LDSS eligibility section via a DMAS-225 that services have been initiated for the individual.~~

~~Please reference the Distribution of Screening Forms Chart in Appendix A.~~

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Electronic Medicaid LTSS Screening System (eMLS - electronic screening system for LTSS)

LTSS sScreening teams shall enter the sScreening information directly into the eMLS, the electronic screening system for LTSS. Use of eMLS is required for recording the results of LTSS sScreenings, maintaining records, and noting authorization or non-authorization of LTSSfor the CCC Plus Waiver, PACE or LTSS provided in a NF. LTSS Screeners should note that the systemThe eMLS system is not used for maintaining other types of screenings using the UAI form, such as assessments for Assisted Living Facilities (ALFs) nor does the system automatically enroll individuals into the aforementioned programs/services.

1. On-line Screening forms identify all required data elements for successful submission..

2. Submissions are imported directly into the DMAS' Virginia Medicaid Management Information System (VAMMIS) each evening for processing and review..

3. The LTSS Screener submitting the LTSS Screening must log into eMLS to verify the status of the LTSS Screening the day following the LTSS Screening submission. Status tracking may indicate 'successfully processed," 'denied', 'ed' or 'incomplete'. When a LTSS Screening indicates "Submitted for Processing" it means the LTSS Screening has not yet been processed by the computer systems. If LTSS Screeners find this message more than 24 hours after submission, the LTSS Screener should contact ScreeningAssistance@dmas.virginia.gov ..

4. If additional information or corrections are needed, each item can be viewed by the LTSS Screener who entered the data and submitted the forms for the screening. A description of the information or correction needed will appear directly below each data element in eMLS..

5. Default social security numbers (SSN) should not be used except under circumstances when a child has not yet been issues a SSN. The DMAS approved default social security number sequence is 000-MM-DDYY using the individual's Date of Birth (no other sequence is allowed-000s, 222s,333s, etc.); if having trouble or receiving denial codes contact: screeningassistance@dmas.virginia.gov. Any and all LTSS Screenings utilizing a default SSN must be revises once a SSN has been issued. LTSS

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~~Screeners should contact screeningassistance@dmas.virginia.gov for assistance with this process.~~

- ~~All~~ Pseudo social security numbers (SSN) should not be used except under circumstances when an individual has not yet been issued an SSN. If the individual has an SSN, then it must be used. The eMLS system will auto generate a pseudo-SSN when warranted.

~~6.~~ • LTSS ~~s~~Screenings can be printed from eMLS~~.~~.

- ~~An indication of successfully submitted, submitted for processing, incomplete, pended~~A screening status of in-progress, in-review, in-correction, or ~~denied~~in-approval only indicates ~~the status of submitted data. eMLS~~that a screening has been ~~built to assist the LTSS Screener in assuring all required~~initiated. The screening is not complete until it is in an Accepted status (Accepted-Authorized/Accepted-Not Authorized).

~~7.~~ When key demographic information ~~is entered into the system, it does automatically complete the~~(Name, Social Security Number, Medicaid ~~LTSS authorization form . .;~~Number, or Gender) auto populates~~–~~ incorrectly into the LTSS screening, an ~~"Change to Member Information Correction"~~correction f~~F~~orm~~Enrollment Member Correction Form~~ must be ~~completed~~submitted using the Demographic Correction Portal within MES. ~~This form with i~~Instructions can be found on the MES ~~h~~website. If demographic information is entered incorrectly by the screener, the screener is responsible for making the correction.

~~8. Upon successful completion of entering the LTSS Screening data, VAMMIS will generate a claim for payment of the LTSS Screening to the hospital or local health department associated with the individual's screening. And~~

~~9. The claim payment will be paid for specific social security and Medicaid numbers; thus, enabling the individual entering the data to track the claim and subsequent payment.~~

~~Detailed information is available regarding accessing the DMAS Provider Web Portal (eMLS).~~

~~1. Screening eMLS User Guide, Tutorial and Frequently asked Questions (FAQs) are available on the Virginia Medicaid Provider Web Portal located at https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/PreAdmission.~~

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QuestionsThe eMLS User Guide and training is located at https://vamedicaid.dmas.virginia.gov/training/crms

LTSS screening questions may also be submitted through the DMAS screening assistance email addressto DMAS at : ScreeningAssistance@dmas.virginia.gov

2.

Notification Instructions

The LTSS sScreening team must complete **all** of the following documentation requirements for individuals being screened for LTSS (NF, CCC Plus Waiver and PACE):

1. The LTSS sScreening team shall mail a letter to the individual screened or his or her representative indicating the LTSS determination. Letters are required if an individual is approved or denied for services. If denied LTSS, the individual will receive appeal rights with instructions on how to appeal the sScreening team's decision. *The appeal process is described in Chapter II of this manual.*

2. The approval and denial sample letters are located for LTSS sScreener access on the Medicaid Web PortalMES website under Provider *Services/Provider* Forms *Search* at: .
2. https://www.virginiamedicaid.dmas.virginia.gov/wps/portal. Under *Category*, use the drop down menu and click on *Pre-Admission Screening* to access the sample letters, DMAS-P238 and DMAS-P239.

3. LTSS sScreening teams are required to send the DMAS-96 Authorization Form to the local DSS benefits program (eligibility office) in the locality in which the individual resides. LDSS office contact information can be found at http://dss.virginia.gov/localagency/index.cgi

4. Should the provider, agency,the the CCC Plus health plan, or individual screened, health plan, or chosen provider need another copy of the LTSS sScreening packet, the LTSS sScreening team will make copies of the completed LTSS sScreening packet available during the below stated retention times.

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5. For adults who receive ~~a~~an LTSS s~~S~~creening, the LTSS s~~S~~creening team must retain a copy of all referenced screening documents for a period of not less than ~~six (6~~ten (10) years from the date of the LTSS s~~S~~creening. For children, LTSS s~~S~~creening teams must retain documents for at least ~~six (6~~ten (10) years after such minors have reached ~~21~~28 years of age. These documents may be electronically stored~~, i.e.~~ in ~~-~~eMLS.

~~6.~~ In addition to the electronic copy of the DMAS-97, Individual Choice - Institutional Care or Waiver Services Form, a paper copy of the DMAS-97 form with the individual's or the representative's signature shall be retained in the individual's record by the LTSS s~~S~~creening t~~T~~eam. DMAS-97 forms are required for individuals who are authorized for LTSS. If waiver services are declined for any reason, the reason for declining shall be recorded on the DMAS-97.

6.

Individual Does Not Meet NF LOC

If the individual does not meet the required number of dependencies or semi-dependencies/functional needs, has no medical or nursing need and/or is not at-risk ~~for hospitalization or institutionalization~~, the individual is considered not to meet the NF LOC.

When one of the following specific care needs solely describes the individual's condition that individual is considered not to meet the required level of care need for LTSS:

~~1.~~a) The individual requires minimal assistance with ADLs, including those individuals whose only need in all areas of functional capacity is for prompting to complete the activity;

~~2.~~b) The individual independently uses mechanical devices such as a wheelchair, walker, crutch, or cane;

~~3.~~c) The individual requires limiting diets such as a mechanically altered, low-salt, low-residue, diabetic, reducing, or other restrictive diets;

~~4.~~d) The individual requires medications that can be independently self-administered or administered by the caregiver;

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~~5.~~e) The individual requires protection to prevent him or her from obtaining alcohol or drugs or to address a social or environmental problem;

~~6.~~f) The individual requires minimal staff observation or assistance for confusion, memory impairment, or poor judgment; or

~~7.~~g) The individual's primary need is for behavioral management that can be provided in a community-based setting.

When the individual does not meet the NF LOC, all of the following procedures apply:

1. The s~~S~~creening team will document this denial decision on the Member's Case Summary, UAI B and on the DMAS-96 form, indicating that no authorization for Medicaid payment has been approved for this individual.
~~1.~~

~~NOTE: Authorization for the LTSS is not determined by the eMLS system. The eMLS system will accept and "Successfully Process" both authorized and non-authorized LTSS screenings.~~

2. The s~~S~~creening team must send a letter to the individual screened or the representative. The individual will receive appeal rights within this decision letter providing instructions on how to appeal the s~~S~~creening team's decision~~, if the individual chooses~~. The ~~*client*~~ appeals process is described in Chapter ~~*I*~~2 of this manual.
The approval and denial sample letters are located for screener access on the ~~Medicaid Web Portal~~MES h~~H~~omepage ~~under Provider Services/Provider Forms Search at: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal.~~ . https://vamedicaid.dmas.virginia.gov/
~~3.~~

~~Use the drop-down menu and click on *Pre-Admission Screening* to access the sample letters, DMAS-P238 and DMAS-P239.~~

~~4. The Screening team must send a copy of the completed DMAS-96 form to the appropriate LDSS office, benefits program (eligibility section), in order for correct financial eligibility to be determined.~~

~~1.~~ It is essential for LTSS s~~S~~creening teams to maintain current information on available community resources, such as health services, home-delivered meals, etc., to assist in developing community alternatives to institutionalization.

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~~VALIDITY OF SCREENING~~

~~Once an individual has an approved sScreening, which has been successfully processed(Accepted-Authorized Status) through eMLS, it is valid as long as the individual continues to be enrolled in Medicaid LTSS either through a NF or HCBS program. Eenrollment in home and community-based services (CCC Plus Waiver and PACE) should occur as soon as possible but after the completion of the LTSS screening but at least withinno later than 180 days year of the LTSS sScreening assessmentphysician signature date. If an enrollment has not occurred in that time period, another LTSS sScreening must be conducted to assure the need for services including assessing functional capacity, medical or nursing need, and documenting that without services the person would likely be hospitalized or need NF services within 30 days.~~

~~The HCBS provider or CCC Plus~~DMAS or its authorized entity, Cardinal Care health plan, NF or PACE provider shall be responsible for conducting periodic evaluations to ensure that the individual continues to meet the ~~CCC Plus Waiver or PACE criteria~~the level of care. ~~-~~ These evaluations will occur at least annually and may occur more often if ~~the provider has~~ there is a concern that the individual no longer meets the functional level of care required for Medicaid-funded LTSS or there has been a significant change in condition.

~~For individuals admitted to a NF, the NF shall be responsible for conducting periodic evaluations to ensure that the individual meets, and continues to meet, the NF LOC criteria.~~

COMPETENCY TRAINING AND TESTING REQUIREMENTS

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~~Beginning, July 1, 2019, e~~Each~~very person~~ individual ~~performing~~ conducting the LTSS Screening and the physician signing the Medicaid LTSS Authorization Form (DMAS-96) shall complete mandatory training and testing before conducting screenings for an authorized screening entity. A score of at least 80% on each module shall constitute satisfactory competency assessment results. At the conclusion of satisfactory completion of all modules and tests, a certificate indicating a certification number will be awarded. This certification number must be entered each time a LTSS Screener completes submission of a LTSS Screening in eMLS. The registration for the online, Medicaid LTSS ~~-~~Screening training may be found at: ~~-~~https://medicaidltss.partnership.vcu. edu/register

This training shall be repeated no less than every three years. The most current competency assessment results shall be kept in the Screening entity's personnel records for each staff member performing LTSS Screenings and signing/certifying the LTSS Screening packet. Training documentation shall be provided to DMAS upon request. Failure to comply with the training and competency assessment requirements may result in retraction of Medicaid LTSS Screening payments.

~~SCREENING FOR MEDICAID-FUNDED LTSS RESOURCES AND QUESTIONS~~

~~Additional information about the Medicaid LTSS Screening process may be found on the DMAS web portal at:~~
~~https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/PreAdmission.~~

~~**List of Medicaid Memos Applicable to Screenings**~~

- ~~October 3, 2012: Development of Special Criteria for the Purposes of PAS~~

~~Content from this memo has been updated, reformatted and incorporated into this chapter.~~

- ~~Oct 25, 2013: Pre-Admission Screening Guidance~~

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- Feb 26, 2014: Procedure Change for the Pre-Admission Screening Process (PASRR) for Individuals Transferring from DBHDS State Facilities to Nursing Facilities - Effective March 1, 2014
- Jun 25, 2014: Composition of Pre-Admission Screenings for Teams
- January 9, 2015 and April 17, 2015 regarding implementation of the automated electronic pre-admission Screening (ePAS process and VDH and VDSS contact information can be found on the DMAS Medicaid web portal, under *Provider Services/ Medicaid Memos to Providers* at:

https://www.virginiamedicaid.dmas.virginia.gov/wps/portal.

- Oct 12, 2017: Enhancements to Long-Term Services and Supports (LTSS) Electronic Screening System (eMLS)
- Sep 26, 2018: Final Regulations Pertaining to Medicaid Long-Term Services and Support Screenings - Effective November 1, 2018
- Nov 19, 2018: Preadmission Screening and Resident Review Process
- Apr 12, 2019: Mandatory Training for Screeners for Long-Term Services and Supports (LTSS) Screening
- Apr 12, 2019: Screening Prior to Nursing Facility Admission or No Medicaid Reimbursement and Implementation of Verification of Screening- Effective July 1, 2019
- Jun 11, 2019: Clarification to Mandatory Training for Screeners for Long-Term Services and Supports (LTSS) Screening
- Nov 18, 2019: Mandatory Use of Electronic Portal for Submission of Long-Term Services and Supports (LTSS)
- January 8, 2020: Clarification of the Correction Process for Medicaid Long-Term Services and Supports Screenings

January 9, 2020: Final Exempt Action Pertaining to Medicaid Long-Term Services and Supports Screening Removal of Three-Day Allowance After Hospital Discharge

- May 19, 2020: Availability of Physician Training for Medicaid LTSS

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~~ATTACHMENT A: CROSSWALK FOR COMBINATION DETERMINATION OF BEHAVIOR PATTERN AND ORIENTATION~~

~~**BEHAVIOR AND ORIENTATION ARE CONSIDERED AS A COMBINATION FOR SERVICE AUTHORIZATION. PLEASE SEE THE CHART BELOW THAT PROVIDES THE COMBINATIONS THAT DETERMINE WHETHER OR NOT AN INDIVIDUAL IS INDEPENDENT (I), SEMI-DEPENDENT (D), OR DEPENDENT (D) IN BOTH BEHAVIOR AND ORIENTATION FOR THE PURPOSES OF SCREENING FOR MEDICAID-FUNDED LTSS.**~~

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BEHAVIOR PATTERN	APPROPRIATE	WANDERING/ PASSIVE LESS THAN WEEKLY	WANDERING/ PASSIVE WEEKLY OR MORE	ABUSIVE/AGGRESSIVE/ DISRUPTIVE LESS THAN WEEKLY	ABUSIVE/ AGGRESSIVE/DISRUPTIVE WEEKLY OR MORE
ORIENTED	I	I	I	D	D
DISORIENTED: SOME SPHERES SOME OF THE TIME	I	I	D	D	D
DISORIENTED: SOME SPHERES ALL OF THE TIME	I	I	D	D	D
DISORIENTED: ALL SPHERES SOME OF THE TIME	D	D	D	D	D
DISORIENTED: ALL SPHERES ALL OF THE TIME	D	D	D	D	D
COMATOSE	D	D	D	D	D

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~~**REMINDER: AN INDIVIDUAL MUST MEET ALL CRITERIA TO MEET NF LOC, I.E. THE INDIVIDUAL HAS LIMITED FUNCTIONAL CAPACITY, MEDICAL OR NURSING NEEDS, AND IS AT IMMINENT RISK OF NF PLACEMENT WITHIN 30 DAYS WITHOUT SERVICES.**~~

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~~**ATTACHMENT B**~~

~~WORKSHEET TO DETERMINE NEED FOR MEDICAID-FUNDED LTSS~~

~~**THE FOLLOWING WORKSHEET IS A HELPFUL TOOL IN DETERMINING IF AN INDIVIDUAL, ADULT OR CHILD, MEETS NF LOC CRITERIA.**~~

~~**INDIVIDUAL BEING ASSESSED: _____ DATE: _____**~~

~~**STEP 1: BASED ON A COMPLETED VIRGINIA UNIFORM ASSESSMENT INSTRUMENT (UAI) - CHECK HOW THE INDIVIDUAL SCORES IN THE FOLLOWING CATEGORIES.**~~

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~~ADLS~~	~~CHECK IF INDEPENDENT (I)~~	~~CHECK IF SEMI-DEPENDENT (D)~~	~~CHECK IF DEPENDENT (D)~~
~~BATHING~~			
~~DRESSING~~			
~~TOILETING~~			
~~TRANSFERRING~~			
~~EATING/FEEDING~~			
~~BOWEL~~			
~~BLADDER~~			

~~STEP 2: NUMBER OF "OTHER" DEPENDENCIES~~

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~~OTHER~~	~~CHECK IF INDEPENDENT (I)~~	~~CHECK IF SEMI-DEPENDENT (D)~~	~~CHECK IF DEPENDENT (D)~~
~~MEDICATION ADMINISTRATION~~			
~~MOBILITY~~			
~~JOINT MOTION~~			
~~BEHAVIOR PATTERN & ORIENTATION~~			

~~STEP 3: APPLY THE RESPONSES IN STEP 2 TO THE CRITERIA BELOW.~~

~~TO BE CONSIDERED TO MEET THE FUNCTIONAL CAPACITY REQUIREMENTS FOR NF LEVEL OF CARE AN INDIVIDUAL MUST MEET THE MINIMUM REQUIREMENTS OF ONE OF THE FOLLOWING THREE CATEGORIES.~~

~~CATEGORY 1: INDIVIDUALS MUST MEET ITEMS #1 AND #2 IN CATEGORY 1; PLUS EITHER ITEM #3 OR #4.~~

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1) RATED DEPENDENT IN 2 OR MORE ADLS: ___ *YES*; PLUS

2) RATED SEMI-DEPENDENT OR DEPENDENT IN BEHAVIOR PATTERN AND ORIENTATION

(BEHAVIOR PATTERN AND ORIENTATION ARE RATED JOINTLY) ___ *YES*; PLUS

3) RATED SEMI-DEPENDENT OR DEPENDENT IN JOINT MOTION ___ *YES*; OR

4) RATED DEPENDENT IN MEDICATION ADMINISTRATION: ___ *YES*.

CATEGORY 2: INDIVIDUALS MUST MEET ALL ITEMS IN THIS CATEGORY.

1) RATED DEPENDENT IN 5 TO 7 ADLS: ___ *YES;* PLUS

2) RATED DEPENDENT IN MOBILITY: ___ *YES.*

CATEGORY 3: INDIVIDUALS MUST MEET ALL ITEMS IN THIS CATEGORY.

1) RATED SEMI-DEPENDENT OR DEPENDENT IN 2 OR MORE ADLS: ___ *YES:* PLUS

[IF INDIVIDUAL ARE RATED AS DEPENDENT AND/OR SEMI-DEPENDENT (COMBINATION) IN 2-7 ADLS IT COUNTS AS A YES.]

2) RATED DEPENDENT IN MOBILITY: ___ *YES*, PLUS

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~~3) RATED DEPENDENT IN BEHAVIOR AND ORIENTATION: ___ *YES.*~~

~~STEP 4: INDIVIDUALS MUST HAVE A MEDICAL OR NURSING NEED TO MEET CRITERIA FOR LTSS.~~

~~THIS MEANS:~~

~~1) THE INDIVIDUAL'S MEDICAL CONDITION REQUIRES OBSERVATION AND ASSESSMENT TO ASSURE EVALUATION OF NEEDS DUE TO AN INABILITY FOR SELF-OBSERVATION OR EVALUATION; OR~~

~~2) THE INDIVIDUAL HAS COMPLEX MEDICAL CONDITIONS THAT MAY BE UNSTABLE OR HAVE THE POTENTIAL FOR INSTABILITY;~~

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~~OR~~

~~3) THE INDIVIDUAL REQUIRES AT LEAST ONE ONGOING MEDICAL OR NURSING SERVICE. (SEE THE SCREENING FOR LTSS MANUAL SECTION FOR EXAMPLES AND ADDITIONAL EXPLANATION.)~~

~~DOES INDIVIDUAL DOES HAVE MEDICAL NURSING NEEDS? ___ YES~~

~~IF YES (BRIEFLY DESCRIBE):~~

~~STEP 5: DETERMINATION OF WHETHER THE INDIVIDUAL MEETS CRITERIA FOR LONG-TERM SERVICES AND SUPPORTS.~~

~~1. INDIVIDUAL MEETS AT LEAST ONE OF THE THREE CATEGORIES IN STEP 3: ___ YES~~

~~2. INDIVIDUAL HAS MEDICAL OR NURSING NEEDS AS DEFINED IN STEP 4: __ YES~~

~~3. INDIVIDUAL MEETS THE DEFINITION OF "AT RISK" FOR INSTITUTIONALIZATION WITHIN 30 DAYS: __YES~~

~~THIS INDIVIDUAL MEETS NF LOC CRITERIA (I.E., 1. 2. AND 3. ABOVE ARE ANSWERED "YES"):~~

~~___ YES ___ NO~~

~~ASSESSOR: _____~~
~~DATE: _____~~

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