




State of New Mexico
Medical Assistance Program Manual
Supplement



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TO: ALL MEDICAL PROVIDERS AND NURSING FACILITIES
PARTICIPATING IN THE NEW MEXICO MEDICAID PROGRAM

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SUBJECT: NEW NURSING FACILITY LEVEL OF CARE (NF LOC) CRITERIA AND
INSTRUCTIONS TO REPLACE LONG TERM CARE UTILIZATION
REVIEW FOR NURSING FACILITIES (8.312.2UR) EFFECTIVE JANUARY
1, 2014

Effective January 1st, 2014, the LONG TERM CARE UTILIZATION REVIEW FOR NURSING FACILITIES (8.312.2UR) will be replaced with new NF LOC Criteria and Instructions. This supplement describes the criteria that must be utilized for all NF LOC medical eligibility determinations after December 31, 2013. This Supplement also describes criteria for the determination of High and Low NF LOC ratings.

The new NF LOC Level of Care Criteria and Instructions can be found online at:
<http://www.hsd.state.nm.us/mad/register/2013.html>

Effective Date: 01/01/2014

I. NEW NURSING FACILITY LEVEL OF CARE (NF LOC) CRITERIA AND INSTRUCTIONS

Background

The purpose of the Nursing Facility (NF) Level of Care (LOC) criteria and instructions is to define utilization review requirements for New Mexico Medicaid programs requiring a NF LOC. These criteria and instructions create a uniform, objective evaluation that can be applied consistently and equitably across the New Mexico Medicaid program. The criteria and instructions will be used by Human Services Department (HSD) or its designee to randomly audit the NF LOC ratings assigned to recipients. The documentation in the recipient's medical record must support the rating.

To recognize that the clinical severity and resource utilization of recipients who require Nursing Facility (NF) placement spans a considerable spectrum, New Mexico Medicaid has established two payment categories of NF LOC. These categories are termed "High NF" and "Low NF." They are constructs for payment methodologies to Nursing Facilities (NFs) and do not constitute different types of facilities. A rating of at least a "Low NF" LOC, also referred to as NF LOC, is required to receive New Mexico Medicaid home and community services such as the Program of All-Inclusive Care (PACE) and home and community based waiver services. All NFs are required to be able to provide adequate services across the spectrum of severity/intensity encompassed by High NF and Low NF.

For NF care, PACE, or other home and community based waiver services to be covered by Medicaid, a recipient must be financially eligible and medically eligible. To be medically eligible, a recipient must meet the criteria for at least a Low NF LOC. Recipients who require skilled services on a time limited basis due to temporary self-limiting decline from a baseline functional level would not meet medical eligibility requirements for NF coverage. If a recipient requires a level of care of higher intensity/resources that can be provided at a NF (example: acute care, acute rehabilitation), the recipient would not meet medical eligibility requirements for NF coverage. A recipient certified at the Low NF rate may need and receive some degree of skilled level of care services. The mere provision of skilled level of care services to a Medicaid recipient does not per se constitute qualification for the High NF payment level.

For Nursing Facilities, NF decisions are based solely on criteria supported by **documentation** in the medical record including physician notes, history and physical, physician orders, nursing notes, medication administration record, care plan, interdisciplinary progress notes, and therapy logs. The most recent Minimum Data Set (MDS) and Preadmission Screening and Resident Review (PASRR) determination or waiver shall be included as required for the initial NF stay. Uniform criteria and

instructions are used to establish whether a recipient's clinical condition meets criteria for Low NF or High NF eligibility.

When clinical information for the **prior 30 days** indicates the recipient meets criteria for a given level, the nurse reviewer may certify medical eligibility. If the documentation does not substantiate whether the recipient's condition meets criteria for the level being sought, the reviewer is obligated to refer the case to physician review. The medical record documentation shall support initial and ongoing eligibility.

A. Contractor Training

The Medicaid Managed Care Organizations (MCOs) and Third Party Assessor (TPA) will attend the initial training held by HSD. The MCOs and TPA will develop internal reviewer trainings, evaluation using HSD approved materials. Each MCO and TPA will submit an initial training material, evaluation and calendar of training events to HSD for approval. After final approval is given, HSD will attend the initial MCO and TPA internal trainings. The MCOs and TPA will ensure that all reviewers have, at a minimum, initial and annual training.

For new PACE eligible members transferring from an MCO, an existing NF LOC determination and functional assessment performed by the MCO can be used for NF LOC for PACE certification. For potential PACE members not in Medicaid Managed Care, the NF LOC determination would be performed by the TPA.

B. Requirements for Reviewer Qualifications and Quality Assurance

1. Reviewer Qualifications

a. Meet the minimum criteria for education and experience.

- 1) Active Nursing license in New Mexico or compact license (RN or LPN) with a minimum of 1 year of relevant experience.
- 2) Medical Social Worker with a minimum of 1 year of relevant experience. *
- 3) Physical, Occupational, or Rehab Therapists with a minimum of 1 year of relevant experience. *

* All denials must be reviewed by a Physician (Medical Doctor or Doctor of Osteopathy) who must be licensed in the State of New Mexico and in good standing. All High NF determinations are to be reviewed by a nurse.

- #### **b. Meet all training requirements.**
- All Managed Care Organizations and the TPA will develop an internal training for the reviewers. Each reviewer must be trained, and have proof of completing the required training on file with the MCO (or TPA) before conducting a determination or redetermination.

The MCO shall provide HSD or its designee copies of training verification upon request. The training shall be valid for a maximum of one year at which time retraining will be required. The training shall be given to all reviewers before they to conduct a NF LOC evaluation or redetermination, and an annual training to recertify all trainers.

- 1) Initial training satisfactorily completed prior to using NF LOC tool.
- 2) Annual training.

2. Reviewer Quality

- a. It is the reviewer's responsibility to be objective and use current documentation (in accordance with HSD policies) from the recipient's medical record to assure an accurate NF rating.
- b. Each MCO or TPA will conduct internal quarterly random sample audits based on HSD NF LOC instructions and tool guidelines. The audit will include, at a minimum: accuracy, timeliness, training documentation of reviewers, and consistency of reviewers. The results and findings will be reported to HSD along with any Quality Performance Improvement Plan.
- c. HSD or its designee will perform random external audits of each MCO and the TPA based on HSD NF LOC instructions and tool guidelines. The audit will include at a minimum accuracy, timeliness, training documentation of reviewers and consistency of reviewers. The findings will be reported back to the MCO and TPA on a quarterly and as needed basis. A Quality Performance Improvement Plan may be requested from the MCOs and TPA as a follow up to the findings.

C. Centennial Care Nursing Facility Determination Requirements

1. Determination for NF LOC is to be completed "*within five (5) Business Days of the CONTRACTOR becoming aware the Member's functional or medical status has changed in a way that may affect a level of care determination. (Centennial Care contract- 4.4.10.1.11)* Determination will be completed by the recipient's MCO by a trained reviewer using the HSD tool and instructions. This is for initial assessment and any time a recipient's functional or medical status has changed and may now qualify for a different level of care rating.
2. **Community Benefit and PACE Settings** - *For Members meeting a nursing facility level of care, conduct a level of care reassessment at least annually (Centennial Care contract- 4.4.10.1.11).*
3. **Nursing Facility Setting**- Initial Low NF determinations are valid for 90 days. Then a redetermination is required. The low NF redetermination is valid for 365 days. Initial High NF rating or change of status from Low NF to High NF rating will be valid for 30 days. A redetermination will be required after the

initial determination and is valid for 90 days. Redetermination is required every 90 days for High NF using the prior 30 days of medical record documentation and services received.

D. Medical Eligibility Instructions for Over Age 21

General Eligibility Requirement

Minimum Requirements for Low NF Determination: The recipient's functional level is such that (2) two or more Activities of Daily Living (ADLs) cannot be accomplished without consistent, ongoing, daily provision, of some or all of the following levels of service: skilled, intermediate and/or assistance. The functional limitation must be secondary to a condition for which general treatment plan oversight of a physician is medically necessary. Determination is based on detailed documentation in interdisciplinary progress notes and care plans.

Minimum Requirements for High NF Determination: The recipient's functional level must first meet the general eligibility requirement for Low NF. In addition, the recipient meets a minimum of 2 High NF requirements in 2 separate categories. (The exception to this is rehabilitative therapy. Therapies in excess of 300 minutes per week shall be considered as meeting the 2 HNF requirements in 2 separate categories, thus meeting HNF criteria). Determination is based on detailed documentation in interdisciplinary progress notes and care plans.

Not appropriate for NF care: The recipient's needs are too complex or inappropriate for NF, such that:

- The recipient requires acute level of care for adequate diagnosis, monitoring, and treatment or requires inpatient based acute rehabilitation services.
- The recipient is completing the terminal portion of an acute stay and the skilled services are only being used to complete the acute therapy.
- Recipients who do not meet NFLOC criteria.
- The recipient requires services on an intermittent basis and has a functional level which does not require daily services at the skilled, professional or assistance level in order to accomplish ADLs.
- Recipient requires homemaker services to accomplish one or more ADLs, but is functional in accomplishing ADLs 4 or more days of the week.

E. Factors for Low NF

ADLs: To determine whether cognitive or physical impairment limits the recipient's ability to complete the task independently. A determination that the recipient is limited to perform an ADL must be documented in the medical record together with ongoing daily/weekly notes indicating required care was provided.

Not consistent with NF: Independent with task, may require a longer period of time to complete, but is capable of safely completing task without help or is independent with

use of assistive devices such as wheelchair, walker or cane. Stress or other forms of intermittent incontinence which can be managed and cleansed by the recipient with minimal or occasional assistance. The recipient has an indwelling catheter other than a urinary catheter which is planned to be short-term and managed by home-health care. The recipient is able to independently care for catheter related needs between home health visits. The recipient is able to manage daily, routine indwelling urinary catheter care with no assistance.

Dressing. Once clothes are accessible and fasteners appropriately modified:

- Putting on and fastening clothes
- Putting on shoes

Bathing/ Grooming. Including the ability to:

- Get in and out of the shower or tub safely
- Turn on and off water/ regulate temperature
- Use soap or shampoo
- Wash and dry oneself
- Washing face
- Shaving face
- Brushing teeth
- Combing hair

Eating. Ability to bring food and fluid to mouth, chew and swallow.

Meal acquisition/preparation. Once food items appropriate to the recipient are in an appropriate, accessible location in residence, the ability to access and prepare the food in an edible state that over time meets age-appropriate nutritional needs. Includes preparation of cold foods re-heating of pre-made meals. Does not include meal planning diet teaching, shopping or issues of financial access. Does not include food choice or preference decisions of the recipient; the issue in question is capacity.

Transfer. Ability to move to and from bed and chair.

Mobility. Ability to move self from place to place by ambulation, wheelchair or other mechanically assisted means.

Toileting. Ability to:

- Properly sit on commode
- Adjust clothing properly
- Use commode
- Flush or empty commode
- Clean perineal area

Bowel/ Bladder: Continence of urine and stool or ability to self-manage if incontinent or there is abnormal bladder function.

Daily Medication: Administration –Inability to take necessary medications, defined as “life preserving” prescription medication, is a risk factor for Nursing Home Admission and will be considered as counting as 1 “ADL” in determining NFLOC.

To be judged as a risk factor, the inability to take medications must have documentation of:

1 –the occurrence of adverse outcomes from not taking medicines regularly. Adverse outcomes are hospitalizations, ER visits or evidence of decompensation;

OR

2 – the necessary medications are clearly needed on a daily basis and there would be a high probability of decompensation or short term (within 14 days) adverse outcome without it (e.g. insulin for diabetes, anticonvulsants, Coumadin for clots). Examples of medications not meeting this criteria would be cholesterol lowering medication, thyroid replacement, or medications for acid reflux.

AND

3 – the inability to take necessary medications are caused by cognitive or behavioral problems (SMI or SED) which could be rectified with daily interventions.

*Volitional refusal to take medications or refusal to take necessary medication not caused by cognitive or behavioral problems (SMI or SED) and not rectifiable by daily intervention would not be considered a risk factor for NFLOC determination.

F. Factors for High NF

1. OXYGEN

High NF has one or more of the following:

- a. Recipient is demonstrating unstable and changing oxygen needs which require specific direct skilled monitoring and/or intervention on a daily basis that is documented in interdisciplinary progress notes and care plans to maintain adequate oxygenation and to assess for respiratory depression. Evidence of a re-established baseline would be no evidence of significant change in oxygen therapy over 30 days.
- b. It is medically necessary for the recipient to receive respiratory therapy at least once per day such that in the absence of such therapy there is a significant risk of pulmonary compromise due to known and predictable complications of a physician-diagnosed condition. The necessary therapy cannot be self-administered by the resident. This factor includes tracheostomy suctioning.

- c. The recipient is ventilator dependent, but otherwise medically stable per documentation provided and the facility provides chronic ventilator management capability.

Not consistent with NF. Recipient requires supplemental oxygen which can be self-administered. The oxygen needs are stable. The recipient does not require daily skilled observation. Recipient requires intermittent respiratory therapy that may be administered by family or self-administered in a non-institutional setting. The recipient is ventilator dependent and has medical needs which cannot safely be met at a nursing facility.

2. **ORIENTATION/ BEHAVIOR:** identify the presence of certain behaviors that may reflect the level of an individual's emotional functioning and need for intervention. Behaviors should be assessed based on the *documentation of interventions* within the past 30 days for High NF. Documentation should include frequency, type of behavior, and if there has been or will be a request for Behavioral Health Services. Behaviors to include:
 - a. **Wandering-** tendency to go beyond physical parameters of the environment in a manner that may pose a safety concern to self or others.
 - b. **Self injury-** repeated behaviors such as biting, scratching, hitting, putting objects into mouth, ears, etc.
 - c. **Harm to others-** throwing objects, physically attacking others or threatening behavior, etc.
 - d. Other repeated behaviors that interfere with activities such as inappropriately removing clothing, sexual behavior, urinating or defecating in inappropriate places.

High NF

1. Demonstrates behavior on an ongoing and regular basis which threatens patient or other residents' safety and requires daily direct clinical skilled interventions which are documented in interdisciplinary progress notes and care plan.
2. Requires detailed care plan that documents a coordinated and consistent approach that occurs on a daily basis to either prevent or terminate behavior as documented in interdisciplinary progress notes and care plan.

Not consistent with NF

1. Does not have a cognitive impairment, but is trying to leave.
2. Paces due to anxiety, nervousness or boredom.
3. Wanders but does not require intervention.
4. Uses profanity to express anger.

3. Medication Administration

This excludes routine changes in medication doses, changes in medications, or stable doses of medications including but not limited to:

- Analgesics
- Antidepressants
- Anticonvulsants (given other than parenteral)
- Sliding scale insulin
- Thyroid medications
- Warfarin

High NF:

1. Initiation (first 30 days) or adjustment of medications (7days after adjustment) in the following categories:
 - Anti-asthmatics/COPD: only during a respiratory exacerbation
 - Anti-infectives: only when given IV
 - Anti-hypertensives: only for med adjustments for systolic BP ≤ 90 or $> 180/120$
 - Anticonvulsants: only when given parenteral
 - Analgesics: only when given parenteral
 - Antiarrhythmics
 - Anti-diabetic agents: only following hypoglycemic reactions requiring glucagon or IV dextrose
 - Antipsychotics – daily monitoring by skilled staff for potential adverse reactions and sedation and daily documentation of changes in problematic behavior.

AND

2. Where at least every shift direct skilled monitoring of vital signs (respiratory rate, pulse, O₂ saturation, blood pressure, temperature) and objective signs of pain or other distress, are necessary to ensure appropriate therapeutic effect of the medication as well as to detect signs of complications due to the medication that is documented in interdisciplinary progress notes and care plan.

Not Consistent with NF: Can administer own oral medications if given assistance in scheduling and assisted dispensing units. Can administer own subcutaneous insulin in pre-filled syringes; can administer own subcutaneous or intramuscular medications; and recipient is cognitively capable of reporting any adverse reactions to medications.

3. Rehabilitative Therapy

Rehabilitative therapy is provided by licensed respiratory therapist (RT), licensed physical therapist (PT), licensed occupational therapist (OT), and licensed speech language pathologist (SLP or “speech therapist”) under the direction of a

licensed practitioner (MD, NP, PA, or DO) and in accordance with a plan of treatment that is individualized and medically necessary.

High NF: It is medically necessary that the recipient receive one or more of the following documented therapies on a weekly basis: speech, physical, and/or occupational therapy. Therapy must be directed toward significant treatable functional limitations which affect ADLs. Therapy must be individualized, goal oriented, and in accordance with specific treatment plan goals in order to maximize recovery. Goals, expectation for improvement, and duration of therapy are medically reasonable and are documented in interdisciplinary progress notes and care plan. Therapy minutes should be documented on the Therapy Administration Record.

- a. In the aggregate, such therapy must occur no less than 150 minutes per week.
- b. Therapies at least 300 minutes per week shall be considered as meeting the 2 HNF requirements in 2 separate categories thus meeting HNF criteria.

Not consistent with NF: The recipient requires maintenance speech, physical, and/or occupational therapy achievable on an outpatient basis. Transportation needs are not considered, or the recipient requires maintenance speech, physical, and/or occupational therapy which can be performed independently or with home-based assistance.

4. Skilled Nursing

For purposes of New Mexico Medicaid, the term "skilled" services may carry a different meaning than used in other programs, such as Medicare. Medicaid skilled services are direct "hands-on" which can only be provided by a licensed professional acting within a defined scope of practice and in accordance with professional standards. Skilled services are those provided **directly** by registered nurses (RN), licensed practical nurse (LPN) under the direction of a licensed practitioner (MD, NP, PA, or DO) and in accordance with a plan of treatment that is individualized and medically necessary. **A recipient with a healing wound that requires a simple dressing (does not require direct skilled intervention) or a healed wound will no longer be considered High NF.** Examples of direct skilled nursing interventions include but are not limited to:

- Ostomy care
- Wound care/ dressings (pressure ulcers, stasis ulcers, injuries etc).
- Tube feedings
- IV therapy- Recipient is receiving daily IV medication, (two or more times daily), or continuous IV fluids.
- Parenteral nutrition or medications

High NF: Has one or more of the following...

1. Recipient has a new ostomy (first 30 days), and there is documentation in the interdisciplinary progress notes and care plan that the recipient requires active teaching, and requires direct skilled nurse monitoring and intervention of the ostomy site.

2. Wound Care

a. Recipient has one or more documented stage III or IV decubitus ulcers requiring direct skilled nursing intervention and daily monitoring that is documented in interdisciplinary progress notes and care plan which includes location, class/stage, size, base tissues, exudates, odor, edge/perimeter, pain and an evaluation for infection.

OR

b. Recipient requires documented skilled nursing intervention for two or more stage II decubitus ulcers at separate anatomic sites. Interventions are documented in the interdisciplinary progress notes and care plan no less than every 7 days, which include location, class/stage, size, base tissues, exudates, odor, edge/perimeter, pain and an evaluation for infection.

OR

c. Recipient requires documented daily or more frequent sterile dressing changes (and/or irrigation) for significant, unstable lesions that require frequent nursing observation such as poorly healing, or infected wounds. Recipient must be unable to accomplish wound care. Interventions are documented in the interdisciplinary progress notes and care plan no less than every 7 days, which include location, class/stage, size, base tissues, exudates, odor, edge/perimeter, pain and an evaluation for infection.

Not consistent with NF: Recipient receives services outside of the NF that are billed separately, i.e., dialysis, therapies, transfusions, at a wound care clinic, etc or indwelling foley catheter/suprapubic tube or drain.

5. Other Clinical Factors

High NF:

The recipient is comatose, in a persistent vegetative state, or is otherwise totally bed bound and totally dependent for all ADLs related to a documented medical condition requiring direct skilled intervention (not monitoring) by a licensed nurse or licensed therapist to prevent or treat specific, identifiable medical conditions which pose a risk to health. The recipient's ability to communicate needs, report symptoms, and participate in care is severely limited and is documented in interdisciplinary progress notes and care plan.

FEEDING

High NF has one or more of the following documented in interdisciplinary progress notes and care plan:

PARENTERAL

It is documented that the recipient receives medically necessary parenteral nutrition (PN) solutions via non-permanent or permanent central venous catheter (Hickman, Groshong, Broviac, etc.), via peripherally inserted central catheter (PICC), or via peripheral access sites.

ENTERAL

It is documented that the recipient receives some or all nutrition through a nasoenteric feeding tube (i.e., a tube placed through the nose) AND it is documented that one or more of the permissive conditions for nasoenteric feeding at the Low NF level are not met which include all of the following: the tube feeding is uncomplicated, the resident is alert with an intact gag reflex, and the resident is able to be fed either upright in a chair or with a bed raised to at least 30 degrees and preferably 45 degrees.

The recipient receives enteral nutrition via gastrostomy, jejunostomy, or other permanent tube feeding methods.

6. Mobility/Transfer

High NF: The recipient is bed bound, unable to independently transfer and has a clinical condition(s) such that the transfer itself is not routine, is reasonably viewed as posing unusual risks, and there is documentation in interdisciplinary progress notes and care plan that demonstrate that each transfer must be and is monitored by a licensed nurse to assure no clinical complications of the transfer have occurred.

G. Instructions for Community Benefit Eligibility

The assessment for Community Benefit ADLs may be done in the home by a Care Coordinator. The reviewer for the contractor will determine eligibility and eligible services for Community Benefits by applying the level of care criteria based on the Care Coordinators assessment of the ADLs. To be eligible for Community Benefits and services, the recipient must meet the Low NF Criteria. The Comprehensive Needs Assessment (CNA) will be used for low NF evaluation. Eligibility for Community Benefit does not guarantee receipt of services or service hours. Service hours are generated by the MCO or HSD contractor and depend on further assessment based on the CNA, considering both community and natural supports (See PCS regulations 8.315.4.1). In the event that a recipient is not safe to stay in the community setting, the recipient's care coordinator or designee shall coordinate the transition to the appropriate care setting.

Minimum Requirements for Community Benefit Eligibility: The recipient's functional level is such that (2) two or more Activities of Daily Living cannot be accomplished without consistent, ongoing, daily provision, or some or all of the following levels of service: skilled, intermediate and/or assistance. The functional limitation must be secondary to a condition for which general treatment plan oversight of a physician is medically necessary. Determination is based on detailed documentation in interdisciplinary progress notes and care plans.

H. Instructions for PACE/ non-Centennial care Eligibility

The reviewer will determine eligibility and eligible services for PACE/ Non-Centennial Care by applying the level of care criteria. To be eligible for PACE/ Non-Centennial Care and services, the recipient must meet the Low NF Criteria. The MAD 379 abstract together with the history and physical will be used for evaluation.

Minimum Requirements for PACE/ Non-Centennial Care eligibility: The recipient's functional level is such that (2) two or more ADLs cannot be accomplished without consistent, ongoing, daily provision, or some or all of the following levels of service: skilled, intermediate and/or assistance. The functional limitation must be secondary to a condition for which general treatment plan oversight of a physician is medically necessary. Determination is based on detailed documentation in interdisciplinary progress notes and care plans.

I. Instructions for Eligibility for Members Age 21 and Under

The use of age and function appropriate milestones and guidelines are used for all persons age 3 years through 20 years of age. For ages 0-35 months the child's provider may make a referral and send an assessment based on age appropriate ADLs.

Since this population's ability to perform ADLs may be expected to change as members age, the Member's ability to perform ADLs will be based on the Member's requirement for assistance for the next twelve months. If there are potential improvements are expected in six months, the assessment may be redone in a six month timeframe.

Appendix A - DEFINITIONS

Skilled: For purposes of New Mexico Medicaid, the term “skilled” services may carry a different meaning than used in other programs, such as Medicare. Medicaid skilled services are direct “hands-on” which can only be provided by a licensed professional acting within a defined scope of practice and in accordance with professional standards. Skilled services are those provided by registered nurses (RN), licensed practical nurse (LPN), licensed respiratory therapist (RT), licensed physical therapist (PT), licensed occupational therapist (OT), and licensed speech language pathologist (SLP or “speech therapist”). Skilled services are highly individualized and directed toward the evaluation, monitoring, treatment, or amelioration of specific clinical conditions. Skilled services are provided under the direction of a licensed practitioner (MD, NP or DO) and in accordance with a plan of treatment that is individualized and medically necessary.

Intermediate: Intermediate services are direct “hands-on” services which can only be provided by certified (or similarly officially qualified) personnel who have received specialized training and are supervised by licensed professionals. Such services are directed toward specific needs of a resident as a result of a specific clinical condition. Examples include services provided by certified nurse assistants (CNA) and physical therapy aids.

Assistance: Assistance services are direct and/or indirect services including cueing and prompting which are general in nature, principally independent of specific medical needs, which do not require extensive training in performance, and do not require oversight by supervising professionals. Examples include food set-up and assistance with cutting food, bathing and grooming assistance, shopping assistance, money management, and routine transfer assistance. Assistance services may be provided by persons capable of providing professional or skilled services, but if the services do not require persons with that level of expertise, they remain assistance level services.

Daily: For skilled, intermediate, and assistance services, at least once a day. For therapies, at least five times per week.

ADLs: Activities of Daily Living

- Dressing. Once clothes are accessible and fasteners appropriately modified, putting on and fastening clothes; putting on shoes.
- Grooming. Once in front of appropriately modified sink, turning on water, washing face, shaving face, brushing teeth, and combing hair.

- Bathing. Once in an appropriately modified bath or shower, ability to turn on water and wash head and body.
- Eating. Once in front of food, ability to bring food and fluid to mouth, chew and swallow.
- Meal acquisition/preparation. Once food items appropriate to the recipient are in an appropriate, accessible location in residence, the ability to access and prepare the food in an edible state that over time meets age-appropriate nutritional needs. Includes preparation of cold foods re-heating of pre-made meals. Does not include meal planning diet teaching, shopping or issues of financial access. Does not include food choice or preference decisions of the recipient; the issue in question is capacity.
- Transfer. Ability to move to and from bed and chair.
- Mobility. Ability to move self from place to place by ambulation, wheelchair or other mechanically assisted means.
- Toileting. Ability to properly sit on commode, adjust clothing properly, use commode, flush or empty commode, and clean perineal area.
- Bowel/bladder control and management. Continence of urine and stool or ability to self-manage if incontinent or abnormal bladder function.

IADLs:

Instrumental Activities of Daily Living

- Answering telephone. Includes use of special modifying equipment.
- Making a telephone call
- Shopping (once in store, selecting groceries and other items of necessity)
- Transportation ability. The manner by which transports self from place of residence to other places beyond walking distance.
- Prepare meals. Ability to prepare meals as desired, beyond simple meal acquisition/preparation; does not include meal planning.
- Laundry. Ability to put clothes in washer or dryer, starting and stopping machine, removing clothes, and drying clothes.
- Housekeeping. Dusting, vacuuming, sweeping, and routine cleaning of kitchen and bathroom.
- Heavy chores. Moving furniture, yard work, windows, and manually cleaning oven.
- Taking non-essential medication. Assuming use of assistive dispensing devices as needed, the ability to recognize and properly self-administer medications which are used for comfort or amelioration of symptoms, but which do not preserve life or avert serious morbidity.
- Handling money. Ability to properly pay, count change, pay bills, and balance checkbook.

Unstable: A clinical condition which requires daily skilled reassessment in order to prevent serious morbidity. Such reassessment must lead to clinical decision-making and a reasonable potential must exist that treatment goals may be modified and/or immediate skilled interventions might occur based on the results of the monitoring. The definition is broader than used in acute settings. An unstable condition does not necessarily mean that immediate death might result from lack of monitoring; only that serious morbidity might result. An unstable condition may be chronic and have no prognosis for improvement. Evolving processes for which monitoring is necessary in order to determine the seriousness of the process are also unstable conditions for the purposes of these criteria.

**Medically
Necessary:**

Medically necessary services are clinical and rehabilitative physical, mental or behavioral health services that:

- Are essential to prevent, diagnose or treat medical conditions or are essential to enable the individual to attain, maintain or regain functional capacity;
- Are delivered in the amount, duration, scope and setting that is clinically appropriate to the specific physical, mental and behavioral health care needs of the individual
- Are provided within professionally accepted standards of practice and national guidelines
- Are required to meet the physical, mental and behavioral health needs of the individual and are not primarily for the convenience of the individual, the provider, or the payor.

Application of the definition:

- A determination that a health care service is medically necessary does not mean that the health care services is a covered benefit or an amendment, modification, or expansion of a covered benefit
- The utilization review contactor is making the determination of the medical necessity of clinical, rehabilitative and supportive services consistent with the Medicaid benefit package applicable to an eligible individual shall do so by:
 1. Evaluating individual physical, mental and behavioral health information provided by qualified professionals who have personally evaluated the individual within their scope of practice , who have taken into consideration the individual's clinical history including the impact of previous treatment and service interventions and who have consulted with other qualified health care professionals with applicable specialty training as appropriate

2. Considering the views and choices of the individual or the individual's legal guardian, agent or surrogate decision maker regarding the proposed covered service as provided by the clinician or through independent verification of those views, and
 3. Considering the services being provided concurrently by other services delivery systems
- Physical, mental and behavioral health services shall not be denied solely because the individual has a poor prognosis. Required services may not be arbitrarily denied or reduced in amount, duration or scope to an otherwise eligible individual solely because of the diagnosis, type of illness or condition.

Appendix B- Required Documentation by Benefit

Initial and Annual (Continued Stay [CS]) NF Determination

	Nursing Facility	Community Benefit	PACE
*PASRR (I, II, or waiver)	X		
MDS-most recent	X		
**MAD 379			X
Medical Documentation- H & P+ physician order dated within 6 months for initial and 12 months for annual (CS)	X		X
Comprehensive Needs Assessment		X	

***only for initial request**

**** MCO request for approval form**

BATHING	GROOMING	DRESSING	EATING	TOILETING	MOBILITY	TRANSFERS
Developmental Milestones- Able to bathe self with supervision	Developmental Milestones- Able to brush teeth and hair and wash hands and face. May need help with "styling" hair.	Developmental Milestones- Chooses clothes; able to dress self. May need help with zippers or buttons.	Developmental Milestones- Able to feed self by using fork or spoon; begins to use knife.	Developmental Milestones- Able to use toilet independently; may need assistance with wiping.	Developmental Milestones- Walks and runs. Hops and skips. Able to walk; may use cane, crutches, or walker.	Developmental Milestones- Able to move from bed to chair or chair to chair without assistance.
<input type="checkbox"/> Requires physical help or adaptive equipment to support head or trunk; or is combative and requires 2 people to complete task.	<input type="checkbox"/> Requires physical help by caretaker to complete tasks; or is combative with grooming tasks.	<input type="checkbox"/> Requires physical assistance with getting clothes on and off; is unable to assist with getting arms in sleeves or legs in pant legs; or is combative with tasks.	<input type="checkbox"/> Requires one-to-one monitoring to prevent choking or aspiration; or needs to be fed; or is tube-fed or receives TPN.	<input type="checkbox"/> Incontinent during the day and has medical diagnosis to support incontinence; or must be physically placed on and off toilet.	<input type="checkbox"/> Does not walk, even with assistive device. Wheelchair or bed bound; requires stand-by assistance to prevent falling.	<input type="checkbox"/> Uses mechanical lift or has to be physically lifted or moved from bed to chair or chair to chair.
<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment
<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months

NOTES

BATHING	GROOMING	DRESSING	EATING	TOILETING	MOBILITY	TRANSFERS
Developmental Milestones- Able to bathe self with minimal prompting or oversight.	Developmental Milestones – Able to brush teeth, wash hands and face, and brush hair (with exception of securing or styling long hair).	Developmental Milestones – Able to dress self, with exception of zippers and buttons. May need help tying shoes.	Developmental Milestones – Able to feed self (minimal assistance required for use of utensils).	Developmental Milestones – Independent with bowel and bladder toileting.	Developmental Milestones – Able to walk; may use cane, crutches or walker.	Developmental Milestones – Able to move from bed or chair without assistance
<input type="checkbox"/> Requires adaptive equipment; needs to be lifted into or out of tub or shower. Is combative or requires 2 caregivers to complete task.	<input type="checkbox"/> Requires step-by-step oversight to complete task or physical help.	<input type="checkbox"/> Requires physical assistance by the care giver to get clothes on.	<input type="checkbox"/> Requires one-to-one monitoring to prevent choking or aspiration; or needs to be fed or tube fed; requires TPN.	<input type="checkbox"/> Incontinent during the day (bowel or bladder), or incontinent of bowel during the night. Requires physical help on and off toilet.	<input type="checkbox"/> Does not walk even with assistive device; Is wheelchair or bed bound; Requires standby assistance to prevent falling.	<input type="checkbox"/> Requires mechanical lift or has to be physically lifted or moved from bed to chair or chair to chair.
<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment
<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months

NOTES

BATHING	GROOMING	DRESSING	EATING	TOILETING	MOBILITY	TRANSFERS
Developmental Milestones- Able to bathe or shower independently.	Developmental Milestones – Able to brush teeth, wash hands and face, and groom hair with minimal or no assistance.	Developmental Milestones – Able to dress self independently.	Developmental Milestones – Able to feed self without prompting or assistance.	Developmental Milestones- Independent with bowel and bladder toileting. Should be learning to self-catheterize.	Developmental Milestones- Able to walk; may use cane, crutches, or walker.	Developmental Milestones- Able to move from bed or chair without assistance.
<input type="checkbox"/> Requires adaptive equipment or needs physical assistance getting in and out of tub or shower; is combative or unsafe without caregiver oversight.	<input type="checkbox"/> Requires physical assistance or constant cueing by caretaker to complete tasks; or is combative with grooming tasks.	<input type="checkbox"/> Requires physical assistance by caregiver to get clothes on and off.	<input type="checkbox"/> Requires one-to-one monitoring to prevent choking or aspiration; or needs to be fed; or is physically unable to assist with tube feedings or TPN prep.	<input type="checkbox"/> Incontinent of bladder or bowel; requires verbal prompting or step-by- step cueing to complete tasks of toileting.	<input type="checkbox"/> Does not walk, even with assistive device; Wheelchair or bed bound; Requires standby assistance to prevent falling.	<input type="checkbox"/> Uses mechanical lift or has to be physically lifted or moved from bed to chair or chair to chair.
<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment
<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months

NOTES

ADL'S 12-14 years

Member Name _____

dob _____

Member number _____

BATHING	GROOMING	DRESSING	EATING	TOILETING	MOBILITY	TRANSFERS
<p>Developmental Milestones- Able to bathe or shower independently.</p> <p><input type="checkbox"/> Requires adaptive equipment, or needs physical assistance getting in and out of tub or shower; Is combative or unsafe without caregiver oversight.</p> <p><input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment</p>	<p>Developmental Milestones- Able to brush teeth, wash hands and face, and groom hair with minimal assistance. Begins to care about appearance.</p> <p><input type="checkbox"/> Requires physical assistance or constant cueing by caretaker to complete tasks; or is combative with grooming tasks.</p> <p><input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment</p>	<p>Developmental Milestones- Able to dress self independently; begins to care about current styles.</p> <p><input type="checkbox"/> Requires physical assistance by caregiver to get clothes on and off.</p> <p><input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment</p>	<p>Developmental Milestones- Able to feed self without prompting or assistance.</p> <p><input type="checkbox"/> Requires one-to-one monitoring to prevent choking or aspiration; or needs to be fed; or is physically unable to assist with tube feedings or TPN prep.</p> <p><input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment</p>	<p>Developmental Milestones- Independent with bladder and bowel toileting.</p> <p><input type="checkbox"/> Incontinent of bladder or bowel; or requires verbal prompting or step-by-step cueing to complete tasks of toileting.</p> <p><input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment</p>	<p>Developmental Milestones- Able to walk; May use cane, crutches, or walker.</p> <p><input type="checkbox"/> Does not walk, even with assistive device; Is Wheelchair or bed bound; or needs stand-by assistance to prevent falling.</p> <p><input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment</p>	<p>Developmental Milestones- Able to move from bed or chair with or without assistance.</p> <p><input type="checkbox"/> Uses a mechanical lift or physically lifted or moved from bed to chair or chair to chair.</p> <p><input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment</p>
<p><input type="checkbox"/> Re-evaluate in 6 months</p>	<p><input type="checkbox"/> Re-evaluate in 6 months</p>	<p><input type="checkbox"/> Re-evaluate in 6 months</p>	<p><input type="checkbox"/> Re-evaluate in 6 months</p>	<p><input type="checkbox"/> Re-evaluate in 6 months</p>	<p><input type="checkbox"/> Re-evaluate in 6 months</p>	<p><input type="checkbox"/> Re-evaluate in 6 months</p>

NOTES

BATHING	GROOMING	DRESSING	EATING	TOILETING	MOBILITY	TRANSFERS
Developmental Milestones- Able to bathe or shower independently; chooses when to bath.	Developmental Milestones- Independent with grooming; cares about grooming.	Developmental Milestones- Able to dress self independently.	Developmental Milestones- Able to feed self; able to do minor food prep.	Developmental Milestones- Independent with bowel and bladder toileting.	Developmental Milestones- Able to walk; may use cane, crutches, or walker.	Developmental Milestones- Able to move from bed or chair without assistance.
<input type="checkbox"/> Requires adaptive equipment or needs physical assistance getting into and out of tub or shower; or is combative or unsafe without caregiver oversight.	<input type="checkbox"/> Requires physical assistance or constant cueing to by caretaker complete tasks; or is combative with grooming tasks.	<input type="checkbox"/> Requires physical assistance by caregiver to get clothes on and off.	<input type="checkbox"/> Requires one-to-one monitoring to prevent choking or aspiration; or needs to be fed; or is physically unable to assist with tube feedings or TPN prep.	<input type="checkbox"/> Incontinent of bladder or bowel; or requires verbal prompting or step-by-step cueing to complete tasks of toileting.	<input type="checkbox"/> Does not walk, even with assistive device; Is wheelchair or bed bound; Requires stand-by assistance to prevent falling.	<input type="checkbox"/> Uses a mechanical lift or has to be physically lifted or moved for bed to chair or chair to chair.
<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment
<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months

NOTES

BATHING	GROOMING	DRESSING	EATING	TOILETING	MOBILITY	TRANSFERS
Developmental Milestones- Able to shower or bathe independently; Frequently showers or baths.	Developmental Milestones- Independent with grooming; Cares about grooming.	Developmental Milestones- Able to dress self independently.	Developmental Milestones- Able to feed self; Capable of minor food prep.	Developmental Milestones- Independent with bowel and bladder toileting.	Developmental Milestones- Able to walk; may use a cane, crutches, or walker.	Developmental Milestones- Able to move from bed or chair without assistance.
<input type="checkbox"/> Requires adaptive equipment, or needs physical assistance getting into and out of bath or shower; or needs step-by-step cues to complete task; or is combative or unsafe without caregiver oversight.	<input type="checkbox"/> Requires physical assistance or constant cueing to complete tasks; or is combative with grooming tasks.	<input type="checkbox"/> Requires physical assistance by caregiver to get clothes on and off.	<input type="checkbox"/> Requires one-to-one monitoring to prevent choking or aspiration; or needs to be fed; or is physically unable to assist with tube feedings or TPN prep.	<input type="checkbox"/> Incontinent of bowel or bladder; or requires step-by-step cueing to complete tasks of toileting.	<input type="checkbox"/> Does not walk, even with assistive device. Wheelchair or bed bound; Or requires stand-by assistance to prevent falling.	<input type="checkbox"/> Requires a mechanical lift or has to be physically lifted or moved from bed to chair or chair to chair.
<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment	<input type="checkbox"/> Functional impairment expected to last for at least 6 months from date of assessment
<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months	<input type="checkbox"/> Re-evaluate in 6 months

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