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MEDICAID MEMO

TO: All Providers of Pre-Admission Screening Services Participating in the Virginia Medical Assistance Program and Managed Care Organizations

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services

MEMO: Special

DATE: 10/3/2012

SUBJECT: Development of Special Criteria for the Purposes of Pre-Admission Screening

The purpose of this memorandum is to notify providers of criteria that were developed for children (birth up to age 21) with disabilities seeking long-term care services (such as nursing facility or home and community-based care waivers). This information is provided as guidance for pre-admission screening teams and hospital screeners to be used in addition to the existing pre-admission screening process. These guidelines do not replace the requirements for pre-admission screening using the existing process.

Please find attached a worksheet which may be of assistance when completing pre-admission screenings. Use of this worksheet is optional. Please review the instructions on the worksheet carefully as this worksheet does not replace the requirements for completing the pre-admission screening documents.

This information will be incorporated into the Pre-Admission Screening Provider Manual.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KePRO's Provider Portal, effective October 31, 2011 at http://dmas.kepro.com.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below:

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions – Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Emdeon www.emdeon.com Telephone: 1 (877) 363-3666

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

Attached Number of Pages: (15)

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS)
WORKSHEET TO DETERMINE LONG-TERM CARE SERVICES
(The use of this worksheet is optional.)

Individual being assessed: _____ **Date:** _____

STEP 1: Based on a completed Virginia Uniform Assessment Instrument (UAI), check how the individual scores in the following categories (based on definitions in the *User's Manual: Virginia UAI, revised 7/05)*.

ADLs	Check if Semi-Dependent (d)	Check if Dependent (D)
Bathing		
Dressing		
Toileting		
Transferring		
Eating/Feeding		
Bowel		
Bladder		

OTHER FUNCTIONS	Check if Semi-Dependent (d)	Check if Dependent (D)
Medication Administration		
Behavior Pattern & Orientation (combination variable)		
Mobility		
Joint Motion		

STEP 2: Apply the above responses to the variables below.

Number of ADL Dependencies: _____
Medication Administration: Check if Semi-dependent _____ or Dependent _____
Behavior Pattern & Orientation: Check if Semi-dependent _____ or Dependent _____
Mobility: Check if Semi-dependent _____ or Dependent _____
Joint Motion: Check if Semi-dependent _____ or Dependent _____

STEP 3: Apply the responses in Step 2 to the criteria below.

CATEGORY 1: Individuals must meet items #1 and #2 in category 1; plus either item #3 or #4.

1) Rated dependent in 2 to 4 ADLs: ___ *YES*; **PLUS**
2) Rated semi-dependent **or** dependent in behavior pattern and orientation: ___ *YES*; **PLUS**
3) Rated semi-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 in 2-7 ADLs: ___ *YES:* **PLUS**
2) Rated dependent in mobility: ___ *YES,* **PLUS**
3) Rated dependent in behavior and orientation: ___ *YES.*

STEP 4: Individuals MUST have a medical nursing need to meet criteria for long term care services. 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; OR 3) the individual requires at least one ongoing medical or nursing service. (See attached for examples and additional explanation.)
The individual does have medical nursing needs: ___ *YES (briefly describe):*

STEP 5: Determination of whether the individual meets criteria for long term care services.

1. Individual meets at least one of the three categories in Step 3: ___ *YES;* AND
2. Individual has medical nursing needs as defined in Step 4: ___ *YES.*
3. Individual is seeking waiver services and meets the definition of ''at risk" ___ *YES (see definition below)*

This individual meets criteria (i.e., both 1. and 2. above in Step 5 are answered "YES"): ___ *YES;* ___ *NO.*

Assessor: _____ **Date:** _____

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS)
WORKSHEET TO DETERMINE LONG-TERM CARE SERVICES

(The use of this worksheet is optional.)

Use of this worksheet does not eliminate the use of the required documentation for the completion of a pre-admission screening for Long-Term Care Services.

This worksheet was developed to assist providers with understanding and applying the criteria for Long-Term Care Services (such as services in a nursing facility), Program for the All-Inclusive Care for the Elderly (PACE), or services in the Elderly or Disabled with Consumer Direction (EDCD), or Technology Assisted Waivers. The definitions used on this worksheet are taken directly from the Users' Manual: Virginia Uniform Assessment Instrument (UAI).

This worksheet will guide screening teams through the process of determining whether or not an individual meets the criteria for services by reviewing the activities of daily living (ADLs), the medical/nursing needs, and in the case of waivers, the "at-risk" determination.

At a minimum, a completed pre-admission screening package consists of the following completed forms:

1. Virginia Uniform Assessment Instrument (UAI);
2. DMAS-96 Medicaid-Funded Long Term Care Services Authorization Form;
3. Letter documenting to the individual the approval or denial of services. If denied, appeal rights shall be provided;
4. DMAS-97 Individual Choice - Institutional Care or Waiver Services Form; and if Nursing Facility Services are authorized; and
5. If nursing facility services are authorized, the DMAS-95 MI/ID/RC Level I and if appropriate Level II Screening for Mental Illness, Intellectual Disabilities, or Related Conditions.

Pre-Admission Screening packages are not valid unless all of the documents listed above are completed. Please review the Medicaid Pre-Admission Screening Provider Manual for more information. The manual and all forms associated with pre-admission screenings are available on the DMAS web portal at: www.virginiamedicaid.dmas.virginia.gov .

Screening teams may also access Frequently Asked Questions (or submit questions for response) and find additional reference materials (such as the Users' Manual: Virginia UAI, Pre-Admission Screening Manual, etc.) at the following link:

http://www.dmas.virginia.gov/ltc-Pre_admin_screeners.htm

Information may also be found on the DMAS website at: www.dmas.virginia.gov

ADDITIONAL INFORMATION FOR COMPLETING THE WORKSHEET TO DETERMINE AUTHORIZATION FOR MEDICAID-FUNDED LONG-TERM CARE SERVICES

A. AUTHORIZATION OF MEDICAID-FUNDED LONG-TERM CARE SERVICES:

The pre-admission screening process preauthorizes a continuum of long-term care services available to an individual under the Virginia Medical Assistance Program. Medicaid-funded long-term care services are covered by the program for individuals whose needs meet the criteria established by program regulations The authorization for Medicaid-funded long-term care must be rescinded at any point that the individual is determined to no longer meet the criteria for Medicaid-funded long-term care. . An individual's need for care must meet these criteria before any authorization for payment by Medicaid will be made for either institutional or non-institutional long-term care services.

In accordance with 12VAC30-60-300, Medicaid-funded long-term care services may be provided in either a community-based care or a facility setting. The criteria for assessing an individual's eligibility for Medicaid payment of long-term care consist of two components: (i) functional capacity (the degree of assistance an individual requires to complete activities of daily living (ADLs); and (ii) medical or nursing needs.

The criteria for assessing an individual's eligibility for Medicaid payment of community-based care consist of three components: (i) functional capacity (the degree of assistance an individual requires to complete ADLs); (ii) medical or nursing needs; and (iii) the individual's risk of institutional placement in the absence of community-based waiver services. In order to qualify for either Medicaid-funded facility or community-based care, the individual must meet the criteria for the alternative institutional placement for each waiver. For example, an individual must meet nursing facility (the alternative institutional placement for the Elderly or Disabled with Consumer Direction (EDCD) Waiver) criteria in order to be approved for the EDCD Waiver.

For waiver services authorization – individuals must also meet the ”at-risk” definition in order to receive services. “At risk” is defined by 42 CFR §441.302(1): “*Initial Evaluation. An evaluation of the need for the level of care provided in a hospital, a NF, or an ICF/ID when there is reasonable indication that a recipient might need the services in the near future (that is, a month or less) unless he or she receives home and community based services. For purposes of this section ‘evaluation’ means a review of the individual recipient’s condition to determine (i) if the recipient requires the level of care provided in a hospital as defined in Sec. 440.10 of this subchapter, a NF as defined in section 1919(a) of the Act, or an ICF/ID as defined by Sec. 440.150 of this subchapter; and (ii) that the recipient, but for the provision of waiver services would otherwise be institutionalized in such a facility.”*

B. AUTHORIZED SCREENERS FOR LONG-TERM CARE SERVICES:

For screenings of individuals in the community, the Pre-Admission Screening team is responsible for documenting on the state-designated assessment instrument that the individual meets the criteria for institutional or community-based waiver services and for authorizing admission to Medicaid-funded long-term care. For pre-admission screenings of individuals in a hospital, the screening shall be conducted by staff in the acute care hospital prior to the individual’s discharge. The rating of functional dependencies on the assessment instrument must be based on the individual's ability to function in a community environment, not including any institutionally induced dependence (*Code of Virginia*, § 32.1-330).

C. SCORING CRITERIA FOR CHILDREN’S ASSESSMENTS:

The following information has been added to assist with the assessment of children. This information was developed and piloted by staff of the Virginia Department of Health, the Virginia Department of Social Services, and DMAS. Please continue to use the definitions contained within the *User’s Manual: Virginia Uniform Assessment Manual (UAI)* in addition to the information provided below when coding the UAI sections. A cross-walk has been included. For each definition where separate guidance is provided for assessing children, please use the scoring criteria below to indicate the child’s level of dependency for each activity.

Scoring Criteria:

☐**0-** The child’s condition is successfully managed at home; the caregiver is able to provide the care independently; or the child is able to complete the task independently. **(Independent or “I”)**

☐**1-** The child has moderate impairments; the child/caregiver requires at least daily assistance or unskilled/companion support to successfully support the child in the home. **(Semi-Dependent or “d”)**

☐**2-** The child exhibits substantial impairment/disability; the child/caregiver is in need of: skilled, trained assistance, or behavioral intervention to be supported at home. **(Dependent or “D”)**

☐**3-** The child has severe impairment/disability or has complex medical or behavioral needs that require 24-hour care equal to that of an institution. **(Dependent or "D")**

Use of the scoring criteria outlined below is not mandatory, but provides an alternative manner for scoring children.

D. DEFINITIONS OF DEPENDENCIES: Definitions for scoring an individual's functional and medical needs are described below and are found in the *User's Manual: Virginia Uniform Assessment Instrument (revised 7/05)*. Additional guidance for screening children has been added to the end of each assessment item.

KEY: *Independent = (I)* *Semi-Dependent = (d)* *Dependent = (D)*

Bathing*: Getting in and out of the tub, preparing the bath (e.g., turning on the water), 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.*

- Does Not Need Help. 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. (I)
- Mechanical Help Only. 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. (d)
- Human Help Only (D)
    - Supervision (Verbal Cues, Prompting). 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). 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 to wash their backs or feet would not be included in this category. Such individuals would be coded as "Does Not Need Help".
- Mechanical and Human Help. Individual usually needs equipment or a device *and* requires assistance of other(s) to bathe. (D)
- Performed by Others. Individual is completely bathed by other(s) and does not take part in the activity at all. (D)

Additional Information for "Bathing" for Children
The following information has been added to assist with the assessment of children. Please continue to use the definitions contained within the *User's Manual: Virginia UAI* in addition to the information provided below when completing the UAI sections. See Section C of this document for scoring criteria for children.

For Children from birth to age 4 - Definition:
Considerations for children birth through 4 include: safety concerns such as: seizure activity, water depth, balance, and/or awareness to surroundings. Based on Child Development criteria, a child younger than 12 months should be totally dependent on another person for bathing. Children 1-4 years should physically participate in bathing but may require supervision, physical assistance, and help in and out of the tub.

Due To: (Score must be justified through one or more of the following conditions)

Age:	Mark All That Apply:
Birth – 12 Months	☐ Needs adaptive equipment ☐ Has characteristics that make bathing very difficult: hypertonia, hypotonia, combative behavior, spastic involuntary movement, or sensory/cognitive issues
13 Months – 4 Years	☐ Needs adaptive equipment ☐ Has characteristics that make bathing very difficult: hypertonia, hypotonia, combative behavior, spastic involuntary movement, or sensory/cognitive issues

For children from age 5 to 21 years of age - Definition:

Considerations: If the child has the ability to perform this task safely, this task may include the ability to regulate water temperature and turning faucets on/off. Please note safety concerns such as: seizure activity, water depth, balance, and/or awareness to surroundings. Based on Child Development criteria, a child should be able to physically and cognitively perform all essential components of the task, safely, and without assistance. If the child is not able to perform the task independently, the use of supervision should be considered.

Due to: (score must be justified through one or more of the following conditions)

Age:	Mark All That Apply:
5 – 6 Years	☐ Needs adaptive equipment ☐ Has characteristics that make bathing very difficult: hypertonia, hypotonia, combative behavior, spastic involuntary movement, or sensory/cognitive issues ☐ Needs complete physical assistance ☐ Needs to be lifted in and out of the bathtub or shower ☐ Lacks understanding of risk and must be supervised for safety
6 – 21 Years	☐ Needs adaptive equipment ☐ Has characteristics that make bathing very difficult: hypertonia, hypotonia, combative behavior, spastic involuntary movement, or sensory/cognitive issues ☐ Needs complete physical assistance ☐ Needs to be lifted in and out of the bathtub or shower ☐ Needs step-by-step cueing to complete the task ☐ Lacks understanding of risk and must be supervised for safety

Dressing: *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. 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. (I)
- Mechanical Help Only. 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. (d)
- Human Help Only (D)
  - Supervision (Verbal Cues, Prompting). 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). Individual usually requires assistance from another person who helps in obtaining clothing, fastening hooks, putting on clothes or artificial limbs, etc.
- Mechanical and Human Help. Individual usually needs equipment or a device and requires assistance of other(s) to dress. (D)
- Performed by Others. Individual is completely dressed by another individual and does not take part in the activity at all. (D)
- Is Not Performed. Refers only to bedfast individuals who are considered not dressed. (D)

Additional Information for Assessing "Dressing" for Children
For Children from birth to age 4 - Definition:
Considerations for children birth through 4 include: safety concerns such as: seizure activity, balance, and/or awareness to surroundings. Based on Child Development criteria, a child younger than 12 months should be totally dependent on another for dressing. Children 1-4 years should physically participate in dressing, but may require supervision or reminders, physical assistance, help with fasteners, or shoes, or selecting clothes. See Section C of this document for scoring criteria for children.

Due To: (Score must be justified through one or more of the following conditions)

Age:	Mark All That Apply:
Birth – 18 Months	☐ Has characteristics that make dressing very difficult: hypertonia, hypotonia, combative behavior, spastic involuntary movement, or sensory/cognitive issues ☐ Has complex medical equipment that makes dressing very difficult.
19 Months – 24 Months	☐ Has characteristics that make dressing very difficult: hypertonia, hypotonia, combative behavior, spastic involuntary movement, or sensory/cognitive issues ☐ Has complex medical equipment that makes dressing very difficult.

	☐ Does NOT assist with dressing, such as helping to lace arms in sleeves or legs into pants
25 Months – 36 Months	☐ Has characteristics that make dressing very difficult: hypertonia, hypotonia, combative behavior, spastic involuntary movement, or sensory/cognitive issues ☐ Has complex medical equipment that makes dressing very difficult. ☐ Does NOT assist with dressing, such as helping to lace arms in sleeves or legs into pants ☐ Unable to pull off hats, socks or mittens
37 Months – 4 Years	☐ Has characteristics that make dressing very difficult: hypertonia, hypotonia, combative behavior, spastic involuntary movement, or sensory/cognitive issues ☐ Has complex medical equipment that makes dressing very difficult. ☐ Does NOT assist with dressing, such as helping to lace arms in sleeves or legs into pants ☐ Unable to dress self independently

For children from age 5 to 21 years of age - Definition:
Considerations: This should include the ability to select appropriate clothing for weather. Please note safety concerns such as: seizure activity, balance, and proness to skin irritation/allergies. Based on Child Development criteria, a child should be able to physically and/or cognitively perform all essential components of the task, safely, without assistance. Make a recommendation if adapted clothing would assist with independence, such as: Velcro closures pull-on pants or zipper pulls.

Due To: (Score must be justified through one or more of the following conditions)

Age:	Mark All That Apply:
5 – 21 Years	☐ Needs physical assistance with getting clothing on. (This does NOT include fasteners such as buttons, zippers and snaps or other adaptive equipment.) ☐ Has characteristics that make dressing very difficult: hypertonia, hypotonia, combative behavior, spastic involuntary movement, or sensory/cognitive issues ☐ Needs physical assistance with adaptive equipment. ☐ Has complex medical equipment that makes dressing very difficult.

Toileting: *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. Individual uses the bathroom, cleans self, and arranges clothes without help. (I)
- Mechanical Help Only. 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 and use a bedpan, urinal, or bedside commode without help during the night and can empty this receptacle without assistance. (d)
- Human Help Only. (D)
  - Supervision (Verbal Cues, Prompting). Individual requires verbal cues and/or prompting to complete the toileting process.
  - Physical Assistance (Set-up, Hands-On Care). 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.
- Mechanical and Human Help. Individual usually needs equipment or a device *and* requires assistance of other(s) to toilet. (D)
- Performed by Others. Individual does use the bathroom, but is totally dependent on another's assistance. Individual does not participate in the activity at all. (D)
- Is Not Performed. Individual does not use the bathroom. (D)

Additional Information for Assessing "Toileting" for Children
For Children from birth to age 4 - Definition:
Considerations for children birth through 4 include: a child younger than 4 years may require diapers. Children 4-5 years may need intermittent supervision, cuing, and minor physical assistance, may have occasional night-time bedwetting, and may have occasional accidents during waking hours. You should also note assistance with bowel

and bladder programs or appliances such as ostomies or urinary catheters. See Section C of this document for scoring criteria for children.

Due To: (Score must be justified through one or more of the following conditions)

Age:	Mark All That Apply:
Birth – 36 Months	☐ Has complex medical equipment making toileting very difficult ☐ Has a complex medical condition making toileting very difficult
37 Months – 4 Years	☐ Has complex medical equipment making toileting very difficult ☐ Has a complex medical condition making toileting very difficult ☐ Has no awareness of being wet or soiled in waking hours ☐ Does NOT use toilet/potty chair when placed there by caregiver

For children from age 5 to 21 years of age - Definition
Considerations: This should include the ability to transfer on and off the toilet, cleansing of self, managing pads, managing catheter. Please note safety concerns such as: medical concerns, frequent infections or hygiene needs. Based on Child Development criteria, a child should be able to physically and cognitively perform all essential components of the task safely, without assistance if 6 years of age or older.

Example: A child age 5 or older showing some success of training should not be scored 2 or greater.

Due To: (Score must be justified through one or more of the following conditions)

Age:	Mark All That Apply:
5 – 6 Years	☐ Has complex medical equipment making toileting very difficult ☐ Has a complex medical condition making toileting very difficult ☐ Incontinent during the day (of bowel and / or bladder) ☐ Utilizes incontinence supplies ☐ Needs physical help (other than wiping)
7 – 21 Years	☐ Has complex medical equipment making toileting very difficult ☐ Has a complex medical condition making toileting very difficult ☐ Incontinent during the day (of bowel and / or bladder) ☐ Utilizes incontinence supplies ☐ Needs physical help, step-by-step cues, or toileting schedule

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, code assistance at the highest level.*

- Does Not Need Help. Individual usually completes the transferring process without human assistance or use of equipment. (I)
- Mechanical Help Only. 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. (d)
- Human Help Only (D)
  - Supervision (Verbal Cues, Prompting). Individual usually needs verbal cues or guarding to safely transfer.
  - Physical Assistance (Set-up, Hands-On Care). 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 Help. Individual usually needs equipment or a device and requires the assistance of other(s) to transfer. (D)
- Performed By Others. 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; he/she is not participating in the transfer. Individuals who are transferred with a mechanical or Hoyer lift are included in this category. (D)
- Is Not Performed. The individual is confined to the bed. (D)

For children from birth to 21 years of age – Definition
Considerations: Based on Child Development criteria, a child should be able to physically and cognitively perform all essential components of the task, safely, and without assistance if 6 years of age or older. See Section C of this document for scoring criteria for children.

Due To: (Score must be justified through one or more of the following conditions)

Age:	Mark All That Apply:
Birth – 36 Months	N/A
37 Months – 4 Years	☐ Needs full assistance with transfers. ☐ Uses a mechanical lift
5 – 21 Years	☐ Needs physical help with transfers ☐ Uses a mechanical lift

***Bowel**: The physiological process of elimination of feces.*

- Does Not Need Help. The individual voluntarily controls the elimination of feces. If the individual on a bowel program never empties his or her bladder without stimulation or a specified bowel regimen, he or she is coded as "Does not need help," and the bowel/bladder training is noted under medical/nursing needs. 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 he or she would be coded as incontinent, either less than weekly or weekly or more. (I)
- Incontinent Less than Weekly. The individual has involuntary elimination of feces less than weekly (e.g., every other week). (d)
- Ostomy - Self-Care. The individual has an artificial anus established by an opening into the colon (colostomy) or ileum (ileostomy) and he completely cares for the ostomy, stoma, and skin cleansing, dressing, application of appliance, irrigation, etc. *Individuals who use incontinence supplies such as briefs, pads, or diapers and correctly dispose of them should be coded here.* (d)
- Incontinent Weekly or More. The individual has involuntary elimination of feces at least once a week. *Individuals who use incontinence supplies such as briefs, pads, or diapers and do not correctly dispose of them should be coded here.* (D)
- Ostomy - Not Self-Care. The individual has an artificial anus established by an opening into the colon (colostomy) or ileum (ileostomy) and another person cares for the ostomy: stoma and skin cleansing, dressing, application of appliance, irrigations, etc. (D)

***Bladder:** The physiological process of elimination of urine.*

- Does Not Need Help. The individual voluntarily empties his or her bladder. Individuals on dialysis who have no urine output would be coded "Does not need help" as he or she does not perform this process. Dialysis will be noted under medical/nursing needs. Similarly, individuals who perform the Crede method for himself or herself for bladder elimination would also be coded "Does not need help." (I)
- Incontinent Less than Weekly. The individual has involuntary emptying or loss of urine less than weekly. (d)
- External Device, Indwelling Catheter, or Ostomy - Self Care. The individual has a urosheath or condom with a receptacle attached to collect urine (external catheter); a hollow cylinder passed through the urethra into the bladder (internal catheter) or a surgical procedure that establishes an external opening into the ureter(s) (ostomy). 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. *Individuals who use incontinence supplies such as briefs, pads, or diapers and correctly dispose of them should be coded here.* (d)
- Incontinent Weekly or More. The individual has involuntary emptying or loss of urine at least once a week. *Individuals who use incontinence supplies such as briefs, pads, or diapers and do not correctly dispose of them should be coded here.* (D)
- External Device - Not Self-Care. Individual has an urosheath or condom with a receptacle attached to collect urine. Another person cares for the individual's external device. (D)
- Indwelling Catheter - Not Self-Care. Individual has a hollow cylinder passed through the urethra into the bladder. Another person cares for the individual's indwelling catheter. This category includes individuals who self-catheterize, but who need assistance to set-up, clean up, etc. (D)
- Ostomy - Not Self-Care. Individual has a surgical procedure that establishes an external opening into the ureter(s). Another person cares for the individual's ostomy. (D)

NOTE: There are no additional criteria for children for the activities of bowel and bladder other than those stated above.

Eating/Feeding: *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.*

- Does Not Need Help. Individual is able to perform all of the activities without using equipment or the supervision or assistance of another. (I)
- Mechanical Help Only. 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. (d)
- Human Help Only (D)
  - Supervision (Verbal Cues, Prompting). Individual feeds self, but needs verbal cues and/or prompting to initiate and/or complete the eating process.
  - Physical Assistance (Set-up, Hands-On Care). Individual needs assistance to bring food to the mouth, cut meat, butter bread, open cartons 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 but it is more convenient for the caregiver to complete the activity.
- Mechanical and Human Help. Individual usually needs equipment or a device and requires assistance of other(s) to eat. (D)
- 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 his 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. (D)

Additional Information for Assessing "Eating/Feeding" for Children
For Children from birth to age 4 - Definition:
Considerations for children birth through 4 include: a child younger than 12 months should be totally dependent on another for feeding. Children 2-4 years should physically participate in eating, and may need constant supervision and/or assistance in setting up meals. You should also note other forms of feeding such as tube or intravenous. Please note safety concerns such as: seizure activity, choking, dietary restrictions, or allergies. See Section C of this document for scoring criteria for children.

Due To: (Score must be justified through one or more of the following conditions)

Age:	Mark All That Apply:
Birth – 36 Months	☐ Requires more than one hour per feeding and nutritional needs of child are met and performed safely ☐ Receives tube feeding or TPN ☐ Needs one to one monitoring to prevent choking, aspiration or other serious complications
37 Months – 4 Years	☐ Requires more than one hour per feeding and nutritional needs of child are met and performed safely ☐ Receives tube feeding or TPN ☐ Needs one to one monitoring to prevent choking, aspiration or other serious complications ☐ Needs to be fed

For children from age 5 to 21 years of age - Definition:
Considerations: This should include the ability to regulate amount of intake, chew/ swallow, utilize utensils. You should also note other forms of feeding such as tube or intravenous. Supervision needs such as verbal prompting or eating disorders should also be noted. Please note safety concerns such as: seizure activity, choking, dietary restrictions, or allergies. Based on Child Development criteria, a child should be able to physically and/or cognitively perform all essential components of the task, safely, and without assistance.

Due To: (Score must be justified through one or more of the following conditions)

Age:	Mark All That Apply:
5 – 21 Years	☐ Receives tube feeding or TPN ☐ Requires more than three hours per day for feeding or eating ☐ Needs to be fed ☐ Needs one to one monitoring to prevent choking, aspiration or other serious complications

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 pre-admission screening.

ORIENTATION PATTERN	**BEHAVIOR PATTERN**	Appropriate	Wandering/ Passive Less Than Weekly	Wandering/ Passive More Than Weekly	Abusive/Aggressive/ Disruptive Less Than Weekly	Abusive/Aggressive/ Disruptive More Than Weekly
	Oriented	**I**	**I**	**I**	**d**	**d**
	Disoriented **Some** spheres S**ome** 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**

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

- Appropriate. 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. (I)
- Inappropriate Wandering, Passive, or Other. 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. Wandering/Passive < weekly = (I); Wandering/Passive Weekly or More = (d).
- Inappropriate Abusive, Aggressive, or Disruptive means 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. Abusive/Aggressive/Disruptive < Weekly = (D); Abusive/Aggressive/Disruptive Weekly or More = (D).
- Comatose refers to the semi-conscious or comatose (unconscious) state. (D)

Additional Information for Assessing "Behavior Pattern" for Children
For Children from birth to age 4 - Definition:
Considerations for children birth through 4 include: a child who requires assistance to engage in safe actions and interactions and refrain from unsafe actions and interactions.

Due To: (Score must be justified through one or more of the following conditions)

Age:	Mark All That Apply:
6 months – 4 Years as it relates to Behavior Pattern	☐ Child exhibits disruptive or dangerous behavior such as: verbal and physical abuse to self or others, wandering, removing or destroying property, or acting in a sexually aggressive manner. ☐ Reported neurological impairment ☐ Hyper/Hypo sensitivity to external stimulus ☐ Constant vocalizations/Perseveration ☐ Impaired safety skills ☐ Child engages in smearing behavior ☐ Sleep deprivation

Due To: (Score must be justified through one or more of the following conditions)

Age:	Mark All That Apply:
Birth – 12 Months as it relates to Orientation	☐ Reported cognitive impairment ☐ Lack of awareness ☐ Unable to respond to cues
13 Months – 36 Months as it relates to Orientation	☐ Reported cognitive impairment ☐ Child is unable to communicate basic needs and wants (does not include inability to speak English) ☐ Disorientation/Disassociation ☐ Unable to follow directions ☐ Unable to respond to cues
37 Months – 4 Years as it relates to Orientation	☐ Reported cognitive impairment ☐ Child is unable to communicate basic needs and wants (does not include inability to speak English) ☐ Disorientation/Disassociation ☐ Unable to follow directions or routine ☐ Unable to process information or social cues ☐ Unable to recall personal information

For children from age 5 to 21 years of age - Definition:
Considerations: a child who requires assistance to engage in safe actions and interactions and refrain from unsafe actions and interactions. Example: A child who is injurious to self or others.

Due To: (Score must be justified through one or more of the following conditions)

Age:	Mark All That Apply:
5 – 21 Years as it relates to Behavior Pattern	☐ Child exhibits disruptive or dangerous behavior such as: verbal and physical abuse to self or others, wandering, removing or destroying property, or acting in a sexually aggressive manner. ☐ Reported neurological impairment ☐ Hyper/Hypo sensitivity to external stimulus ☐ Constant vocalizations/Perseveration ☐ Impaired safety skills ☐ Child engages in smearing behavior ☐ Sleep deprivation

Due To: (Score must be justified through one or more of the following conditions)

Age:	Mark All That Apply:
5 – 21 Years as it relates to Orientation	☐ Reported cognitive impairment ☐ Child is unable to communicate basic needs and wants (does not include inability to speak English) ☐ Disorientation/Disassociation ☐ Unable to follow directions or routine ☐ Unable to recall personal information ☐ Unable to process information or social cues

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

- Oriented. The individual has no apparent problems with orientation and is aware of who he or she is, where he or she, the day of the week, the month, and people around him or her. (I)
- Disoriented-Some Spheres, Some of the Time. 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. (d)
- Disoriented-Some Spheres, All of the Time. 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. (d)
- Disoriented-All Spheres, Some of the Time. The individual is disoriented to person, place, and time periodically, but not always. (D)
- Disoriented-All Spheres, All of the Time. The individual is always disoriented to person, place, and time. (D)
- Comatose. The individual is in a semi-comatose or unconscious state or is otherwise non-communicative. (D)

NOTE: There are no additional criteria for children for Orientation other than those stated above.

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

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

NOTE: There are no additional criteria for children for Medication Administration other than those stated above.

Mobility*: 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.*

- Does Not Need Help. Individual usually goes outside of his or her residence on a routine basis. If the only time the individual goes outside is for trips to medical appointments or treatments by ambulance, car, or van, do not code the individual here because this is not considered going outside. These individuals would be coded either in the "confined - moves about" or "confined - does not move about" categories. (I)
- Mechanical Help Only. Individual usually needs equipment or a device to go outside. Equipment or device includes splint, special shoes, leg braces, crutches, walkers, wheelchairs, canes, handrails, chairlifts, and special ramps. (d)
- Human Help Only (D)
  - Supervision (Verbal Cues, Prompting). Individual usually requires assistance from another person who provides supervision, cues, or coaxing to go outside.
  - Physical Assistance (Set-up, Hands-On Care). Individual usually receives assistance from another person who physically supports or steadies the individual to go outside.
- Mechanical and Human Help. Individual usually needs equipment or a device and requires assistance of other(s) to go outside. (D)
- Confined - Moves About. Individual does not customarily go outside of his or her residence, but does go outside of his or her room. (D)
- Confined - Does Not Move About. The individual usually stays in his or her room. (D)

Additional Information for Assessing "Mobility" for Children
For Children from birth to age 4 - Definition:
Considerations for children birth through 4 include: a child younger than 5 years may require supervision for safety of the child. Children birth through 2 years may need intermittent physical assistance. See Section C of this document for scoring criteria for children.

Due To: (Score must be justified through one or more of the following conditions)

Age:	Mark All That Apply:
Birth – 6 Months	N/A
7 Months – 12 Months	☐ Unable to maintain a sitting position when placed ☐ Unable to move self by rolling, crawling, or creeping
13 Months – 18 Months	☐ Unable to pull to stand up ☐ Unable to sit alone ☐ Requires a stander or someone to support the child's weight in a standing position ☐ Unable to crawl or creep
19 Months – 24 Months	☐ Requires a stander or someone to support the child's weight in a standing position ☐ Uses a wheelchair or other medical equipment to stand/walk. ☐ Unable to take steps holding onto furniture
25 Months – 36 Months	☐ Requires a stander or someone to support the child's weight in a standing position ☐ Uses a wheelchair or other medical equipment to stand/walk. ☐ Does NOT walk or needs physical help to walk
37 Months – 4 Years	☐ Uses a wheelchair or other medical equipment to stand/walk. ☐ Does NOT walk or needs physical help to walk

For children from age 5 to 21 years of age - Definition:
Considerations: This should include the ability to safely maneuver (ambulate) without assistance, creep up stairs, kneel without support, and assume standing position. Please note safety concerns such as: seizure activity, frequent falls, balance, and/or visual concerns. Based on Child Development criteria, a child should be able to physically and/or cognitively perform all essential components of the task, safely, and without assistance. See Section C of this document for scoring criteria for children.

Due To: (Score must be justified through one or more of the following conditions)

Age:	Mark All That Apply:
5 – 21 Years	☐ Does NOT walk or needs physical help to walk ☐ Uses a wheelchair or other medical equipment to stand/walk.

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 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. (I)
- Limited Motion 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. (d)
- Instability Uncorrected or Immobile 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). (D)

NOTE: There are no additional criteria for children for Joint Motion other than those stated above.

E. *EXAMPLES OF MEDICAL NURSING NEEDS:*
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 to the need for 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 the space provided on page 7 of the UAI. An individual who is receiving rehabilitation services and/or special medical procedure does not automatically have ongoing medical/nursing needs as there should be documentation to support the rehabilitation services and/or special medical procedures such as physician orders or progress notes.

Indicate whether the individual has ongoing medical or nursing needs. 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; OR
3) The individual requires at least one ongoing medical or nursing service.

An individual with ongoing Medical Nursing Needs is defined (per the *User's Manual: Virginia UAI*) as "an individual with medical or nursing needs is someone whose health needs regular medical or nursing supervision, or care above the level which could be provided through assistance with ADLs, medication administration, and supervision and is not primarily for the care and treatment of mental illness. Does not include conditions of dementia/Alzheimer's diagnosis."

The following is a non-exclusive list of medical/nursing needs which may, but need not necessarily; indicate a need for medical or nursing supervision or care:

- Routine care of colostomy or ileostomy or management of neurogenic bowel and bladder;
- Use of physical (e.g., side rails, poseys) or chemical restraints;
- Routine skin care to prevent pressure ulcers for individuals who are immobile;
- Care of small uncomplicated pressure ulcers and local skin rashes;
- Management of those with sensory/cognitive, metabolic, or circulatory impairment with demonstrated clinical evidence of medical instability;
- Infusion therapy;
- Administration of oxygen;
- Application of aseptic dressings;
- Routine catheter care;
- Respiratory therapy;
- Therapeutic exercise and positioning;
- Chemotherapy and/or radiation;
- Dialysis;
- Suctioning;
- Tracheostomy care;
- 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.

For Children from birth to age 4 - Definition:
Health impairments that require long-term, intensive, specialized services on a daily basis. See Section C of this document for scoring criteria for children.

Due To: (Score must be justified through one or more of the following conditions)

Age:	Mark All That Apply:
Birth – 4 Years	☐ Drainage Tubes ☐ End-Stage Disease ☐ Naso-gastric Tube Feeding ☐ Oxygen ☐ TPN ☐ Severe Daily Pain Management ☐ Suctioning ☐ Tracheostomy ☐ Transplant ☐ Uncontrolled Seizures ☐ Requires Use of Ventilator ☐ Wound Care ☐ Metabolic Disorder ☐ Ostomy ☐ Other

For children from age 5 to 21 years of age - Definition:
Health impairments that require long-term, intensive, specialized services on a daily basis.

Due To: (Score must be justified through one or more of the following conditions)

Age:	Mark All That Apply:
5 – 21 Years	☐ Drainage Tubes ☐ End-Stage Disease ☐ Naso-gastric Tube Feeding ☐ Oxygen ☐ TPN ☐ Severe Daily Pain Management ☐ Suctioning ☐ Tracheostomy ☐ Transplant ☐ Uncontrolled Seizures ☐ Requires Use of Ventilator ☐ Metabolic Disorder ☐ Ostomy ☐ Wound Care ☐ Other