



Florida Medicaid

**Intermediate Care Facility for the
Developmentally Disabled (ICF/DD) Services
Coverage and Limitations Handbook**

Agency for Health Care Administration





JEB BUSH, GOVERNOR

ALAN LEVINE, SECRETARY

Dear Medicaid ICF/DD Services Provider:

Enclosed please find the revised Florida Medicaid Intermediate Care Facility for the Developmentally Disabled (ICF/DD) Services Coverage and Limitations Handbook, Updated October 2003. Please use this handbook in place of the July 2000 version, which is now obsolete. The revised handbook contains HIPAA requirements and updated policy.

Please call your area Medicaid office if you have any questions. The area offices' telephone numbers are in Appendix C of the Florida Medicaid Provider General Handbook. All the Medicaid handbooks, as well as additional Florida Medicaid information, are also available on the Medicaid fiscal agent's website at <http://floridamedicaid.acs-inc.com>. Click on Provider Support.

We appreciate the services that you provide to Florida's Medicaid recipients.

Sincerely,

Thomas W. Arnold
Deputy Secretary for Medicaid



UPDATE LOG

INTERMEDIATE CARE FACILITY FOR THE DEVELOPMENTALLY DISABLED (ICF/DD) SERVICES COVERAGE AND LIMITATIONS HANDBOOK

How to Use the Update Log

Introduction

Changes to the handbook will be sent out as handbook updates. An update can be a change, addition, or correction to policy. It may be either a pen and ink change to the existing handbook pages or replacement pages.

It is very important that the provider read the updated material and then file it in the handbook, because it is the provider's responsibility to follow correct policy to obtain Medicaid reimbursement.

Explanation of the Update Log

The provider can use the update log to determine if all the updates to the handbook have been received.

Update No. is the month and year that the update was issued.
Effective Date is the date that the update is effective.

Instructions

1. Make the pen and ink changes and file new or replacement pages.
2. File the cover page and pen and ink instructions from the update in numerical order after the log.

If an update is missed, write or call the Medicaid fiscal agent at the address given in Appendix C of the Florida Medicaid Provider General Handbook.

UPDATE NO.	EFFECTIVE DATE
Jul2000 - Revised Handbook	July 2000
Oct2003 - Revised Handbook	October 2003

INTERMEDIATE CARE FACILITY FOR THE DEVELOPMENTALLY DISABLED (ICF/DD) SERVICES COVERAGE AND LIMITATIONS HANDBOOK

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INTRODUCTION TO THE HANDBOOK

Overview

Introduction

This chapter introduces the format used for the Florida Medicaid handbooks and tells the reader how to use the handbooks.

Background

There are three types of Florida Medicaid handbooks:

- Provider General Handbook describes the Florida Medicaid Program.
- Coverage and Limitations Handbooks explain covered services, their limits, who is eligible to receive them, and the fee schedules.
- Reimbursement Handbooks describe how to complete and file claims for reimbursement from Medicaid.

Exceptions: For Prescribed Drugs and Transportation Services, the coverage and limitations handbook and the reimbursement handbook are combined into one.

Legal Authority

The following federal and state laws govern Florida Medicaid:

- Title XIX of the Social Security Act,
- Title 42 of the Code of Federal Regulations,
- Chapter 409, Florida Statutes, and
- Chapter 59G, Florida Administrative Code.

The specific Federal Regulations, Florida Statutes, and the Florida Administrative Code, for each Medicaid service are cited for reference in each specific coverage and limitations handbook.

In This Chapter

This chapter contains:

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Handbook Use and Format

Purpose The purpose of the Medicaid handbooks is to furnish the Medicaid provider with the policies and procedures needed to receive reimbursement for covered services provided to eligible Florida Medicaid recipients.

The handbooks provide descriptions and instructions on how and when to complete forms, letters or other documentation.

Provider The term "provider" is used to describe any entity, facility, person or group who is enrolled in the Medicaid program and renders services to Medicaid recipients and bills Medicaid for services.

Recipient The term "recipient" is used to describe an individual who is eligible for Medicaid.

General Handbook General information for providers regarding the Florida Medicaid Program, recipient eligibility, provider enrollment, fraud and abuse policy, and important resources are included in the Florida Medicaid Provider General Handbook. This general handbook is distributed to all enrolled Medicaid providers and is updated as needed.

Coverage and Limitations Handbook Each coverage and limitations handbook is named for the service it describes. A provider who furnishes more than one type of service will have more than one coverage and limitations handbook.

Reimbursement Handbook Each reimbursement handbook is named for the claim form that it describes.

Chapter Numbers The chapter number appears as the first digit before the page number at the bottom of each page.

Page Numbers Pages are numbered consecutively throughout the handbook. Page numbers follow the chapter number at the bottom of each page.

White Space The "white space" found throughout a handbook enhances readability and allows space for writing notes.

Characteristics of the Handbook

Format

The format styles used in the handbooks represent a concise and consistent way of displaying complex, technical material.

Information Block

Information blocks replace the traditional paragraph and may consist of one or more paragraphs about a portion of the subject. Blocks are separated by horizontal lines.

Each block is identified or named with a label.

Label

Labels or names are located in the left margin of each information block. They identify the content of the block in order to facilitate scanning and locating information quickly.

Note

Note is used most frequently to refer the user to pertinent material located elsewhere in the handbook.

Note also refers the user to other documents or policies contained in other handbooks.

Topic Roster

Each chapter contains a topic roster on the first page, which serves as a table of contents for the chapter, listing the subjects and the page number where the subject can be found.

Handbook Updates

Update Log

The first page of each handbook will contain the update log.

Every update will contain a new updated log page with the most recent update information added to the log. The provider can use the update log to determine if all updates to the current handbook have been received.

Each update will be designated by an "Update No." and the "Effective Date".

Handbook Updates, continued

How Changes Are Updated

The Medicaid handbooks will be updated as needed. Changes may consist of any one of the following:

1. Pen and ink updates—Brief changes will be sent as pen and ink updates. The changes will be incorporated on replacement pages the next time replacement pages are produced.
2. Replacement pages—Lengthy changes or multiple changes that occur at the same time will be sent on replacement pages. Replacement pages will contain an effective date that corresponds to the effective date of the update.
3. Revised handbook—Major changes will result in the entire handbook being replaced with a new effective date throughout.

Numbering Update Pages

Replacement pages will have the same number as the page they are replacing. If additional pages are required, the new pages will carry the same number as the preceding replacement page with a numeric character in ascending order. (For example: page 1-3 may be followed by page 1-3.1 to avoid reprinting the entire chapter.)

Effective Date of New Material

The month and year that the new material is effective will appear in the inner corner of each page. The provider can check this date to ensure that the material being used is the most current and up to date.

If an information block has an effective date that is different from the effective date on the bottom of the page, the effective date will be included in the label.

Identifying New Information

New material will be indicated by vertical lines. The following information blocks give examples of how new labels, new information blocks, and new or changed material within an information block will be indicated.

New Label

A new label for an existing information block will be indicated by a vertical line to the left and right of the label only.

New Label and New Information Block

A new label and a new information block will be identified by a vertical line to the left of the label and to the right of the information block.

New Material in an Existing Information Block

New or changed material within an existing information block will be indicated by a vertical line to the left and right of the information block.

New or Changed Paragraph

A paragraph within an information block that has new or changed material will be indicated by a vertical line to the left and right of the paragraph.

|Paragraph with new material. |

CHAPTER 1
INTERMEDIATE CARE FACILITY FOR THE DEVELOPMENTALLY
DISABLED (ICF/DD) SERVICES
PROVIDER QUALIFICATIONS AND RESPONSIBILITIES

Overview

Introduction

This chapter describes the Florida Intermediate Care Facility for the Developmentally Disabled (ICF/DD) Services Program, specifies the authority regulating ICF/DD services, the purpose of the program, provider qualifications and responsibilities, and facility staffing requirements.

Legal Authority

Medicaid ICF/DD services are governed by Title 42, Code of Federal Regulations (C.F.R.), Parts 442, and 483.

State authority for participation in the Title XIX Medicaid Program is Chapter 409.902, Florida Statutes (F.S.); and reimbursement requirements are contained in Section 409.908, F.S. The state authority for the licensing of an ICF/DD is Chapter 400, F.S. The program is also governed by Chapters 59G and 65B, Florida Administrative Code (F.A.C.).

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This chapter contains:

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Purpose and Definition

Purpose

The purpose of the ICF/DD program is to provide continuous active treatment to individuals with developmental disabilities who meet Medicaid Institutional Care Program (ICP) eligibility requirements and level of need criteria.

Definition

ICF/DD services are medical, habilitative and health-related services provided by, or under the direction of, professional or technical personnel, in an institution for the developmentally disabled that is licensed and certified by the Agency for Health Care Administration (AHCA) to participate in the Medicaid program. Services provided in an ICF/DD must be medically necessary, and they must be services that cannot be rendered more safely or economically in another setting.-

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Health Insurance Portability and Accountability Act of 1996 (HIPAA). This act makes health insurance more “portable” so that workers can take their health insurance with them when they move from one job to another, without losing health coverage. This federal legislation also requires the health care industry to adopt uniform codes and forms, streamlining the processing and use of health data and claims which will serve to better protect the privacy of people’s health care information and give them greater access to that information.

Medicaid Provider Handbooks

This handbook is intended for use by Medicaid certified ICF/DD providers. It must be used in conjunction with the Medicaid Provider Reimbursement Handbook, Institutional 021, which contains specific procedures for submitting claims for payment and the Florida Medicaid Provider General Handbook, which contains general information about the Florida Medicaid program.

Provider Qualifications and Responsibilities

Introduction

The ICF/DD program is jointly administered by AHCA and the Agency for Persons with Disabilities.

- AHCA is responsible for assuring compliance with federal and state program requirements, developing Medicaid policy, reimbursing Medicaid providers and the operational administration of the program.
- The Agency for Persons with Disabilities is responsible for determining Medicaid recipient eligibility, evaluating and assigning level of need, and authorizing admission to an ICF/DD.

Provider Qualifications and Responsibilities, continued

ICF/DD Provider Qualifications

A Medicaid ICF/DD must:

- Obtain a Certificate of Need prior to licensure;
- Be licensed as an ICF/DD under Chapter 400 F.S.;
- Comply with the provisions of 42 C.F.R., Parts 431, 435, 440, 442 and 483; Chapter 400, F.S.; and Chapters 59G and 65B, F.A.C., as determined through an annual survey conducted by AHCA, Division of Health Quality Assurance;
- Provide services in Florida;
- Have an established Medicaid reimbursement rate; and
- Execute an ICF/DD Provider Agreement with AHCA in which the provider is to return the completed provider agreement within 30 days of the renewal notice.

Medicaid Decertification

If AHCA determines that Medicaid participation requirements have not been met, the facility will be terminated from the Medicaid program. Providers terminated without cause will be given a 30-day cancellation notice before termination of the Medicaid Provider Agreement. Medicaid can continue to pay the facility for up to 30 days after the termination date or until the Medicaid recipients can be relocated, whichever comes first.

Provider Responsibility Regarding HIPAA Requirements

Florida Medicaid implemented all requirements contained in the federal legislation known as Health Insurance Portability and Accountability Act (HIPAA). As trading partners with Florida Medicaid, all Medicaid providers, including their staff, contracted staff and volunteers, must comply with HIPAA privacy requirements effective April 14, 2003. Providers who meet the definition of a covered entity according to HIPAA must comply with HIPAA Electronic Data Interchange (EDI) requirements effective October 16, 2003. This coverage and limitations handbook contains information regarding changes in procedure codes mandated by HIPAA.

The Medicaid Provider Reimbursement Handbooks contain the claims processing requirements for Florida Medicaid, including the changes necessary to comply with HIPAA.

Provider Qualifications and Responsibilities, continued

Provider Responsibility Regarding HIPAA Requirements, continued

Note: For more information regarding HIPAA privacy in Florida Medicaid, see the Florida Medicaid Provider General Handbook.

Note: For more information regarding claims processing changes in Florida Medicaid due to HIPAA requirements, see the current version of the Institutional 021 reimbursement handbook.

Note: For information regarding changes in EDI requirements for Florida Medicaid due to HIPAA requirements, contact the fiscal agent EDI help desk at 1-800-829-0218.

Staffing Requirements

Introduction

Services furnished in an ICF/DD must be provided by qualified staff. If an ICF/DD purchases services from a vendor, the vendor and his staff must meet all mandatory educational, licensing and certification requirements for the specific area of service furnished.

The facility must provide sufficient direct care staff to manage and supervise recipients in accordance with their individual program plans and to take prompt, appropriate action in case of injury, illness, fire or other emergency. Direct care staff is defined as the present on-duty staff calculated in a 24-hour period for each defined residential living unit. Direct care staff includes professional staff or other support staff if their primary assigned daily shift function is to provide management, supervision and direct care of the recipient's daily needs.

The Division of Health Quality Assurance has the authority to require staffing ratios in excess of minimum requirements when they are in the interest of the health, safety and programmatic needs of the individuals served.

Staff Education and Health Screening

All staff must complete a four hour educational course on HIV and AIDS within 90 days of employment. Thereafter, all staff must complete an HIV and AIDS educational course of at least two contact hours biannually. Documentation of completion of such courses must be retained in facility records for review by the appropriate licensing authority.

Each staff person or individual under contract to or employed by the facility must have a medical examination at the time of employment and prior to contact with recipients. This medical examination must include a statement from a physician based on test results indicating that the staff person or individual under contract is free from communicable disease. This statement is required on an annual basis thereafter.

Staffing Requirements, continued**Qualified Mental Retardation Professional Services (QMRP)**

Each recipient's active treatment plan must be integrated, coordinated and monitored by a qualified mental retardation professional (QMRP) as described in 42 C.F.R., Part 483.430. A QMRP must have at least one year experience working directly with persons with developmental disabilities and be one of the following:

- Doctor of medicine or osteopathy,
 - Registered nurse, or
 - An individual who holds at least a bachelor's degree in a human services profession.
-

Administration

Each facility must have a full time administrator who is a qualified mental retardation professional as defined in 42 C.F.R., 483.430, or a nursing facility administrator licensed by the Department of Health under Chapter 468 Part II, F.S., to oversee the daily administration and operation of the facility.

Physician

An ICF/DD must ensure the 24-hour-a-day availability of a Florida licensed doctor of medicine or osteopathy. The facility must provide or obtain preventive and general medical care, as well as annual physical examinations for each recipient. Physicians providing services in the facility must have a current license in accordance with Chapters 458 and 459, F.S., to practice in the state of Florida. When appropriate, the facility may use physician assistants and nurse practitioners to provide physician services.

Recipients may choose to receive services from a physician other than the Medical Director.

Nursing

The ICF/DD must provide recipients with nursing services in accordance with their needs. Facilities that serve recipients with a classification of developmental medical must have licensed nursing staff on site 24 hours a day, seven days a week. Nurses providing services in the facility must have a current license in accordance with Chapter 464, F.S., to practice in the state of Florida.

If a facility employs only licensed practical nurses to provide health services, the facility must have a formal arrangement with a registered nurse to be available for verbal or on-site consultation with the licensed practical nurses.

Staffing Requirements, continued

Dental	The facility must employ or contract with a consultant dentist and dental hygienist to provide each recipient with diagnostic and dental treatment services.
Dietary	The facility must employ a licensed dietitian on a full-time, part-time or consultant basis. The individual must be eligible for registration by the American Dietetics Association.
Nursing Assistant	The facility must employ licensed nursing staff to supervise non-licensed patient care personnel who work with recipients that require continuous medical supervision. This includes recipients with Level Of Need 9.
Pharmacy	The facility must employ or contract with a consultant pharmacist licensed by the Board of Pharmacy in accordance with Chapter 465, F.S., and contract to receive pharmacy services from a pharmacy that has at least a Class I Institutional Pharmacy Permit.
Psychological Services	<p>The facility must employ or contract with the following professionals, based on the individual needs of the recipients served by the facility:</p> <ul style="list-style-type: none">• Psychologist with at least a master's degree from an accredited program and experience or training in the field of mental retardation, or• Certified behavior analyst, certified in accordance with Chapter 393, F.S.

CHAPTER 2
INTERMEDIATE CARE FACILITY FOR THE DEVELOPMENTALLY
DISABLED (ICF/DD)
COVERED SERVICES, LIMITATIONS AND EXCLUSIONS

Overview

Introduction

This chapter describes the services covered under the Florida Medicaid Intermediate Care Facility for the Developmentally Disabled (ICF/DD) program. It also describes the requirements to receive services, service limitations and exclusions, and the utilization review process.

In This Chapter

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Requirements To Receive Services

Introduction

Medicaid reimburses ICF/DD's for Medicaid eligible recipients who meet the Medicaid Institutional Care Program (ICP) financial eligibility and ICF/DD level of need requirements. The Agency for Persons with Disabilities Developmental Disabilities Program office authorizes all admissions to an ICF/DD.

Requirements To Receive Services, continued

**Financial Eligibility
Criteria**

To receive Medicaid ICF/DD services, the recipient must be determined to be financially eligible for the Institutional Care Program (ICP) by the local Department of Children and Families Economic Self-Sufficiency program. Eligibility for ICP is determined using service-specific financial eligibility criteria.

Income Trust

Medicaid's income trust policy allows institutionalized individuals with income over the Medicaid program standards to qualify for Medicaid. If an individual establishes a qualified income trust within federal requirements and meets all other financial eligibility criteria, the individual qualifies for Medicaid Institutional Care Program coverage.

Note: Contact the local Department of Children and Families Economic Self-Sufficiency program for additional information.

**Retroactive
Eligibility**

Medicaid eligibility can be established retroactively for any of the three months prior to the date of application if the recipient meets all ICP eligibility criteria, including level of need. Payment for ICF/DD services provided to a recipient for a time period of retroactive eligibility will only be made by Medicaid upon confirmation by the Agency for Persons with Disabilities Developmental Disabilities Program that the recipient meets level of care requirements.

Requirements To Receive Services, continued

Developmental Disability Criteria

To receive ICF/DD services, a recipient must have a developmental disability and meet one of the following criteria:

- The recipient's primary disability is mental retardation with an intelligence quotient (IQ) of 59 or less.
- The recipient's primary disability is mental retardation with an intelligence quotient (IQ) of 60-69 inclusive; and the recipient has at least one of the following handicapping conditions: ambulation deficits, sensory deficits, chronic health problems, behavior problems, autism, cerebral palsy, epilepsy, spina bifida or Prader-Willi Syndrome.
- The recipient's primary disability is mental retardation with an intelligence quotient (IQ) of 60-69 inclusive; and the recipient has severe functional limitations in at least three of the following major life activities: self care, understanding and use of language, learning, mobility, self direction or capacity for independent living.
- The recipient is eligible under the category of autism, cerebral palsy, spina bifida or Prader-Willi syndrome; and the recipient has severe functional limitations in at least three of the following major life activities: self care, understanding and use of language, learning, mobility, self direction or capacity for independent living.

Developmental Services Criteria

The Agency for Persons with Disabilities Developmental Disabilities (DD) program must determine that the ICF/DD services are medically necessary. The determination of medical necessity for ICF/DD services is based on the outcome of a uniform assessment of need. The DD program uses the Agency - approved assessment tool to determine level of need (LON). Recipients whose level of need is limited, minimal, moderate, extensive or intensive (LON 1,2,3,4 or 5 respectively) are eligible for ICF/DD services.

Written Physician Orders

In order to qualify for ICP services, a recipient must also have a written certification from a Florida licensed doctor of medicine or osteopathy that at the time of admission the ICF/DD services are needed. If a recipient applies for ICP services while in an ICF/DD, authorization for continued placement in an ICF/DD must be sought from the DD Program. The certification must be made following continued placement authorization and before ICP approval.

Requirements To Receive Services, continued

<p>Recipients with a Level of Need Limited or Minimal</p>	<p>Recipients at a level of need limited or minimal generally function independently with minimal supports and services or require some oversight and assistance with daily living skills. Services provided to these recipients emphasize individual education in self-management skills and transition support in order to maximize the individual's ability to return to a community-based setting.</p>
<p>Recipients with a Level of Need Moderate, Extensive or Intensive</p>	<p>Recipients with a level of need of moderate, extensive or intensive receive ICF/DD services from any ICF/DD. Persons at these levels of need generally require more extensive supports and services such as hands-on assistance, intensive supervision or total care.</p>

ICF/DD Payment Structure

<p>Introduction</p>	<p>ICF/DD payment levels are grouped into 2 categories. For the purposes of reimbursement, Levels 8 and 9 are reimbursed at the same level within a facility.</p>
<p>Developmental Institutional (Level of need 7)</p>	<p>Developmental institutional, Level of need 7, is reimbursed for recipients who are ambulatory or who are self-mobile using mechanical devices such as canes, walkers, or wheelchairs and able to transfer themselves without human assistance, but need assistance and oversight to ensure safe evacuation.</p>
<p>Developmental Non-Ambulatory (Level of need 8)</p>	<p>Developmental non-ambulatory, Level of need 8, is reimbursed for recipients who are capable of mobility only with human assistance or need human assistance in order to transfer to or from a mobility device.</p>
<p>Developmental Medical (Level of need 9)</p>	<p>Developmental medical, Level of need 9, is reimbursed for recipients who are non-ambulatory and capable of mobility only with human assistance and require continuous medical and nursing supervision for chronic health problems. Continuous medical supervision means at least monthly observation by a physician, physician's assistant, or an advanced registered nurse practitioner (ARNP) that is documented by a progress note entry of the findings, as well as 24 hours per day, seven days per week availability of routine or emergency physician's services. In addition, there must be licensed nursing staff on site 24 hours per day, seven days per week.</p>

Items and Services Included in the Per Diem

Introduction

Medicaid pays a per diem (daily) rate for care in an ICF/DD. The per diem includes all services and items described on the following pages. The provider cannot charge a recipient, a recipient's family or any other third party for items included in the per diem. The only exceptions are items requested by the recipient or recipient's family that are not stocked by the facility. The facility may charge the recipient the difference in cost between the stocked and the requested item.

Charging for Items Not Included in the Per Diem

ICF/DD staff must inform Medicaid recipients or their representatives in writing about items and services that are not included in the per diem at the time of admission. ICF/DD cannot require a recipient to request items not provided in the per diem rate. Facilities must discuss with the recipient or representative the cost of any items or services not included in the per diem before the ICF/DD supplies such items or services.

Payment for Items Not Included in the Per Diem

ICF/DD may charge the recipient, their family or other authorized representatives for items not stocked by the facility. The facility may charge the recipient the difference in cost between the stocked and requested item. However, a facility must inform recipients or their representatives of the cost of un-stocked items or services before supplying the items or services.

Third Party Guarantee of Non-Covered Services

ICF/DD may require a third-party payment for services not covered in the per diem. However, facilities cannot require a recipient to purchase services not covered under the per diem rate as a condition of admission.

Room

The ICF/DD must provide each Medicaid recipient with a room and basic room furnishings, such as a bed of proper size and height, a clean comfortable mattress, clean linens and bedding appropriate to the weather and climate, towels and washcloths, functional furniture appropriate to the recipient's needs, and individual closet space with clothes racks and shelves.

This item is included in the per diem rate.

Laundry Services

The per diem rate covers laundry services that include basic personal laundry. The per diem does not include dry cleaning, mending, hand washing, or other specialty services.

Items and Services Included in the Per Diem, continued

Private Room

An ICF/DD must provide a Medicaid recipient with a private room at no additional charge if it is determined medically necessary by the recipient's physician.

If a private room is requested and the room is not medically necessary, the facility may charge a Medicaid recipient's family, friend or trustee an additional amount for a Medicaid certified private room with the following restrictions:

- The amount charged is the difference between the facility's semi-private room rate and the facility's private room rate;
 - The additional payment can not be a requirement of admission or continued stay in the facility; and
 - The facility may not charge an additional amount if the private room is medically necessary.
-

Clothing

The ICF/DD must furnish each Medicaid recipient with a basic wardrobe as required by the recipient, when the recipient, his next of kin, or advocate does not provide clothing. Clothing must include a 5-day supply of sleepwear; undergarments; outerwear such as shirts, slacks, dresses, socks and shoes, a coat, jacket or sweater appropriate for the weather; and personal grooming items.

Clothing as described above is included in the per diem rate.

Behavior Services

ICF/DD must provide each Medicaid recipient the behavior services that are specified in his habilitation or support plan. Behavior services must include:

- Principles and methods of understanding and changing behavior in order to devise the most optimal and effective programs for recipients; and
- Principles and methods of individual and program evaluation, for the purposes of assessing recipient response to programs and measuring program effectiveness.

Behavior Services are included in the per diem rate.

Items and Services Included in the Per Diem, continued

Dental Services

The ICF/DD must provide each Medicaid recipient with dental services that include at a minimum:

- Periodic, at least annually, oral prophylaxis (cleaning), by a Florida licensed dentist or dental hygienist; and
- Provision of daily oral care including tooth brushing and tooth brushing aids.

These Dental Services are included in the per diem rate.

Preventative Health Care

The ICF/DD must provide each Medicaid recipient with routine monitoring of conditions that impact or may impact the recipient's health. When health or nutrition risks are identified, they must be analyzed by the interdisciplinary team to identify probable causes and to facilitate implementation of appropriate intervention strategies.

Preventative Health Care is included in the per diem rate.

Nutritional Services

The ICF/DD must provide each Medicaid recipient with nutritional services, including meals, snacks, food supplements, tube feedings, supplies and equipment required for tube feedings, and food substitutes needed for special diets.

Nutritional services are included in the per diem rate.

Personal Care Services

The ICF/DD must provide each Medicaid recipient with direct personal care services as required by each recipient's particular level of need.

Personal care services are included in the per diem rate.

Items and Services Included in the Per Diem, continued

Medication Services

The ICF/DD must provide each Medicaid recipient the medication services that are appropriate to his individual needs. The services must be provided in accordance with the following requirements.

- The physician must review medication orders at least every 60 calendar days except for recipients with a classification of developmental medical.
- The physician must review medication orders at least every 30 calendar days for recipients with a classification of developmental medical.
- There may not be standing orders for medications.

Medication services are included in the per diem rate. There are additional requirements for psychotropic medications.

Psychotropic Medications

In addition to the above criteria, psychotropic medications must be provided in accordance with the following requirements.

- There may not be standing orders or pro re nata (p.r.n. or “as needed”) orders for the use of psychotropic medication, including hypnotics, antipsychotics, antidepressants, antianxiety agents, sedatives, lithium, and psychomotor stimulants.
- Each Medicaid recipient receiving psychotropic medications must receive special monitoring of the psychotropic medications.
- When a psychotropic medication is initiated, the facility’s interdisciplinary team, including a physician, registered nurse or pharmacist, will assure or make provisions for the instruction of the facility staff regarding side effects and adverse effects of the prescribed medication, including when to notify the physician if undesirable side effects or adverse effects are observed.
- The staff must document in the progress notes that these instructions have been given.
- At anytime psychotropic medication is initiated, changed, increased or decreased, the physician must write a progress note. At a minimum, the physician must make a monthly progress note.

Psychotropic medication services are included in the per diem.

Items and Services Included in the Per Diem, continued

Rehabilitative and Restorative Care Services

The ICF/DD must provide each Medicaid recipient with rehabilitative and restorative care including:

- Therapy services,
- Training and assistance with the activities of daily living, and
- Other facility programs designed to assist the recipient in attaining or maintaining the highest possible functional level.

The requirements for rehabilitative and restorative care services are described in the following information blocks.

Rehabilitative and restorative care services are included in the per diem.

Therapy Services

The ICF/DD must provide therapy (physical, speech, recreational, and occupational) as prescribed by the recipient's individual habilitation plan. Therapy services must include proper, routine positioning of recipients who cannot position themselves in appropriate body alignment.

Assistance with Activities of Daily Living

The ICF/DD must provide training and assistance with activities of daily living such as toileting, bathing, eating, dressing, ambulating, and personal hygiene.

Recipients must be given the opportunity to obtain a full complement of eating skills and abilities. This includes giving recipients who are tube-fed or nutritionally at risk the ability to eat orally, unless otherwise indicated through an interdisciplinary process that involves periodic, not less than quarterly, evaluation and review of alternatives.

Recreational and Leisure Services

The ICF/DD must provide the recreation services that are required by a recipient's habilitation plan or support plan as a purposeful intervention, through activities that modify, ameliorate, or reinforce specific physical or social behaviors.

The ICF/DD must provide leisure activities for recipients for whom recreation services are not a priority in accordance with individual preferences, abilities, and needs, and with the maximum use of community resources.

Items and Services Included in the Per Diem, continued

Rehabilitative and Restorative Care Service Requirements

At any time there is a substantial reduction of active treatment or routine physical care in response to the recipient's health care needs as indicated by a loss of acquired skills or a significant worsening of undesirable behaviors, an interdisciplinary team review must be held promptly to ensure that essential physical and nutritional management procedures are maintained for the recipient.

The ICF/DD is responsible for providing instruction, information, assistance and equipment to help ensure that the essential rehabilitative and restorative services are continued in educational, day treatment and acute care facilities.

For school age recipients, when services are provided by a school district, the ICF/DD must make regular and consistent efforts to include the school system in the habilitation or support planning process.

Incontinence Supplies

The ICF/DD must provide each Medicaid recipient who needs incontinence supplies with the necessary supplies including catheters, catheter insertion and irrigation trays, linen savers, waterproof pads, diapers, rubber pants, absorbent bladder control garments, and any other similar items that the physician prescribes.

Incontinence supplies are included in the per diem rate.

Medical Equipment

The ICF/DD must have medical equipment available for use by recipients such as hospital beds, wheelchairs, walkers, Geri-chairs, crutches, canes, bedside commodes, traction equipment, blood pressure equipment, protective restraints, suction equipment, lifts, nebulizers, and any other equipment included in the care plan and prescribed by the physician.

Medical equipment items that are included in the per diem rate are not to be taken home with the recipient when he leaves the facility.

Items and Services Included in the Per Diem, continued**Adaptive Equipment**

The ICF/DD must furnish the following items to recipients: dentures, eyeglasses, hearing aids, communication aids, braces, prosthetics, and other adaptive devices identified by the interdisciplinary team as needed by the recipient. The facility must maintain adaptive equipment in good repair. In addition to furnishing the device, the ICF/DD must teach the recipient how to use it.

Adaptive equipment is included in the per diem rate.

Stock Medical Supplies

The ICF/DD must provide the following pharmacy items as floor stock:

- All over-the-counter medications including:
 - ⇒ Analgesics such as aspirin, acetaminophen and ibuprofen;
 - ⇒ Non-legend antacids including at least one product in each of the following categories: magnesium hydroxide and aluminum hydroxide with or without simethicone, aluminum hydroxide, and calcium carbonate.
- Laxatives including at least one product from each of the following categories: bulk, fecal softener, irritant, saline, emollient, or enema.
- Antidiarrheal medications including at least one product from each of the following categories: those that thicken the stool, those that absorb water, and those that slow intestinal spasms.
- Syringes;
- Vitamins, minerals and iron vitamins including at least one product in each of the following categories:
 - ⇒ B-complex with vitamin C stress formula;
 - ⇒ Therapeutic multi-vitamin multi-mineral combination;
 - ⇒ Ferrous sulfate;
 - ⇒ Ferrous gluconate, ferrous fumarate products;
 - ⇒ Oil and water soluble multiple vitamins with minerals; and
 - ⇒ Oil and water soluble multiple vitamins without minerals.

Items and Services Included in the Per Diem, continued

Stock Medical Supplies, continued

- Wound care supplies include saline for irrigation, hydrogen peroxide, astringents, tincture of benzoin, providone-iodine ointment and solution, topical anti-bacterial preparation, zinc, specialty decubitus treatments and dressings, bandages, adhesive strips, dressings, sterile gauze, and other items prescribed by a physician.

These items are included in the per diem rate.

Transportation

The ICF/DD must provide each Medicaid recipient with transportation services. Facilities must maintain and make available vehicles with lifts or other adaptive equipment suited to the needs of the recipients residing in the facility.

Transportation services are included in the per diem rate.

Other Available Medicaid Services

Introduction

Other medical services not included in the per diem are available to recipients in an ICF/DD. The rendering provider bills Medicaid directly. The recipient's physician must order all other medical services and record the order in the recipient's chart. The service provider must maintain documentation in the recipient's medical record for services rendered. The Medicaid services described in this section have limitations when the services are provided to ICF/DD recipients.

For additional information about coverage of other medical services contact your local area Medicaid office for assistance.

Note: See Appendix C of the Florida Medicaid Provider General Handbook, for the area Medicaid offices' phone numbers and addresses. Medicaid handbooks can be downloaded at no cost from the Medicaid fiscal agent's website at <http://floridamedicaid.acs-inc.com>.

Other Available Medicaid Services, continued

Physician Services

Medicaid reimburses physician evaluation and management services provided to ICF/DD recipients. The facility must provide or obtain preventive and general care necessary for the recipient to receive the services indicated by his or her health status. Physician visits are limited to one visit per month for chronic care management. Medicaid reimburses physicians for any necessary visits to manage acute events.

Community Mental Health Services

Medicaid reimburses community mental health services for a recipient in an Intermediate Care Facility for the Developmentally Disabled only if the recipient has first been assessed by the facility and subsequently referred in writing to a community mental health services provider.

The referral must include a physician's order for mental health services and the referral from the facility must be retained in the recipient's record.

In addition, the recipient's individualized treatment plan must be coordinated and integrated with the facility habilitation or support plan for the recipient.

Community Mental Health Exclusions

The community mental health services listed below are not reimbursable for recipients for whom the ICF/DD is billing Medicaid on a per diem basis. These services will not be reimbursed for recipients of the facility regardless of the place of service.

The excluded services are:

- Office and outpatient visit--new patient;
- Office and outpatient visit--established patient;
- Social rehabilitation and counseling;
- Mental health day treatment;
- Rehabilitative day treatment;
- Basic living skills training; and
- Clinic visit .

Other Available Medicaid Services, continued

Dialysis Services	Dialysis services are available to ICF/DD recipients who require dialysis treatment. Services may be obtained from freestanding centers or through inpatient or outpatient hospital settings.
Podiatry Services	Podiatry services may be provided in an ICF/DD. Routine nail care provided by a podiatrist is not a covered service. Visits are limited to one visit per month per recipient, per provider or per provider group. All podiatry services to recipients of an ICF/DD must be referred by the recipient's attending physician and must be medically necessary.
Flu and Pneumonia Injections	Medicaid ICF/DD recipients are eligible and encouraged to receive flu vaccine once a year and a pneumococcal vaccine once in a lifetime through the Medicaid Prescribed Drug Program.

Excluded Services

Child Health Check-up	ICF/DD recipients are not eligible for Child Health Check-up services. Federal regulations require an ICF/DD to provide routine medical and preventive care for recipients.
Home Health	Medicaid does not reimburse for home health visit services provided in an ICF/DD. An exception is private duty nursing services provided by RN's and LPN's for children in an ICF/DD when such services are medically necessary to avoid placement of the recipient in a nursing facility. Prior authorization by the area service authorization nurse is required.

Resident Rights

Introduction

All recipients in an ICF/DD have full rights as citizens. In addition, a recipient entering an ICF/DD gains special "resident's rights" under federal and state law. ICF/DD's must inform each recipient, parent, if the recipient is a minor, guardian or designated representative of the resident's rights; post a copy of these rights in an area easily accessible to all residents; and provide a copy to each recipient upon admission.

Federal resident's rights are found in 42 Code of Federal Regulations (C.F.R.), Part 483.420. State resident's rights for persons with developmental disabilities are listed in Chapter 393.13, F.S.

Personal Needs Allowance

A Medicaid recipient is allowed to keep \$35.00 a month out of his income, as a personal needs allowance. The facility must establish and maintain a system to assure a complete accounting of each recipient's personal funds and prevent co-mingling of these funds with facility funds or with the funds of any other resident or person. A Medicaid recipient's financial record must be available upon request by the recipient, recipient's guardian or designated representative.

The ICF/DD must place \$50 or more of the recipient's unspent personal needs allowance in an interest bearing account. An ICF/DD may use one account for all personal needs of \$50 or greater as long as separate accounting records are maintained for each recipient.

Each quarter the ICF/DD must give recipients or their representative a report of all activity in the recipient's account.

Treatment of Recipient Funds

An ICF/DD may not use recipient funds to pay for items and services included in the per diem. Upon the death of a recipient who has personal funds deposited with the facility, the facility must convey within 30 days the recipient's funds and the final accounting of the funds to the individuals or probate jurisdiction administering the recipient's estate.

All funds belonging to the recipient may be released to the recipient's representative as long as the recipient has made a prior request for this in writing to the facility. If there is no designated representative, funds are returned to the recipient's next of kin named in the beneficiary form, on file at the facility.

If there is no designated representative or next of kin or the estate has not been probated, the funds must be held in trust and placed in an interest bearing account. In the event the deceased recipient's trust has not been probated within two years, the funds must be sent to AHCA, Health Facility Regulation Office, 2727 Mahan Drive, Mail Stop #28A, Tallahassee, Florida 32308, for deposit in the Resident Protection Trust Fund. The funds must be submitted to AHCA by check, payable to the State of Florida.

Admissions and Discharges

Introduction

Recipients cannot be admitted or retained in a facility that cannot provide or arrange for the provision of all the services prescribed in the individual habilitation or support plan.

Recipients with communicable diseases must be evaluated by a Florida licensed physician prior to admission. If the physician's evaluation finds the disease would endanger other residents of the facility, the admission must be postponed until the communicable period has passed or until the appropriate precautions have been implemented by the facility.

Admission Contract Requirements

An admission contract is required for each recipient entering an ICF/DD. If a recipient is unable to sign the contract, the recipient's guardian or designated representative must sign for the recipient. A copy of the contract must be retained in the facility while the recipient is a resident of the facility and for five years after discharge. A copy also must be given to the recipient, the recipient's guardian or designated representative.

Admission Contract Contents

The admission contract contains all of the conditions the ICF/DD and the recipient must meet. The contract, at a minimum, must contain the following:

- The daily, weekly or monthly rate;
 - A list of items and services included in the per diem rate;
 - The facility's responsibility for providing services prescribed in the recipient's habilitation or support plan;
 - Medicaid and facility policies regarding recipient absences (bed hold policy), transfers and discharges from the facility;
 - The facility's refund policy for unused portions of the rate; and
 - The rates or charges for any services or supplies not covered in the per diem.
-

Admissions and Discharges, continued

Modifications to the Admissions Contract

The ICF/DD or the recipient, the recipient's guardian or designated representative may initiate modifications to the contract at any time. The contract must be modified each time the source of payment for the recipient's care changes and when there is a significant change in the recipient's medical condition resulting in a change of classification or per diem rate.

The contract must be reviewed annually by the facility and the recipient, the recipient's guardian or designated representative for revisions. A copy must be retained by the facility for five years after discharge.

The recipient is entitled to 14 days advance notice of any change to the contract.

Reporting Requirements for Supplemental Security Income (SSI) Recipients

ICF/DD's must report the admission of a Supplemental Security Income (SSI) recipient to the Social Security Administration and the Department of Children and Family Services, Economic Self-Sufficiency office within two weeks of admission. This is to prevent SSI overpayments caused by a recipient's inability or failure to make a timely report of changes.

Admission to an ICF/DD under a Moratorium on Admissions

New admissions to a facility under a moratorium will not be permitted unless:

- Admission is authorized by the area Health Quality Assurance office; and
- An admission authorization has been obtained from the Agency for Persons with Disabilities Developmental Disabilities Program office.

Admissions and Discharges, continued

Discharge Requirements

If a recipient is to be discharged, the discharge must be for good cause and coordinated by the facility with the district DD program office. If a recipient is to be transferred to another ICF/DD, the transfer must be for good cause and requires advance authorization by the DD Program. Thirty days prior to the planned transfer or discharge of a recipient, a written notice must be sent to the recipient, the recipient's designated representative and the district DD program office.

A recipient cannot be discharged from an ICF/DD or denied return to the facility subsequent to a hospitalization or therapeutic leave if:

- The facility is able to meet the needs of the recipient; or
- The facility has a bed available.

Discharge of a recipient without the recipient's consent is allowed only when:

- The recipient's needs cannot be met in the facility;
 - The safety of other residents is endangered;
 - The recipient is no longer Medicaid eligible; or
 - The facility ceases to operate.
-

Discharges Due to Emergency Circumstances

In case of a medical emergency, the 30-day advance notice can be waived; however, a written discharge notice must be sent as soon as possible to the recipient, the recipient's guardian or designated representative, and the district DD program office.

An emergency discharge of a recipient without the recipient or representative's consent is allowed when the discharge is necessary for the recipient's welfare or when the welfare of other residents may be in danger. The recipient's physician must document the emergency and include the reason for discharge in the recipient's clinical record. There must be clear and convincing documentation to support the reason for the emergency discharge.

Admissions and Discharges, continued**Discharge Plan**

At the time of the discharge, the facility must:

- Develop a final summary of the recipient's developmental, behavioral, social, health and nutritional status;
 - Provide a copy of the final summary to authorized persons (with the consent of the recipient or parents, if the recipient is a minor, or legal guardian); and
 - Provide a post-discharge plan of care to assist the recipient in adjusting to the new living environment.
-

Discharge Claims Update

At the time of discharge, the facility must immediately process a discharge claims update. Failure to complete this will cause claims filed for certain services such as home and community-based services rendered to the recipient after discharge to deny.

Disasters

When a facility evacuates a recipient to another Medicaid participating facility due to a disaster without discharging the recipient, Medicaid pays the sending facility its per diem payment for care of that recipient. The sending facility is responsible for the recipient and for paying the receiving facility for the recipient's days in that facility.

If a facility discharges a Medicaid recipient, and the recipient is admitted to another Medicaid participating facility, the receiving facility would bill its per diem rate using standard billing from the date of admission. Any discharges resulting from an emergency situation or disaster must be consistent with the federal regulations in 42 CFR Part 483.440 and state laws and regulations in Section 400 F.S.

Note: For additional information, please contact AHCA, Division of Health Quality Assurance.

Bed Reservations and Absences

Reserving an ICF/DD Bed

Medicaid pays to reserve a bed in an ICF/DD when a Medicaid recipient goes into the hospital or on therapeutic leave. The hospitalization must be medically necessary and includes hospitalization in an acute care hospital or inpatient psychiatric unit in an acute care hospital.

Days Reserved for Hospital Stays

Medicaid pays to reserve a bed for up to 15 days for each hospital stay. One day is defined as an overnight stay away from the ICF/DD. There is no limit on the number of hospital stays. Each admission to the hospital (even on the same day) begins a new hospital stay.

Medicaid will not pay when it is known that a recipient does not plan to return to the ICF/DD. The ICF/DD must direct the hospital, recipient or representative to send notification when it is determined the recipient will not be returning. If the decision not to return is made while the recipient is in the hospital but prior to the end of the 15-day allowable period, Medicaid will pay to reserve the bed until the ICF/DD is advised that the recipient is not returning to the facility.

An ICF/DD must reserve the bed for 15 days unless there is written notification stating that the recipient will not return to the facility.

Re-admission to an ICF/DD under a Moratorium on Admissions

An ICF/DD under an admissions moratorium must obtain approval from the area Health Quality Assurance office before readmitting any recipient who is in the hospital and whose bed is being reserved by Medicaid.

Duplicate Payments for Reserved Beds

An ICF/DD cannot accept payment from any other source for a bed reserved under the paid bed reservation policy.

Exclusions

Medicaid will not pay for absences of recipients who are applying for ICP. The recipient must be an ICP recipient at the time of the absence. Also, retroactive approval does not allow the absence to be paid.

Bed Reservations and Absences, continued

Hospitalization	When a recipient is hospitalized directly from an ICF/DD, the 15-day limit begins on the first day of admission to the hospital. Days spent in a hospital are not considered bed hold days.
Days Reserved for Therapeutic Leave	Medicaid pays an ICF/DD to reserve a recipient's bed for therapeutic leave for a maximum of 45 days each fiscal year (July 1 through June 30). Therapeutic leave is defined as a temporary absence from the ICF/DD with the reason for the absence included in the recipient's habilitation or support plan.
	Therapeutic leave days are not considered bed hold days.
Approval for Therapeutic Leave for Persons Classified Developmental Medical	Medicaid will reimburse a bed reservation for a recipient who is classified as developmental medical, only if the District DD Program office has approved the therapeutic leave. Therapeutic leave will not be approved if the recipient's therapy would be seriously affected.
Notice Requirements	A recipient and the recipient's guardian or designated representative must be advised of the facility's reserved bed policy before the ICF/DD transfers a recipient to the hospital or allows the recipient to go on therapeutic leave. This information must also be included in the admission contract. In the case of emergency hospitalization, the ICF/DD must notify the recipient and the recipient's guardian or designated representative of the reserved bed policy within 48 hours of the hospitalization.

Bed Reservations and Absences, continued

Bed Hold Days

Bed hold days are those days representing empty bed days based upon a recipient's discharge.

Paid Bed-Hold Reservation

An ICF/DD cannot require or accept payment from any other source for a bed reserved under the paid bed-hold policy.

Federal regulation allows a recipient or representative to pay privately to hold a bed after the paid bed-hold days expire. If a recipient is unwilling or unable to make private payment to continue to hold the bed, the facility may discharge the recipient when the bed-hold days run out.

Note: Please refer to Title 42, CFR, Part 483.12 and Chapter 400.0255, F.S., for valid reasons for discharge.

Utilization Review

Introduction

Each ICF/DD must comply with state and federal utilization control requirements to safeguard against unnecessary or inappropriate utilization of institutional care services. Federal utilization review requirements are contained in 42 C.F.R., 456, Subpart F and include:

- Certification of need for care;
 - Medical evaluation and admission review;
 - Plan of care; and,
 - Utilization review plans.
-

Certification of Need for Care

A physician who has knowledge of the recipient's condition must certify in writing that a recipient has need for a specific ICF/DD level of need. The certification must be signed and dated on the date of admission or no more than 45 days before the date of admission, or it must be signed and dated on or before the date of approval of institutional care program payments. When a recipient is transferred from one level of need to another within the facility, or from one type of facility to another, a new certification is required.

Utilization Review, continued**Re-certification**

The level of need for ICF/DD recipients must be re-certified every 12 months.

Medical Evaluation and Admission Review

Before or after admission to an ICF/DD, and before ICP approval, an interdisciplinary team of health professionals must conduct a medical and social evaluation and, where appropriate, a psychological evaluation, of each applicant's need for ICF/DD care. Psychological evaluations must be done no more than three months prior to admission. Each evaluation must include:

- Diagnoses;
 - Summary of present medical, social and developmental findings;
 - Medical and social family history;
 - Prognoses;
 - Types of services needed;
 - Evaluation of available home, family and community resources; and
 - Recommendation for admission or continued ICF/DD care.
-

Plan of Care

The ICF/DD is responsible for developing a comprehensive plan of care, called a habilitation or support plan for each recipient. The plan of care must include measurable objectives and timetables to meet a recipient's medical, nursing, mental and psychological needs as identified in the comprehensive evaluation. Also, the plan of care must include:

- Diagnosis, symptoms, complaints and complications indicating the need for admission;
 - A description of the functional level of the recipient;
 - Orders for medications, treatments, restorative and rehabilitative services, activities, therapies, social services, diet, and special procedures;
 - Plans for continuing care, including review and modification of the plan of care; and
 - Plans for discharge.
-

Utilization Review, continued

Plan of Care Approval

In order for Medicaid to reimburse an ICF/DD for a recipient's care, a written plan of care must be established prior to a recipient's admission to an ICF/DD. The plan of care must be approved, signed and dated by a physician within 14 days of the recipient's admission.

Plan of Care Review

The plan of care must be reviewed and updated by the interdisciplinary team and signed by a physician no later than 90 days of the previous signing or whenever the recipient's condition changes, whichever occurs first.

Utilization Review Plan

The ICF/DD must have a written utilization review (UR) plan that includes:

- How UR is performed in the facility;
 - When UR is performed;
 - Who performs the UR function;
 - A description of the UR support activities of the ICF/DD's administrative staff;
 - Procedures used by staff for needed corrective action;
 - A requirement that recipients' records include information needed to perform UR functions;
 - A description of the types of records kept by the group performing UR;
 - A description of the type, frequency and distribution of reports made by the UR group;
 - Confidentiality provisions; and
 - A plan for continued stay reviews at least every 6 months.
-

Utilization Review, continued

Utilization Review Committee

Utilization review must be conducted by a group of professionals, referred to as the utilization review committee that includes at least one physician and one individual knowledgeable in the treatment of mental retardation.

The utilization review committee may not include:

- Any individual directly responsible for the care of the recipient whose care is being reviewed;
 - Any employee of the ICF/DD; or
 - Any individual who has a financial interest in any ICF/DD.
-

Continued Stay Reviews

At least every six months, district DD staff must evaluate each recipient's need for continued placement and the specific level of services required. If the DD staff determines that a recipient no longer meets an ICF/DD level of care, they send a written notice to the recipient's physician so that the physician can review the information.

Whenever the district DD program office reaches a final decision concerning continued placement, a written notice of the decision must be sent to the recipient, the recipient's guardian or designated representative, and the physician. DD also advises the recipient and the recipient's guardian or designated representative in writing, of his right to a fair hearing to appeal any determination decision.

Appropriate Placement

An ICF/DD cannot retain a recipient who requires a level of care for services that the facility is not certified or equipped to provide. Medicaid ICP benefits are not available for recipients who do not meet level of care requirements; however, Medicaid payment can be continued for up to 30 days to allow time to find another place for the recipient to live.

Inspection of Care

AHCA's Division of Health Quality Assurance conducts annual inspections of care in ICF/DD's in accordance with the requirements of 42 C.F.R., 456, Subpart I.

CHAPTER 3
**INTERMEDIATE CARE FACILITY FOR THE DEVELOPMENTALLY
 DISABLED (ICF/DD) SERVICES**
PER DIEM PAYMENTS

Overview

Introduction

This chapter describes the Intermediate Care Facility for the Developmentally Disabled (ICF/DD) per diem payment and contributions made to ICF/DD's.

In this Chapter

This chapter contains:

TOPIC	PAGE
Per Diem Payment	3-1
Contributions To Facilities	3-2
Medicaid Services Nursing Facility/ICF-DD Contribution Notice (AHCA Form 5000-3300)	3-3
Florida Status Tracking Survey (FSTS) August 1999 Version 4.4	

Per Diem Payment

Introduction

Medicaid pays a daily rate for care in a Florida licensed and Medicaid certified ICF/DD. This rate is called a per diem. The per diem rate for all ICF/DDs is calculated based on the facility's annual cost report. By federal regulations, Medicaid is the payer of last resort unless one of the exceptions listed in Chapter 1 of the Florida Medicaid Provider General Handbook applies. Medicaid pays after reimbursement by all other responsible parties.

Per Diem

The per diem includes all services and items necessary to ensure appropriate care. The amount paid by Medicaid is the difference between the ICF/DD facility's Medicaid rate and the resident's patient responsibility. The patient responsibility is prorated on a daily basis. Medicaid pays for the first day of service. Medicaid does not pay for the day of discharge from an ICF/DD. Items and services included in the per diem are listed in Chapter 2 of this handbook.

Contributions To Facilities

Recipient Specific Contributions

An ICF/DD may receive contributions and donations. All contributions received by an ICF/DD on behalf of a specific recipient or recipients are considered third party payments and must be reported to Medicaid Third Party Recovery as such contributions are considered "income" for the recipient.

Non-Specific Contributions

An ICF/DD is not required to report contributions or donations received that are not designated for a specific recipient or recipients. However, all contributions must be included in the facility's cost report as revenue.

Note: See sample AHCA Form 5000-3300 on the following page.

Contributions Cannot Be Required

An ICF/DD cannot require that contributions be made by or on behalf of a recipient in order for the recipient to be admitted to or remain in the facility.

Medicaid Supplemental Payments

Medicaid does not pay the supplemental payment for AIDS patients or fragile recipients under 21 years of age who reside in an ICF/DD.

**Medicaid Services
Nursing Facility/ICF-DD Contribution Notice**

Provider Name		Medicaid Provider ID Number		
Provider Street Address	City	State	Zip	
Resident's Name:	First	Middle	Last	Medicaid ID Number
Contributor's Name:	First	Middle	Last	Relationship to Resident
Contributor's Street Address	City	State	Zip	
\$ _____				
Amount of Contribution	Frequency of Contribution (one time, monthly, etc.)			

Contributor Agreement:

I, _____, understand and agree to each condition listed below. I certify that this contribution is made freely and voluntarily and may be terminated at any time. The contribution is not made as a condition of admission, retention, maintenance or treatment of _____, or any other Medicaid resident in this facility.
Medicaid Resident

I affirm that the information provided above is accurate to the best of my knowledge.

Signature of the Contributor

Provider Agreement:

Facility Administrator

Name of Facility

As representative for the above named facility, I certify that the contribution is not being made as a condition of admission, retention, maintenance or treatment of: _____,
Medicaid Resident

or any other Medicaid resident in this facility. The contribution is not being used to supplement the Medicaid per diem rate.

Signature of the Facility Administrator

Distribution of AHCA Form 5000-3300:
 Original - Resident's facility record
 Second Copy - Third Party Liability Program
 2002 Old St. Augustine Road
 Suite B-16, Tallahassee, FL 32301

AHCA Form 5000-3300 April 02

Florida Status Tracking Survey

Level of Need Determination Questionnaire

Version 4.4 • August 1999
To Be Used by Certified Administrators Only

Produced for the
Florida Department of Children and Families
by
Human Systems and Outcomes, Inc.

Person's Name	District	Date

Purpose and Use of this Questionnaire

The Florida Status Tracking Survey is a questionnaire designed to gather key information about a person that will identify an individual's level of need. The levels of need are Limited, Minimal, Moderate, Extensive, and Intensive. These levels reflect a person's needs for assistance in three areas. The first portion of the Florida Status Tracking Survey is titled Functional Status and focuses on a person's need for assistance during the normal course of a routine day, including sight, hearing, communication, and ambulation. The second portion of the Florida Status Tracking Survey is titled Behavioral Status and focuses on any major behavioral issues that might require assistance and intervention. The third portion of the Florida Status Tracking Survey is titled Physical Status and focuses on health and physical concerns, including medical conditions an individual experiences and medications taken on a routine or emergency basis. Together these three life areas are scored to generate a single level of need.

The Florida Status Tracking Survey is a portion of a holistic approach to the development of a support plan that meets the needs of the individual. As support plans are developed for each person, the preferences of the individual as well as information from the Personal Outcome Measures, the Florida Status Tracking Survey, and other information sources blend together to achieve a unified and collaborative approach for each person served by the Developmental Services Program. The personal information gathered by this questionnaire is confidential and is to be respected and kept private. Non-identifying data gathered by the questionnaire may be used in generating legislative budget requests and estimating a range of costs associated with a reasonable approach to amelioration of a developmental disability.

The development of the Florida Status Tracking Survey has included the review and perspective of national experts in services and supports to people with developmental disabilities. It is built on other existing screenings and assessments from other states that identify major barriers to good health, safety, and quality of life.

This questionnaire must be administered in the language understood by the interviewee. For this reason, a Spanish version of this questionnaire is available. In addition, the administration of this questionnaire must only be done by persons who are properly qualified, have received training, and are authorized to administer the questionnaire. In every instance, the gathering of personal information shall include a face-to-face interview with the individual with a developmental disability, the individual's guardian, and the individual's family. In addition, the following should occur:

- Interviews with the individual's caregivers and/or health care personnel, as appropriate
- Review of the individual's records including recent assessments and progress notes from medical records, school records, support plans, and relevant information from other collateral sources, as appropriate.

The Florida Status Tracking Survey is expected to be administered at the time of eligibility determination for Developmental Services and/or reviewed for possible changes at least annually at the time of the annual support plan development. The Florida Status Tracking Survey should be re-administered to capture any possible changes in level of need in the event that an individual experiences major life changes (such as moving from one residential setting to another, major changes in caregivers, or a health change that requires new medications or monitoring, or if the person has experienced major improvements and accomplishments in his/her cognitive or physical condition.) In some cases, the level of need will not change and, in other cases, the level of need will be greater or less, depending on the circumstances.

Any concerns or questions regarding this questionnaire or its use should be directed to the District Developmental Services Program Administrator or to the Department of Children and Families, Developmental Services Program Office in Tallahassee, Florida.

Department of Children and Families, Developmental Services Program

1317 Winewood Boulevard; Building 3; Tallahassee, FL 32399-0700
Phone: 850/488-4877 • FAX: 850/922-6456

Human Systems and Outcomes, Inc.

2107 Delta Way; Tallahassee, FL 32303-4224
Phone: 850/422-8900 • FAX: 850/422-8487

GENERAL INFORMATION

7. **Person's Gender:** Indicate below the person's gender. (Check only one)

- Male Female

8. **Person's Life Stage:** Indicate below the person's present life stage. (Check only one)

- 0 - 4 years 5 - 13 years 14 - 21 years 22 - 34 years 35 - 59 years 60 + years

9. **Person's Race/Ethnicity:** Indicate below the person's race/ethnicity. (Check only one)

- White Black Latino/Hispanic Asian Native American Other: _____

10. **Language Spoken or Understood by the Person:** Indicate below the primary language spoken or understood by the person. (Check only one)

- English Spanish Sign language Other: _____ Does not apply

11. **Person's Current Residence:** Indicate below the person's current residence: (Check only one)

- | | | |
|---|---|---|
| <input type="checkbox"/> Personal home (independent living) | <input type="checkbox"/> Group home | <input type="checkbox"/> Nursing home |
| <input type="checkbox"/> Family home | <input type="checkbox"/> Private ICF/DD facility | <input type="checkbox"/> Mental health facility |
| <input type="checkbox"/> Foster or adult companion home | <input type="checkbox"/> Residential habilitation center | <input type="checkbox"/> Secure facility |
| <input type="checkbox"/> Supported living arrangement | <input type="checkbox"/> Developmental services institution (DSI) | <input type="checkbox"/> Hospital |

12. **Person's Primary Diagnosis:** Indicate below the person's primary diagnosis: (Check only one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Mild retardation (IQ 52-69) | <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Moderate retardation (IQ 36-51) | <input type="checkbox"/> Prader-Willi syndrome | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Severe retardation (IQ 20-35) | <input type="checkbox"/> Autism | |
| <input type="checkbox"/> Profound retardation (IQ under 20) | <input type="checkbox"/> Spina bifida | |

13. **Person's Secondary Diagnosis:** Indicate below the person's secondary diagnosis: (Check only one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Mild retardation (IQ 52-69) | <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Moderate retardation (IQ 36-51) | <input type="checkbox"/> Prader-Willi syndrome | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Severe retardation (IQ 20-35) | <input type="checkbox"/> Autism | |
| <input type="checkbox"/> Profound retardation (IQ under 20) | <input type="checkbox"/> Spina bifida | |

FUNCTIONAL STATUS

Person's Sensory Functioning: Using information provided by one or more key informants along with information contained in the person's record, check the rating scale value that best describes the extent to which the person's sensory status affects his/her capacities in performing daily activities in items #14-15.

14. Vision:

- 0 = No functional impairments related to vision. The person's vision is adequate for daily functioning (with or without glasses).
- 1 = The person has a visual impairment that minimally impacts functioning and that can be ameliorated through the use of inexpensive low technology aids (e.g., large button devices, magnifying lenses, or a cane) and generally does not require the assistance of another person.
- 2 = The person has a visual impairment that impacts functional activities (i.e., related to daily living, moving about in the environment, and/or activities related to work). The functional limitations can be ameliorated through the use of assistive devices (e.g., talking or sound alert devices) and/or the occasional assistance of another person.
- 3 = The person has a visual impairment that impacts functional activities that can be ameliorated through the use of high technology assistive devices (e.g., computerized reading devices, voice activated devices, or software) and /or frequent assistance of another person.
- 4 = The person has a visual impairment that requires constant assistance of another person for performance of functional activities and the person is unable to use assistive devices.

15. Hearing:

- 0 = No functional impairments related to hearing. The person's hearing is adequate for daily functioning (with or without a hearing aid).
- 1 = The person has a hearing impairment that minimally impacts functioning and that can be ameliorated through the use of inexpensive low technology aids (e.g., volume-adjustable phone, extra loud alarm clock) and generally does not require the assistance of another person.
- 2 = The person has a hearing impairment that impacts functional activities (i.e., related to daily living, moving about in the environment, and/or activities related to work). The functional limitations can be ameliorated through the use of assistive devices (e.g., vibrating or flashing alerting devices) and/or the occasional assistance of another person.
- 3 = The person has a hearing impairment that impacts functional activities that can be ameliorated through the use of high technology assistive devices (e.g., TDD, closed caption TV, or amplification devices) and /or frequent assistance of another person.
- 4 = The person has a hearing impairment that requires constant assistance of another person for performance of functional activities and the person is unable to use assistive devices.

FUNCTIONAL STATUS

Essential Living Skills: Using information provided by one or more key informants along with information contained in the person's record, check the rating scale value that best describes the extent to which the person is independent in performing the activities listed in items #16-24.

16. Eating:

- 0 = Eats INDEPENDENTLY, may use adaptive equipment. An individual with this rating may require some type of simple adaptive equipment, such as a hand splint, special utensil, cup, etc. The person is generally able to feed self without the assistance of others, with the exception of meal preparation, such as cutting up meat.
- 1 = Requires INTERMITTENT physical assistance and/or verbal prompts to eat. The individual with this rating generally has difficulty attending to tasks and/or needs direct physical help due to motor limitations. With intermittent physical assistance of another person, the individual is able to complete a meal in a safe manner.
- 2 = Requires CONSTANT verbal and physical help to complete a meal. An individual with this rating generally has difficulty in attending to tasks and/or needs without direct physical help due to motor limitations. With constant verbal and physical help of another person, the individual is able to complete a meal in a safe manner.
- 3 = Requires CONSTANT physical assistance and mealtime intervention to EAT SAFELY. This person is unable to obtain adequate calories and fluids without the assistance of another. An individual with this rating may have difficulty with breathing/swallowing while eating or conditions that impair ability to eat safely. Mealtime interventions are required for this person, such as specific positioning support, eating devices, presentation techniques, and modifications in food/fluid consistency. This person may have a feeding tube for fluid or to supplement nutrition, but maintains some level of oral eating.
- 4 = Receives ALL nutrition through a gastrostomy or jejunostomy tube. The individual is unable to swallow safely, experiences malabsorption, has GI problems, and requires all nutrition to be given through the tube. Requires specialist follow-up and specially trained people to assist in eating.

17. Ambulation:

- 0 = Ambulates INDEPENDENTLY, may use walker or other means of ambulatory support without problems of safety. Self-explanatory.
- 1 = Walks with MINIMAL supervision. An individual with this rating requires some type of support, such as a walker, with the support of another person in close proximity, but the issue is primarily safety during ambulation.
- 2 = INDEPENDENTLY uses a manual wheelchair for PRIMARY means of mobility. An individual with this rating may not have the ability to use his/her lower body. He/she has the ability to use upper body strength to propel the wheelchair and to reposition self, is generally able to maintain trunk alignment. This individual may not recognize the need to reposition or provide pressure relief on a consistent basis.
- 3 = INDEPENDENTLY uses a powered wheelchair as a means of mobility or requires ASSISTANCE to propel a manual wheelchair for extended distances.

-OR-

Requires ASSISTANCE to change positions or shift weight in a wheelchair. An individual with this rating has limited use of his/her limbs and requires assistance to reposition self in wheelchair or to provide pressure relief.

- 4 = Disability prevents sitting in an upright position. An individual with this rating possesses many of the same characteristics as the individual in rating 3, but due to the degree of musculoskeletal deficits or deformity, has limited positioning options.

FUNCTIONAL STATUS

18. Transfers:

- 0 = Transfers INDEPENDENTLY (may require verbal prompts but no physical assistance.) Self-explanatory.
- 1 = Needs someone to SUPERVISE the transfer for safety. Self-explanatory.
- 2 = Needs PHYSICAL ASSISTANCE of ONE person to transfer or to change position. Self-explanatory.
- 3 = Needs PHYSICAL ASSISTANCE of TWO people to transfer or to change position. Individuals at this level require the assistance of two people to transfer and position safely.
- 4 = Needs LIFTING EQUIPMENT/PROCEDURES to safely transfer person. Individuals at this level may require specialized equipment to provide safe transfers due to severe spasticity, history of bone fragility, potential for injury due to size, or the degree of physical deformity. Individuals may also need a range of specially designed positions.

19. Toileting:

- 0 = Independently uses toilet. No physical assistance required or appreciated, adaptive equipment (such as safety bars) may be needed.
- 1 = MINIMAL supervision or adaptation is required. An individual with this rating may require reminders or some verbal and physical assistance to maintain hygienic practice or manage clothing adjustments. Beyond this, the individual is generally able to manage toileting skills with minimal or no assistance from others.
- 2 = CONTINENT of bladder or bowel, CONSTANT ATTENTION is needed. An individual with this rating requires physical assistance to complete hygiene tasks such as wiping, hand washing, and clothing repositioning. May have occasional accidents.
- 3 = INCONTINENT of bowel or bladder. An individual with this rating generally is not able to recognize when he/she has eliminated due to loss of sensation, physical inability to manage toileting needs, difficulty communicating, or recognizing toileting needs. May require scheduled toileting or use of incontinent briefs.
- 4 = Indwelling catheter or colostomy. An individual with this rating has either a severely disabling medical condition or has experienced a medical crisis making elimination through the rectum or urinary tract either difficult or not possible. This may be a temporary or permanent condition. The caregivers will need training related to the underlying condition that created the need for a catheter or colostomy and skills required to manage the catheter, colostomy, ileostomy, urostomy, etc.

FUNCTIONAL STATUS

20. Hygiene:

- 0 = Independently takes care of all personal hygiene. An individual with this rating is able to bathe; wash, dry, and style hair; brush teeth; trim fingernails and toenails; and all other aspects of personal hygiene. For women, this applies to all aspects of monthly feminine hygiene needs. Minor adaptations to accommodate physical limitations may be needed.
- 1 = Minimal supervision or assistance is required. An individual with this rating may require occasional reminders or minimal physical assistance to maintain hygienic practice or manage clothing adjustments. Beyond this, the individual is generally able to manage hygiene skills with minimal or no assistance from others.
- 2 = Generally aware of hygiene needs and activities, but routine prompting and/or moderate physical assistance are needed. An individual with this rating requires prompting or physical assistance to complete hygiene tasks, such as combing, brushing, hand washing, and clothing repositioning.
- 3 = Requires substantial prompting and/or physical assistance to meet personal hygiene needs. An individual with this rating generally is not able to recognize or remember when personal hygiene activities are to be performed or is physically unable to manage hygiene needs. May require scheduled hygiene activities or substantial physical assistance. Generally cooperative when assisted.
- 4 = Totally dependent upon staff for personal hygiene. An individual with this rating requires maximum assistance with all aspects of personal hygiene due to his/her level of mental and/or physical functioning. An individual with this rating may have special care requirements or may not be cooperative when others provide him/her physical assistance in hygiene activities.

21. Dressing:

- 0 = Independently dresses. An individual with this rating is able to choose clothing and dress him/herself, including socks and shoes. Adaptive equipment to accommodate physical limitations may be needed.
- 1 = Minimal supervision or assistance is required. An individual with this rating is able to choose clothing and dress him/herself, including socks and shoes, with minimal supervision or assistance.
- 2 = Generally aware of clothing selection and dressing activities, but occasional prompting and/or minimal physical assistance are needed. An individual with this rating requires prompting or physical assistance to complete dressing tasks at least some of the time.
- 3 = Requires substantial prompting and/or physical assistance to dress. An individual with this rating generally is not able to recognize or remember when clothing selection and dressing activities are to be performed or is physically unable to manage dressing tasks. May require scheduled dressing activities or substantial physical assistance. Generally cooperative when assisted.
- 4 = Totally dependent on staff for dressing and selection of clothes. An individual with this rating requires maximum assistance with all aspects of dressing due to his/her level of mental and/or physical functioning. An individual with this rating may have special physical needs that have to be accommodated in clothing design or may not be cooperative when others provide him/her physical assistance in dressing.

FUNCTIONAL STATUS

22. Communications: Based on informant reports, observation, and the person's record: (consider age-appropriateness for children)

- 0 = The person independently communicates in an efficient and timely manner (with or without communication devices). The person can communicate effectively with familiar and unfamiliar persons in his/her daily settings and in the larger community.
- 1 = The person relies on the visual presentation of objects or pictures or on the presentation of yes/no questions to communicate needs, decisions, and choices. The person communicates adequately with familiar persons in his/her daily settings.
- 2 = The person has limited communication abilities and does not have sufficient vocabulary or efficiency to communicate needs, decisions, and choices in a timely manner. Greater time is required of familiar persons to gain an understanding of his/her needs, decisions, and choices.
- 3 = The person depends upon support for the use of sign language interpreters or communication devices, or requires training to use communication devices to communicate needs, decisions, and choices. The person's method of communication may require more time of others and may require that others have special skills or knowledge in order to communicate with the person.
- 4 = The person has no currently identified method to communicate decisions and choices to others.

23. Self-protection:

Due to the potential risk of harm to him/herself, this person may require supervision, training, or assistance to protect him/herself from harm, including that arising from physical injury and sexual exploitation. Rate the special precautions and/or supervision currently in place, if any, to ensure that the person is safe from physical or sexual exploitation. Score this item based on supports needed without regard to age.

- 0 = None required. No concerns with regard to exploitation.
- 1 = Frequent reminders or instructions are provided regarding dangers related to exploitation, but the person moves about his/her home, school, work site, neighborhood, and community without supervision or restriction.
- 2 = The person's movement beyond the boundaries of his/her home, school, or work site requires adult supervision or accompaniment of a more capable peer.

-OR-

The person is not allowed to go to certain places due to the potential of exploitation.

- 3 = The person's movement beyond the boundaries of his/her home, school, or work site requires supervision or accompaniment of a competent adult no matter where the person goes.
- 4 = Special precautions (e.g., selection of the other persons with whom the person lives, alarms on bedroom doors, exceptional care in the selection of caregivers) are in place and the person requires close supervision at all times and in all settings because the person has no ready means of alerting others should exploitation occur.

FUNCTIONAL STATUS

24. Ability to Evacuate (place of residence):

- 0 = Independently evacuates place of residence. An individual with this rating is able to discern the circumstances under which to evacuate his/her residence and is able to exit the building safely and promptly when circumstances warrant. An individual must have the ability to transfer and propel wheelchair independently (if wheelchair dependent).
- 1 = Minimal supervision or adaptation is required. An individual with this rating is able to discern the circumstances under which to evacuate his/her residence but requires minimal supervision during the exiting process or special adaptations to the environment (e.g., hand rails) be in place to exit safely and promptly.
- 2 = Responds to an alarm, but supervision and/or moderate physical assistance are needed. An individual with this rating requires a moderate degree of supervision or physical assistance (transfers, etc.) to exit a building in a safe and timely manner.
- 3 = Requires personal direction and/or substantial physical assistance to evacuate. An individual with this rating generally is not able to recognize or respond to an alarm in a safe and timely manner. He/she requires continuous direction or substantial physical assistance. Generally cooperative when assisted.
- 4 = Totally dependent on assistance from others for emergency evacuation of a building. An individual with this rating requires maximum assistance with all aspects of evacuation due to his/her level of mental and/or physical functioning. He/she may have special physical needs that have to be accommodated in rapid building evacuation and/or may not be cooperative when others provide him/her direction or physical assistance in exiting.

Review Notes Concerning Functional Status

BEHAVIORAL INTERVENTION AND SUPPORT STATUS

In this section the reviewer rates the current interventions, no matter how minimal or of what type, that are actually in place to address the following six categories of problems with behavior:

- ◆ Self-injury
- ◆ Harm to others
- ◆ Property damage
- ◆ Inappropriate sexual activity
- ◆ Elopement/running away
- ◆ Any other behaviors that might lead to or have led to social or physical isolation or segregation

The reviewer should first become familiar with the types of problems with behavior identified in this section, particularly the "other" category, before starting to complete the questionnaire. It will be true in most cases that there will be no need to ask specific questions about each of these types of problems with behavior. Rather, by gathering information from the sources listed below and asking general questions, the reviewer should be able to identify what, if any, concerns there are that relate to this section. More in-depth inquiries would then be made.

RULE
If no intervention is taken in response to these types of problems with behavior, then a rating of "0" should be entered for each item in this section.

The types of interventions that the reviewer should be alert to include, but are not limited to, the following:

- ◆ Occasional verbal prompts or redirection
- ◆ Supervision by paid staff, friends, or family members
- ◆ Restrictions on movement or activities
- ◆ Planned or emergency use of medication, manual or mechanical restraint, or protective equipment
- ◆ Call to and use of law enforcement to intervene in a situation
- ◆ A specialized residential arrangement such as a crisis stabilization unit, Developmental Services Institution, Intermediate Care Facility, or secure facility (e.g., the Mentally Retarded Defendant Program or other state-operated, secure facility).
- ◆ Environmental modifications
- ◆ Social skills training
- ◆ Behavior analysis, psychology, or mental health services

When rating the interventions, the reviewer should use the following sources of information:

- ◆ Current written documentation: including progress notes, assessments, service plans, and data/reports related to services.
- ◆ Interviews/conversations with the individual and persons who know the individual best, including service providers.
- ◆ Observations of the individual in context.

If the interventions used have varied over the past 12 months, then the reviewer should use the highest level of intervention when rating an item in this section. Otherwise, the reviewer should rate the items based on the interventions in place at the time that the questionnaire is completed.

Behavioral Intervention and Support Section Follows

Items for rating the interventions used to address problems with behavior follow. Interventions are rated, NOT the acuity (frequency, duration, or intensity) of the behavior of concern. Rate an intervention for each category of problem with behavior for which the intervention is used. For example, if psychotropic medications are prescribed to address self-injury AND property damage, then rate the interventions in both items. If, on the other hand, medications are prescribed only to address self-injury, then rate the intervention only for the self-injury item.

BEHAVIORAL INTERVENTION AND SUPPORT STATUS

25. Hurtful to Self/Self-injurious Behaviors: In the past 12 months, has the person engaged in behavior that resulted in injury to him/herself? Examples of this type of behavior are listed below.

- | | | |
|---|-----------------------------|---|
| a) Eye-poking | b) Bangs head | c) Bites self, mouth, hands; or cuts self |
| d) Rectal digging | e) Pulls own hair | f) Rumination, vomiting self-induced |
| g) Pica (ingestion of inedible objects) | h) Suicide threats/attempts | i) Abuse of alcohol or drugs |

What, if any, supports, services, interventions, or restrictions are in place to address this behavior?

- 0 = None required. No behavior of concern in this area.
- 1 = Occasional verbal prompts, instructions, or redirection by the caregiver. No environmental modification or assistance from others is required.
- 2 = Frequent prompts, instructions, or redirection by caregiver, environmental modifications, and/or restrictions on movement may be necessary. No additional assistance from others is necessary.
- 3 = Frequent, possibly informal, but planned interventions by caregivers.

-OR-

Assistance from other people is necessary. Restrictions of the person's movements are frequently necessary.

-OR-

The person takes one psychotropic medication for control of behavior or psychiatric symptom.

-OR-

The person has been admitted to a crisis stabilization unit within the past 12 months for psychiatric reasons.

- 4 = Use of physical, mechanical, and/or chemical restraint or protective equipment.

-OR-

Use of one medication with multiple changes or use of two or more psychotropic medications and/or intensive behavioral services.

-OR-

The person is residing in a secure facility, an intensive residential treatment program, or a psychiatric hospital.

BEHAVIORAL INTERVENTION AND SUPPORT STATUS

26. Aggressive/Hurtful to Others: In the past 12 months, has the person engaged in behavior that resulted in injury to others? Examples of aggressive/hurtful behavior toward others are listed below. Examples of target behaviors include:

- a) Hits or kicks others
- b) Bites others
- c) Scratches, cuts, or stabs others
- d) Threatens to kill/seriously harm others

What, if any, supports, services, interventions, or restrictions are in place to address this behavior?

- 0 = None required. No behavior of concern in this area.
- 1 = Occasional verbal prompts, instructions, or redirection by the caregiver. No environmental modification or assistance from others is required.
- 2 = Frequent prompts, instructions, or redirection by caregiver, environmental modifications, and/or restrictions on movement may be necessary. No additional assistance from others is necessary.
- 3 = Frequent, possibly informal, but planned interventions by caregivers.

-OR-

Assistance from other people is necessary. Restrictions of the person's movements are frequently necessary.

-OR-

The person takes one psychotropic medication for control of behavior or psychiatric symptoms.

-OR-

The person has been admitted to a crisis stabilization unit within the past 12 months for psychiatric reasons.

- 4 = Use of physical, mechanical, and/or chemical restraint or protective equipment.

-OR-

Use of one medication with multiple changes or use of two or more psychotropic medications and/or intensive behavioral services.

-OR-

The person is residing in a secure facility, an intensive residential treatment program, or a psychiatric hospital.

BEHAVIORAL INTERVENTION AND SUPPORT STATUS

27. Destructive to Property: In the past 12 months, has the person engaged in behavior that resulted in frequent or substantial property damage? Examples of behaviors include:

- a) Breaks windows
- b) Destroys furniture
- c) Destroys wall decorations
- d) Destroys clothing
- e) Destroys own or others' property
- f) Steals others' property
- g) Sets fires

What, if any, supports, services, interventions, or restrictions are in place to address this behavior?

- 0 = None required. No behavior of concern in this area.
- 1 = Occasional verbal prompts, instructions, or redirection by the caregiver. No environmental modification or assistance from others is required.
- 2 = Frequent prompts, instructions, or redirection by caregiver, environmental modifications, and/or restrictions on movement may be necessary. No additional assistance from others is necessary.
- 3 = Frequent, possibly informal, but planned interventions by caregivers.

-OR-

Assistance from other people is necessary. Restrictions of the person's movements are frequently necessary.

-OR-

The person takes one psychotropic medication for control of behavior or psychiatric symptoms.

-OR-

The person has been admitted to a crisis stabilization unit within the past 12 months for psychiatric reasons.

- 4 = Use of physical, mechanical, and/or chemical restraint or protective equipment.

-OR-

Use of one medication with multiple changes or use of two or more psychotropic medications and/or intensive behavioral services.

-OR-

The person is residing in a secure facility, an intensive residential treatment program, or a psychiatric hospital.

BEHAVIORAL INTERVENTION AND SUPPORT STATUS

28. Inappropriate Sexual Behavior: In the past 12 months, has the person engaged in or perpetrated sexual behaviors that were or are considered to be inappropriate by others or to exceed proper social or cultural boundaries? Examples of behaviors include:

- a) Unwanted touching or peeping
- b) Public exposure, urination, masturbation
- c) Non-consensual intercourse
- d) Molestation

What, if any, supports, services, interventions, or restrictions are in place to address this behavior?

- 0 = None required. No behavior of concern in this area.
- 1 = Occasional verbal prompts, instructions, or redirection by the caregiver. No environmental modification or assistance from others is required.
- 2 = Frequent prompts, instructions, or redirection by caregiver, environmental modifications, and/or restrictions on movement may be necessary. No additional assistance from others is necessary.
- 3 = Frequent, possibly informal, but planned interventions by caregivers.

-OR-

Assistance from other people is necessary. Restrictions of the person's movements are frequently necessary.

-OR-

The person takes one psychotropic medication for control of behavior or psychiatric symptoms.

-OR-

The person has been admitted to a crisis stabilization unit within the past 12 months for psychiatric reasons.

- 4 = Use of physical, mechanical, and/or chemical restraint or protective equipment.

-OR-

Use of one medication with multiple changes or use of two or more psychotropic medications and/or intensive behavioral services.

-OR-

The person is residing in a secure facility, an intensive residential treatment program, or a psychiatric hospital.

BEHAVIORAL INTERVENTION AND SUPPORT STATUS

29. Running Away: In the past 12 months, has the person has run away? This applies to persons who intentionally leave or seek opportunities to leave the home, work area, or recreation setting, even in the presence of supervision. Examples of target behaviors include:

- a) Intentionally leaving without notice b) Running away/elopeing

What, if any, supports, services, interventions, or restrictions are in place to address this behavior?

- 0 = None required. No behavior of concern in this area.
- 1 = Occasional verbal prompts, instructions, or redirection by the caregiver. No environmental modification or assistance from others is required.
- 2 = Frequent prompts, instructions, or redirection by caregiver, environmental modifications, and/or restrictions on movement may be necessary. No additional assistance from others is necessary.
- 3 = Frequent, possibly informal, but planned interventions by caregivers.

-OR-

Assistance from other people is necessary. Restrictions of the person's movements are frequently necessary.

-OR-

The person takes one psychotropic medication for control of behavior or psychiatric symptoms.

-OR-

The person has been admitted to a crisis stabilization unit within the past 12 months for psychiatric reasons.

- 4 = Use of physical, mechanical, and/or chemical restraint or protective equipment.

-OR-

Use of one medication with multiple changes or use of two or more psychotropic medications and/or intensive behavioral services.

-OR-

The person is residing in a secure facility, an intensive residential treatment program, or a psychiatric hospital.

BEHAVIORAL INTERVENTION AND SUPPORT STATUS

30. Other Behaviors that May Result in Separation from Others: In the past 12 months, has the person presented another behavior not covered in items #25-29 that puts the person at risk of injury or social or physical segregation? Examples of target behaviors include:

- a) Repetitive vocalizations (e.g., screaming, crying, yelling)
- b) Sleep disturbances that disrupt others' sleep
- c) Stereotypical rocking, twirling, hand-flicking
- d) Talking or acting in ways that are socially disruptive to others

What, if any, supports, services, interventions, or restrictions are in place to address this behavior?

- 0 = None required. No behavior of concern in this area.
- 1 = Occasional verbal prompts, instructions, or redirection by the caregiver. No environmental modification or assistance from others is required.
- 2 = Frequent prompts, instructions, or redirection by caregiver, environmental modifications, and/or restrictions on movement may be necessary. No additional assistance from others is necessary.
- 3 = Frequent, possibly informal, but planned interventions by caregivers.

-OR-

Assistance from other people is necessary. Restrictions of the person's movements are frequently necessary.

-OR-

The person takes one psychotropic medication for control of behavior or psychiatric symptoms.

-OR-

The person has been admitted to a crisis stabilization unit within the past 12 months.

-OR-

Receives behavioral services from the school system (includes a person who is currently attending a Severely Emotionally Disturbed (SED) school program).

- 4 = Use of physical, mechanical, and/or chemical restraint or protective equipment.

-OR-

The person is residing in a secure facility or intensive residential treatment program.

BEHAVIORAL INTERVENTION AND SUPPORT STATUS

Follow Up Consultation

If the Behavioral Intervention and Support Status of the person is rated as level 3 or higher [see the rating section on pages 32 - 33], then a follow up consultation should be considered using the following guidelines:

- ◆ Are the current interventions effectively addressing the identified problem with behavior?
- ◆ Is the person and/or his or her caregivers satisfied with the current state of affairs?
- ◆ Does the person and/or his or her caregivers state that no additional supports and/or services are needed?
- ◆ Are the current interventions consistent with the laws of Florida (particularly section 393.13, FS) and the rules of the department (particularly rules 65B-4.029 -.031, FAC)?
- ◆ Are the current professional services, if any, consistent with the professional standards for the type of professional (behavior analyst, psychiatrist, psychologist, counselor) providing these services?

30a. Follow Up Consultation: Based on the answers to the questions above or other information, is a follow up consultation indicated for this person?

- NO:** No consultation is indicated
- YES:** A follow up consultation is indicated

If YES, identify below the type of professional indicated. For example, if psychotropic medications are involved you might recommend that a psychiatrist complete the follow up consult. If behavior analysis services are in place or are indicated, then a follow up consult by a Certified Behavior Analyst or Associate Behavior Analyst or other qualified behavior analysis professional should be considered.

30a. Recommended type of professional:

- | | |
|---|--|
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Certified Behavior Analyst |
| <input type="checkbox"/> Certified Associate Behavior Analyst | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Other - Please specify: _____ |

Review Notes Concerning Behavioral Status

Physical Status Section follows

Items for rating the person's physical status follow. The first two items rate self-injury caused by self-injurious behavior and/or by aggressive behavior that results in injury to the person. Because these items address the level of injury rather than the behavior itself, these items appear and are rated in the physical status section that follows.

PHYSICAL STATUS

Ratings in the Physical Status area are concerned with life situations and physical conditions that may pose a need for medical interventions or health care for the person. The reviewer should examine health care records and interview persons who would know about the person's health status.

31. Injury to the Person Caused by Self-injurious Behavior: Movement of some part of the person's body that ends with contact to other parts of the person's body (might include the use of an object, such as a knife) or with solid objects. The focus of this examination is on possible injuries to this person that would require medical intervention or treatment.

0 = No episodes of self-injury.

1 = Self-injury may result in temporary redness of skin, without resulting in bruising or any other tissue damage.

2 = Self-injury results in mild bruising, scratches, swelling, or other minor temporary tissue damage (usually lasting less than 48 hours) that, if treatment is required, can be treated adequately using simple first aid.

3 = Self-injury results in broken skin requiring stitches, butterfly closure, or surgical gluing; major bruising, prolonged swelling; or other significant tissue damage that requires physician/nursing attention (cannot be treated adequately using simple first aid), and is not life threatening or likely to result in significant permanent physical damage.

-OR-

Has threatened to commit suicide within the past 12 months.

-OR-

Has health problems that are not immediately life threatening in nature due to self-induced vomiting, rumination, pica (ingestion of inedible objects/substance); or has a sleep disorder; or alcohol or drug abuse.

4 = Self-injury results in tissue breakdown, significant scarring, multiple contusions, or damage to bones or organs that requires physician attention. May be life threatening and is likely to result in permanent tissue damage.

-OR-

Has attempted suicide in the past 12 months.

-OR-

Life is threatened by self-induced vomiting, rumination, pica (ingestion in inedible objects/substance); sleep disorder; or alcohol or drug abuse.

PHYSICAL STATUS

32. Injury to the Person Caused by Aggression toward Others or Property: The focus here is on possible injuries sustained by the person during episodes of aggression directed toward others or toward property occurring within the past 12 months.

0 = No aggression toward others or property.

1 = Aggression toward others or property may result in temporary redness of skin, without resulting in any tissue damage (including bruising or swelling) or pain. Actions do not interfere significantly with social interactions or result in others avoiding the person.

2 = Aggression toward others or property results in mild bruising, scratches, swelling, or other minor temporary tissue damage (usually lasting less than 48 hours). If treatment is required, can be treated adequately using simple first aid.

-OR-

Maladaptive behavior results in the person being knocked down or hit back by the other person.

3 = Aggression toward others or property results in broken skin; major bruising, prolonged swelling; or other significant tissue damage to self that requires physician/nursing attention (cannot be treated adequately using simple first aid), and is not life threatening or likely to result in significant permanent physical damage.

-OR-

Has been injured by another person defending him/herself from the person.

-OR-

Has engaged in sexual misconduct (involving unprotected sex) with another person in the past 12 months.

4 = Aggression toward others or property results in tissue breakdown, significant scarring, multiple contusions, or damage to bones or organs of self that requires physician attention. May be life threatening and is likely to result in permanent tissue damage.

-OR-

Has engaged in sexual predatory behavior (including unprotected sex) in the past 12 months.

PHYSICAL STATUS

33. Use of Mechanical Restraints or Protective Equipment for Maladaptive Behavior: Mechanical restraints are devices used for the purpose of restricting a person's movement. Use of mechanical restraints is highly controlled and in many cases PROHIBITED. Positioning devices such as trays or shoulder straps are NOT considered mechanical restraints. Protective equipment for medical conditions, such as a helmet for an individual with uncontrolled seizures or an unsteady gait leading to falls, is not protective equipment for maladaptive behavior.

- 0 = Has never been restrained or not within the past 12 months.
- 1 = Has been restrained LESS THAN once per month in the past 12 months.
- 2 = Has been restrained ONE OR MORE times per month in the past 12 months. Individuals with this rating may have had mechanical restraints used for the purpose of facilitating some type of urgent medical procedure or care that without the use of the restraint the procedure would not have been possible. Example: An individual is hospitalized and/or has a physician order requiring oxygen therapy, IV therapy, respiratory treatments, surgical recovery, etc. Due to the individual's behavior, the procedure would be compromised or not possible. This would be a rare occurrence and would not be implemented without the physician's justification and orders.
- 3 = Use of mechanical restraint MORE THAN FIVE TIMES per month or WEARS some sort of PROTECTIVE EQUIPMENT (like fencing mask for pica or helmet to control self-abuse) on a regular basis (at least once per day, but less than 12 hours per day). An individual with this rating generally has behavioral issues such as hitting, throwing objects, biting, head banging, etc., that cause injury to self and others. An individual may wear protective devices, e.g., a helmet to reduce injury to the head, elbow splints, or tubes to reduce tissue damaging injury from blows of the bony part of the elbow.
- 4 = Use of some sort of PROTECTIVE EQUIPMENT AT LEAST 12 HOURS PER DAY (fencing mask for pica or helmet to control self-abuse). An individual with this rating generally has significant tissue damage, requiring physical or mechanical restraint. An example is a person with Lesch-Nyhan syndrome.

34. Use of Emergency Chemical Restraints: Chemical restraint is the use of any drug to restrict or reduce function, behavior, or movement in an emergency situation. For example, a person who is agitated to the point of threatening to harm others may be administered a drug to calm him/her down.

- 0 = Has not received drugs given in an emergency to control behavior in the past 12 months. An individual with this rating may have behavior issues; however, caregivers or the individual's coping skills are sufficient to calm down without the necessity of drug/medication administration.
- 1 = Received medication (i.e., chemical restraint) before ANY medical or dental procedure in the past 12 months. An individual with this rating generally meets the same criteria as rating 0. However, the individual's anxiety, or pain threshold, has resulted in the use of chemical restraint prior to a medical or dental procedure.
- 2 = Has received emergency drugs to control behavior ONE time in the past 12 months.
- 3 = Has received emergency drugs to control behavior TWO OR THREE times in the past 12 months.
- 4 = Has received emergency drugs to control behavior FOUR OR MORE times in the past 12 months.

PHYSICAL STATUS

35. Use of Psychotropic Medications: Psychotropic medications are ones taken to control psychiatric symptoms (e.g., anxiety, mood disturbances, or schizophrenia) or certain types of problem behaviors. The prescribing physician should indicate the diagnosis and specific symptoms or behavior that the medication is to control or reduce. Risks of adverse side effects are associated with many psychotropic medications. The person should be checked periodically for signs and symptoms of possible side effects. If side effects are present, the swift and appropriate protective actions should be taken. Psychotropic medications should be continued only when desired treatment effects are present and side effects are absent or minimal. An individual may or may not be taking a psychotropic drug but is taking a medication such as Benadryl, Inderal, Tegretol, or Depakote for the identified behavior or psychiatric disorder. Check with the nurse, the side effect screening records, and the Medical Administration Record [MAR] in the person's medical record.

- 0 = Receives NO MEDICATION to control behavior or psychiatric disorder.
- 1 = Receives ONE MEDICATION to control behavior or psychiatric disorder.
- 2 = Receives two or more medications to control behavior or a psychiatric disorder, UNCHANGED IN THE PAST YEAR.
- 3 = Receives two or more medications to control behavior or a psychiatric disorder, and/or the medications have been CHANGED IN THE PAST YEAR. An individual with this rating is on two or more medications to control behaviors.
- 4 = Receives drug therapy but is not stable on the medications or is experiencing significant side effects of the medications. May have had a series of different drug trials with dosage increases, reductions, or discontinuations within the past six months. The person may be experiencing one or more side effects of medications (e.g., involuntary muscle movements) requiring special management.

-OR-

Anyone on Reglan/Metoclopramide, regardless of the reason, has this rating.

36. Gastrointestinal Conditions (includes vomiting, reflux, heartburn, or ulcer):

Suggested Sources of Information: N/PR (also annual health summary in the habilitation plan and quarterly or annual nursing summaries)

- 0 = None. Individual has no history or diagnosis of stomach ulcer, vomiting, reflux, or any gastrointestinal concerns.
- 1 = OCCASIONAL episodes of gastrointestinal symptoms in absence of acute illness. Individual's health is very stabilized, only has an occasional episode of GI symptoms (two or less per month). This individual's GI distress has no current medical diagnosis.
- 2 = THREE OR MORE EPISODES of gastrointestinal symptoms per month. Same as rating 1, but symptoms occur three or more times a month. A documented pattern of incidents may be developing. These episodes are more likely associated with a disorder of the stomach or gastrointestinal tract instead of following an acute illness like the flu.
- 3 = More than SIX episodes of gastrointestinal symptoms per month.

-OR-

Individual has coughing spells unrelated to pulmonary/respiratory infections during or within 1-3 hours after a meal or during the night.

-OR-

Individual who has any history of gastrointestinal bleeding or a current diagnosis of esophageal reflux.

-OR-

The person attempts to stick his/her hand down own throat as if he/she is trying to grasp or scratch deep into the throat. This may happen at night and/or after mealtimes.

- 4 = Gastrointestinal condition requiring hospital admission in the past 12 months. A gastrointestinal condition could include GI bleeding, vomiting, persistent dehydration, reflux causing aspiration, intestinal infections, parasites, impaction, and/or obstruction.

PHYSICAL STATUS

37. Seizures:

Suggested Sources of Information: N/PR (also the person's annual health summary in the habilitation plan and quarterly or annual nursing summaries)

- 0 = No seizure in his/her lifetime or by history only. Self-explanatory.
- 1 = No seizure in the last TWO YEARS. This score indicates the individual has had a history of seizure activity but has been seizure-free for the past two years. This individual may or may not be on antiepileptic medication.
- 2 = Seizure activity that DOES NOT interfere with functional activity, such as work, school, and recreation.
- 3 = Major seizure activity that DOES interfere with functional activities, such as work, school, or recreation.
- 4 = Has required hospital admission or more than one emergency room visit for uncontrolled seizures or toxicity/adverse reaction to antiepileptic medication in the past 12 months.

38. Antiepileptic Medication Use: (NOTE: When an antiepileptic drug is prescribed specifically for behavioral concerns, rate under item #35.)

Suggested Sources of Information: N (also MAR in the person's medical records)

- 0 = None. Individual is not on an antiepileptic drug but may have a history of seizures.
- 1 = Use of a single antiepileptic drug, which has not changed in the past year. Individual has a history of or presently experiences seizure activity (no matter what classification) taking one antiepileptic drug and that medication has not changed in the past year.
- 2 = Use of two antiepileptic agents without any changes in the dose or drug within the past year. Same as rating 1, except two antiepileptic medications are used.
- 3 = Antiepileptics CHANGED in the past 12 months. Same as ratings 1 and 2, except antiepileptic medication change has occurred in the past year.

-OR-

The individual is receiving DEPAKOTE (VALPROIC ACID) in combination with any other antiepileptic medication.

- 4 = Has been taken to the emergency room or hospitalized for antiepileptic medication toxicity in the past 12 months. Self-explanatory.

PHYSICAL STATUS

39. Skin Breakdown:

Suggested Sources of Information: DC (also MAR in medical records and quarterly or annual nursing summaries)

- 0 = No areas of reddened skin (particularly on buttocks, elbows, heels, hips). Skin breakdown is not a problem.
- 1 = Red or dusky color of skin (particularly on buttocks, elbows, heels, hips). Individual shows signs of dusky skin color that is reddened from pressure or signs of poor circulation that disappear upon change in position, especially in the areas of the buttocks, elbows, heels, and/or hips.
- 2 = Either currently has or has had broken skin due to unrelieved pressure (particularly on buttocks, elbows, heels, hips) in the past six months. Individual has a history or currently has areas of broken skin. Areas of susceptible skin breakdown include the ears, buttocks, elbows, heels, hips, or possible pressure areas identified by bony protrusions, especially if the individual has musculoskeletal deformities.
- 3 = The person actually developed a pressure ulcer that required medical attention (particularly on buttocks, elbows, heels, hips) even though his/her position was changed regularly. Same as rating 2, but the individual has required medical attention in the past six months.
- 4 = The skin condition required recurrent medical or surgical treatment (such as debridement, skin graft, outpatient treatment by a wound care center, etc.) or hospitalization for other related complications in the past six months. Same as ratings 1 and 2, but the individual has required hospitalization in the past six months.

NOTE: If skin breakdown is due to self-injurious behavior, then score also in the behavior area.

40. Bowel Function:

Suggested Sources of Information: DC, N/PR (also MAR in medical records and quarterly or annual nursing summaries)

- 0 = No bowel elimination problems. Individual has no problems with intestinal tract. No history or present condition of constipation or diarrhea.
- 1 = Bowel elimination is easy to manage with diet. Individual may receive a diet modification or fiber supplement.
- 2 = Bowel elimination requires routine medication. Individual has slight problems with constipation, requiring intermittent or routine stool softener or other medications for improvement of elimination.
- 3 = Daily management of bowel elimination requires ongoing observation and preventative measures, including enemas and/or manual impaction assessment. Individual has recurrent problem with constipation, requiring between three and six suppositories per month and/or enema. Also, if the person experiences episodes of intermittent diarrhea, this score should be identified.

-OR-

Requires more than one medication to prevent constipation and/or more than three enemas per month. May require manual assessment for impaction.

- 4 = Any hospitalization in the past 12 months required to treat an impaction or bowel obstruction.

PHYSICAL STATUS

41. Nutrition: Defined as caloric or other necessary nutrient intake by mouth or by tube (other necessary nutrients include water, minerals, etc.). Maintenance of good nutrition is essential for both comprehensive management and prevention of disease. For a person with additional issues, it is critical that a medical professional who knows the person well (e.g., a nurse) be asked to clarify and define the issues. Suggested Sources of Information: N/PR, DN/PR (also weight record and quarterly or annual nursing summaries)

- 0 = Within acceptable body weight range and is able to maintain weight (e.g., weight maintenance). Requires no diet modifications, prescribed nutritional supplements, or nutritional intervention to maintain health status.
- 1 = Is above or below acceptable body weight range but there are no associated medical concerns such as high blood pressure, high cholesterol, chronic anemia, high triglycerides, diabetes, or kidney disease.
- 2 = Is well managed on a special diet recommended by a physician or nutritionist, e.g., low sodium, low purine, low fat/cholesterol, low protein, calorie controlled. The individual has a special diet prescription for health maintenance or health concerns and has been under good control within the past 12 months.
- 3 = Is not well managed on a special diet recommended by a physician or nutritionist and has a nutritional risk that required nutrition status monitoring within the past 12 months, or does not follow the prescribed diet. The individual has displayed unstable nutritional status episodes or trends in the past 12 months. A list of nutritional risk factors for which to monitor includes the following:
- Inability to maintain desired body weight
 - Unplanned changes/trends in body weight
 - A chronic medical condition that affects nutritional status (i.e., genetic/endocrine/metabolic disorder such as propionic acidemia or PKU, diabetes mellitus, anemia, renal or liver disease, gastrointestinal disorders, recurring fecal impaction, decubitus ulcer)
 - Fluid intake levels specific to nutrition
 - Difficulty consuming adequate intake, poor appetite, or frequent meal refusals
 - Food allergies or intolerance that limit intake of major food groups
 - Hyperlipidemia/hypercholesterolemia
- 4 = The individual is at high nutritional risk and requires intensive nutritional intervention to address any of the following conditions:
- Unplanned weight loss >10% of usual weight in past six months.
- OR-
- Current body weight significantly below desired or ideal body weight (IBW), e.g., a 12-year-old weighing 39 pounds; adult weighing <90% IBW
- Morbid obesity—body weight 100 pounds greater than or twice the desired weight range
 - Hospitalization and/or treatment in the past 12 months for recurrent aspiration pneumonia, choking episodes, GI bleeding, unresolved diarrhea, vomiting, or unresolved decubitus ulcer
 - Inability to consume an adequate diet due to chewing or swallowing disorder
 - Diagnosis of metabolic disorder with instability, e.g., on a special diet and requires ongoing monitoring with laboratory values out of range
 - Low serum protein including low serum albumin
 - Gastrostomy or jejunostomy tube with complications or placement in the past six months

PHYSICAL STATUS

42. Treatments: Automatic score of "4" if physician-prescribed procedures are required. (**NOTE:** Information used in determining item #42 ratings must be corroborated with physician's orders.) See: MAR in medical records and quarterly or annual nursing summaries.

- 0 = Does not have a condition that requires physician-prescribed procedures.
- 4 = Has a condition that requires physician-prescribed procedures carried out by a licensed nurse that cannot be taught and delegated to a non-licensed person. These conditions may include people in acute and/or end stages of liver, lung, heart, or kidney disease; individuals with a terminal illness such as cancer; or persons with progressive neurological disorders, such as Sanfilippo syndrome, multiple sclerosis, or Huntington's chorea, when problems with multiple systems begin occurring. Examples of interventions requiring a licensed nurse include:
- Medication therapy requiring intramuscular, intravenous injections; hemaport/irrigations
 - Catheterization requiring sterile technique
 - Physician-ordered treatments that cannot be delegated to a non-licensed person
 - Sterile dressing/wound treatments routinely performed only in clinical settings or by licensed practitioners
 - Tracheostomy that requires suction
 - Ventilator dependent
 - Nebulizer treatments requiring medication calculations. Person receives medicines, such as Ventolin or Theophylline, by oxygen mist nebulizer, requiring licensed nurse to calculate dosage.
 - Deep suction, which means entering a suction catheter 6 inches or more into or below the voice box either via tracheotomy, orally, or nasal route
 - Individuals in acute or end stages of liver, lung, or kidney diseases
 - Terminal illness (cancer) or persons with progressive neurological disorders (Sanfilippo syndrome, multiple sclerosis, or Huntington's chorea) when multiple systems problems begin occurring that require regular intervention by licensed personnel.

PHYSICAL STATUS

43. Assistance in Meeting Chronic Health Care Needs: Some persons require supervision and/or varying levels of assistance to maintain their overall health. A person may have chronic health conditions/diagnoses that are currently stable because of the supports and services he/she currently receives. Consider the individual's overall health in the following areas before answering the question below. The examples of chronic conditions listed below are those that are not captured elsewhere in this survey. Bubble-in all conditions that have been present in the last 12 months and are documented in the central record or medical records.

Cardiovascular System (heart, blood vessels)

- a) High cholesterol or high triglycerides
- b) Coronary artery disease
- c) Congestive heart failure
- d) Peripheral vascular disease w/ swelling, blueness, or redness and/or pain or stasis ulcers
- e) Congenital heart disease, uncorrected
- f) Heart attack
- g) Recurrent angina
- h) Cardiac arrhythmia
- i) Poorly controlled high blood pressure
- j) Thrombophlebitis
- k) Cardiomyopathy
- l) Uncorrected heart valve stenosis
- m) Pulmonary hypertension
- n) Aortic or cerebral aneurysm

Digestive System (mouth, teeth, stomach, liver, gall bladder, bowel)

- o) Cirrhosis of the liver
- p) Chronic hepatitis
- q) Pancreatitis
- r) Gallstones
- s) Ulcerative colitis
- t) Crohn's disease
- u) Cholecystitis

Endocrine System (thyroid, pancreas, parathyroid, adrenals, pituitary, hypothalamus, thymus, ovaries, testes)

- v) Diabetes mellitus
- w) Diabetes insipidus
- x) Conn's syndrome
- y) Thyroid disease, hypothyroidism, hyperthyroidism, Grave's disease, thyrotoxicosis
- z) Addison's disease

Genitourinary System (reproductive/sexual organs, kidney, bladder)

- aa) Benign prostatic hypertrophy
- bb) Prostatitis
- cc) Nephritis
- dd) History of hydronephrosis
- ee) Renal (kidney) failure
- ff) Fibroid tumors
- gg) Endometriosis
- hh) Kidney stones
- ii) Cystitis (urinary tract infections)
- jj) Polycystic kidney disease
- kk) Fibrocystic breast disease

Hematology/Immune System (blood, spleen lymph glands, bone marrow)

- ll) Anemia, unresolved
- mm) Aplastic anemia
- nn) Pernicious anemia
- oo) Thalassemia
- pp) Leukemia
- qq) Polycythemia vera
- rr) Thrombocytopenia
- ss) Sickle cell anemia
- tt) Hemophilia
- uu) Hodgkin's disease
- vv) Lymphoma
- ww) Splenectomy
- xx) History of a severe allergy requiring immediate medical intervention (latex, penicillin, bee sting)

Integumentary System (skin, connective tissue, mucus membranes)

- yy) Collagen diseases
- zz) Systemic lupus erythematosus

Musculoskeletal System (connective tissue, muscles, bones)

- aaa) Rheumatoid arthritis
- bbb) Osteopenia
- ccc) Paget's disease
- ddd) Muscular dystrophy

Neurological System (brain, spinal cord)

- eee) Huntington's disease
- fff) Neuropathy
- ggg) Alzheimer's disease
- hhh) Tuberous sclerosis
- iii) Rett syndrome
- jjj) Multiple sclerosis
- kkk) Myasthenia gravis
- lll) Amyotropic lateral sclerosis
- mmm) Polydipsia/water intoxication
- nnn) Parkinson's

Respiratory System (nose, trachea, lungs)

- ooo) Recurrent cyanosis
- ppp) Apnea or sleep apnea
- qqq) Asthma
- rrr) Emphysema
- sss) Pulmonary fibrosis
- ttt) Chronic bronchitis
- uuu) Cystic fibrosis

Other

- vvv) Glaucoma

Which statement below best describes the level of assistance the person requires in meeting his/her health care needs on a daily basis?

- 0 = The person meets health needs independently with or without medications and health devices.
-OR-
Has no chronic health problems.
- 1 = The person meets health needs with occasional assistance or reminders to complete tasks.
- 2 = The person requires daily reminders and verbal prompts to maintain health.
-OR-
Is taking 2-5 prescribed medications for any of the above conditions.
- 3 = The person requires daily monitoring of health condition, daily supervision, and frequent hands-on assistance to stay healthy.
-OR-
Is taking six or more prescribed medications for any of the above conditions.
- 4 = The person is totally dependent on others to stay healthy.

PHYSICAL STATUS

44. Individual's Injuries:

Suggested Sources of Information: Quarterly or annual nursing summaries

- 0 = No injury or minor injuries not requiring medical or nursing attention. Self-explanatory.
- 1 = Injuries needing nursing/medical attention occurring THREE OR LESS TIMES per year. Person has sustained injuries such as bruising or cuts, requiring nursing or medical attention, but any injuries must occur three or less times in the past 12 months.
- 2 = Injuries needing nursing/medical attention occurring FOUR TO 12 TIMES in a year. These can be due to safety problems, self-abuse, etc.
- 3 = Injuries requiring nursing or medical attention on a monthly basis.
- 4 = Any injury or accident, other than a fall, (e.g., airway obstruction resulting from food crammed into throat) REQUIRING HOSPITAL ADMISSION.

45. Falls: May be due to dizziness from medication side effects, or due to any reason.

Suggested Sources of Information: Annual habilitation summary, medical record, incident reports

- 0 = No falls.
- 1 = ONE TO THREE falls per year.
- 2 = FOUR TO SIX falls per year.

-OR-

Wears a protective helmet to protect from injuries due to falls.

- 3 = MORE THAN SIX falls per year.
- 4 = Any falls that resulted in FRACTURES or HOSPITAL ADMISSION.

46. Physician Visits/Nursing Services:

Suggested Sources of Information: Quarterly or annual nursing summaries and physician's orders.

- 0 = No visits other than annual and quarterly medical assessments.
- 1 = Required TWO VISITS per QUARTER on average over a one-year period.
- 2 = Required ONE TO TWO visits PER MONTH on average to a physician or specialist.

-OR-

Required daily nursing services for reasons other than medication administration greater than 14 days continuously in the past six months.

- 3 = Required THREE visits PER MONTH on average to a physician or specialist.
- 4 = Required FOUR OR MORE visits PER MONTH, including emergency appointments.

PHYSICAL STATUS

47. Emergency Room Visits:

Suggested Sources of Information: Quarterly or annual nursing summaries and physician's orders.

- 0 = No emergency room visits.
- 1 = Emergency room visit(s) due to physician absence or non-emergency situation.
- 2 = ONE emergency room visit in the last year for acute illness or injury.
- 3 = TWO OR MORE emergency room visits in the last year for acute illness or injury.
- 4 = ANY emergency room visits in the last year for acute illness or injury that RESULTED IN HOSPITAL ADMISSION.

48. Hospital Admissions:

Suggested Sources of Information: Quarterly or annual nursing summaries and physician's orders

- 0 = No hospital admissions.
- 1 = Hospital admission for SCHEDULED SURGERY or PROCEDURE.
- 2 = Hospital admission for ACUTE ILLNESS or EMERGENCY SURGERY.
- 3 = TWO OR MORE admissions in the last six months for acute illnesses, emergency surgery, or admission through emergency department.
- 4 = Hospital ADMISSION TO ICU.

49. Days Missed at Job, School, Recreation, or Other Day Activities Due to Illness (past 12 months):

- 0 = None, or person does not attend due to guardian objections. No clinical restrictions. No days missed or the person does not attend for reasons not having to do with clinical status, such as guardian objections.
- 1 = LESS THAN TWO DAYS in a month due to clinical issues. An individual with this rating generally is able to actively participate in a job, school, recreation, or other day activities; however, due to an existing chronic, but generally stable, condition or behavioral issues, this person may be ill or have physician appointments to monitor a physical condition, receive treatment, monitor medications, etc.
- 2 = TWO TO FOUR DAYS in a month due to clinical issues. An individual with this rating generally is able to actively participate in a job, school, recreation, or other day activities; however, due to an existing chronic, but generally stable, condition or behavioral issues, this person may be ill or have physician appointments to monitor a physical condition, receive treatment, monitor medications, etc.
- 3 = FIVE TO TEN DAYS a month due to clinical issues. An individual with this rating generally has similar conditions as in 1 and 2 above; however, his/her condition is unstable or becoming progressively worse.
- 4 = MORE THAN TEN DAYS in a month due to clinical issues or does not attend due to intensity of clinical issues. An individual with this rating generally has similar conditions as in 1 and 2 above; however, his/her condition is unstable or becoming progressively worse.

PHYSICAL STATUS

Follow Up Consultation

A follow-up consultation by a Registered Nurse is indicated when either of the following two conditions are met for the person. A follow-up consultation is indicated when:

- ◆ The Physical Status Rating for the person is determined to be a 3, 4, 5, or 6. [See the rating section on pages 34 - 35]
- ◆ The Physical Status Rating for the person is determined to be 1 or 2; AND, the person has indications of instability, physical decline, or medical complexities not reflected in the rating value alone.

49a. Follow Up Consultation: Based the criteria stated above, is a follow up consultation by a Registered Nurse indicated for this person?

- NO:** No consultation is indicated
- YES:** A follow up consultation is indicated

Review Notes Concerning Physical Status

Scoring Procedures Follow

Procedures for determining the Status Area Rating Levels are presented on the pages that follow. Rating values for the Functional, Behavioral, and Physical Status Areas are used to Determine the person's Level of Need.

FUNCTIONAL STATUS DETERMINATION PROCEDURE

Interviewer Instructions

Step 1 Transfer the individual item scores from the specifically identified pages to the computation section below and multiply the item score by the indicated weighting factor. Once this is done for each of the 11 items below, add the weighted ratings for a "Sum of Weighted Ratings."

<u>Item #</u>	<u>Functional Living Skills</u>	<u>Item Score</u>	<u>Weighting Factor</u>	<u>Weighted Rating</u>
14. (page 3)	Vision	___	x 1	= ___
15. (page 3)	Hearing	___	x 1	= ___
16. (page 4)	Eating	___	x 2	= ___
17. (page 4)	Ambulation	___	x 3	= ___
18. (page 5)	Transfers	___	x 3	= ___
19. (page 5)	Toileting	___	x 2	= ___
20. (page 6)	Hygiene	___	x 2	= ___
21. (page. 6)	Dressing	___	x 2	= ___
22. (page 7)	Communications	___	x 2	= ___
23. (page 7)	Self-protection	___	x 2	= ___
24. (page 8)	Ability to evacuate a building	___	x 2	= ___
Sum of Weighted Ratings				<input style="width: 50px; height: 20px;" type="text"/>

Step 2 Count the weighted ratings of 3 or more and place them in the box to the right.

Step 3 Find where the sum of the weighted ratings from Step 1 falls on the SUPPORT LEVEL DETERMINATION CHART on the next page. Using the sum of the weighted ratings as a starting point, reference the SUPPORT LEVEL DETERMINATION CHART on the next page for scoring rules for determining the Functional Status/Support Level for the person. Place the indicated level in the box below.

Functional Status/Support Level* •> 50.

* See the next page for scoring rules for determining the Functional Status Level for the person.

FUNCTIONAL STATUS LEVEL DETERMINATION CHART

1 Rating Level	2 Score Range	3 Item Max	4 Item Weights and Combinations at this level	5 Conditions That move the Level Rating higher than the score range indicated
1	0 - 12	2	None	Level 2 - any weighted ratings of 3 or 4 Level 3 - a weighted rating of 6, other than for item #17 or item #18 (see Level 4) Level 4 - either item #17 or #18 has a weighted rating of 6 Level 5 - a weighted rating of 9 for item #17 Level 6 - a weighted rating of 9 or 12 for item #18, or a weighted rating of 12 for item #17
2	13 - 26	4	No more than three items having a weighted rating of 3 or 4.	Level 3 - four or more weighted ratings of 4, or one to two weighted ratings of 6, other than for item #17 or item #18 (see Level 4) Level 4 - either item #17 or #18 has a weighted rating of 6, or a total of three weighted ratings of 6, or one or two weighted ratings of 8 Level 5 - a weighted rating of 9 for item #17 Level 6 - a weighted rating of 9 or 12 for item #18, or a weighted rating of 12 for item #17
3	27 - 43	6	No more than two weighted ratings of 6 for individual items (other than for item #17 or #18).	Level 4 - three to five weighted ratings of 6, or either item #17 or #18 has a weighted rating of 6, or one to three weighted ratings of 8 Level 5 - four weighted ratings of 8, or a weighted rating of 9 for item #17 Level 6 - a weighted rating of 9 or 12 for item #18, or a weighted rating of 12 for item #17
4	44 - 69	8	Item #17 and/or #18 has a weighted rating of 6, or a total of no more than five weighted ratings of 6 for individual items, and/or no more than three weighted ratings of 8.	Level 5 - four weighted ratings of 8, or a weighted rating of 9 for item #17 Level 6 - a weighted rating of 9 or 12 for item #18, or a weighted rating of 12 for item #17
5	70 - 79	9	No more than four weighted ratings of 4, and/or a weighted rating of 9 for item #17.	Level 6 - a weighted rating of 9 or 12 for item #18, or a weighted rating of 12 for item #17
6	80 - 92	12	A weighted rating of 9 or 12 for item #18, and/or a weighted rating of 12 for item #17.	None

Instructions

Use the chart above to determine a functional support level for the person. Locate the score range (column 2) in which the functional score value calculated for the person falls. Determine whether any weighted item value falls at or below the maximum item value stated (column 3). If it does, determine whether the item weights are consistent with the level that matches the score range (column 4). If so, then the functional level appearing beside the selected score range (column 1) is the level assigned to this person. Insert the selected value into the box provided for item #50.

Conversely, if the person has one or more weighted score values that exceeds the stated maximum, then check the conditions under which the functional rating level will be raised beyond the stated score range. Identify the conditions met by the item weighting and combination of items noted for the person (column 5), then assign the functional level indicated. Insert the selected value into the box provided for item #50.

BEHAVIORAL STATUS DETERMINATION PROCEDURE

Interviewer Instructions

Step 1 Transfer the individual item scores from the specifically identified pages to the computation section below and multiply the item score by the indicated weighting factor. Once this is done for each of the six items below, add the weighted ratings for a "Sum of Weighted Ratings."

To Be Completed by the Interviewer						
Item #	Behavior Items to be Used in Scoring	Item Score	Weighting Factor	=	Weighted Rating	
25. (page 10)	Hurtful to self/self-injurious behaviors	_____	x 3	=	_____	
26. (page 11)	Aggressive/hurtful to others	_____	x 3	=	_____	
27. (page 12)	Destructive to property	_____	x 2	=	_____	
28. (page 13)	Inappropriate sexual behavior	_____	x 2	=	_____	
29. (page 14)	Running away	_____	x 1	=	_____	
30. (page 15)	Other behavioral concerns	_____	x 1	=	_____	
Sum of Weighted Ratings						<input style="width: 50px; height: 20px;" type="text"/>

Step 2 Count the weighted ratings of 3 or more and place them in the designated box to the right.

Step 3 Find where the sum of the weighted ratings from Step 1 falls on the SUPPORT LEVEL DETERMINATION CHART on the next page. Using the sum of the weighted ratings as a starting point, reference the SUPPORT LEVEL DETERMINATION CHART on the next page for scoring rules for determining the Behavioral Status/Support Level for the person. Place the indicated level in the box below.

Behavioral Risk Status/Support Level* •> 51.

* See the next page for scoring rules for determining the Behavioral Status Level for the person.

BEHAVIORAL STATUS DETERMINATION CHART

1 Rating Level	2 Score Range	3 Item Max	4 Item Weights and Combinations at this level	5 Conditions That move the Level Rating higher than the score range indicated
1	0 - 8	2	None	<p>Level 2 - any weighted ratings of 3</p> <p>Level 3 - any weighted ratings of 4 or a weighted rating of 6 (other than a weighted rating of 6 for item #25 - see Level 4)</p> <p>Level 4 - a weighted rating of 6 for item #25, or a weighted rating of 8</p>
2	9 - 16	3	No more than three items having a weighted rating of 3.	<p>Level 3 - any weighted ratings of 4 or a weighted rating of 6 (other than a weighted rating of 6 for item #25 - see Level 4)</p> <p>Level 4 - a weighted rating of 6 for item #25, or a weighted rating of 8</p> <p>Level 5 - two weighted ratings of 8, or a weighted rating of 9</p> <p>Level 6 - a weighted rating of 12</p>
3	17 - 24	6	No more than three items having a weighted rating of 6 (other than item #25).	<p>Level 4 - four weighted ratings of 6, or a weighted rating of 6 for item #25, or a weighted rating of 8</p> <p>Level 5 - two weighted ratings of 8, or any weighted ratings of 9</p> <p>Level 6 - a combination of a weighted rating of 9 for item #26 and a weighted rating of either 6 or 8 for item #28, or any weighted ratings of 12</p>
4	25 - 32	8	Item #25 has a weighted rating of 6, or a total of no more than four weighted ratings of 6 and/or no more than one weighted rating of 8.	<p>Level 5 - two weighted ratings of 8, or any weighted ratings of 9</p> <p>Level 6 - a combination of a weighted rating of 9 for item #26 and a weighted rating of either 6 or 8 for item #28, or any weighted ratings of 12</p>
5	33 - 40	9	No weighted ratings of 12.	<p>Level 6 - a combination of a weighted rating of 9 for item #26 and a weighted rating of either 6 or 8 for item #28, or any weighted ratings of 12</p>
6	41 - 48	12	A weighted rating of 12.	None

Instructions for Using the Chart Above

Use the chart above to determine a behavioral support level for the person. Locate the score range (column 2) in which the behavioral score value calculated for the person falls. Determine whether any weighted item value falls at or below the maximum item value stated (column 3). If it does, determine whether the item weights are consistent with the level that matches the score range (column 4). If so, then the behavioral level appearing beside the selected score range (column 1) is the level assigned to this person. Insert the selected value into the box provided for item #51.

Conversely, if the person has one or more weighted score values that exceeds the stated maximum, then check the conditions under which the behavioral rating level will be raised beyond the stated score range. Identify the conditions met by the item weighting and combination of items noted for the person (column 5), then assign the behavioral level indicated. Insert the selected value into the box provided for item #51.

PHYSICAL STATUS DETERMINATION PROCEDURE

Interviewer Instructions

Step 1 Transfer the individual item scores from the specifically identified pages to the blanks provided below for each STS scoring area. For each of the five scoring areas, add the item scores to obtain the raw score and transfer these raw scores to the appropriate blanks in Step 2.

STS Scoring Area #1: Functional	Score
• Eating #16 (page 4)	_____
• Ambulation #17 (page 4)	_____
• Transfers #18 (page 5)	_____
• Toileting #19 (page 5)	_____
• Assistance #43 (page 26)	_____
• Days missed due to illness #49 (page 28)	_____

Functional Raw Score

STS Scoring Area #2: Behavioral	Score
• Self-injury #31 (page 18)	_____
• Injury resulting from aggression #32 (page 19)	_____
• Mechanical restraints #33 (page 20)	_____
• Emergency chemical restraints #34 (page 21)	_____
• Psychotropic medications #35 (page 21)	_____

Behavioral Raw Score

STS Scoring Area #3: Physiological	Score
• Gastrointestinal conditions #36 (page 21)	_____
• Seizures #37 (page 22)	_____
• Antiepileptic medication use #38 (page 22)	_____
• Skin breakdown #39 (page 23)	_____
• Bowel function #40 (page 23)	_____
• Nutrition #41 (page 24)	_____
• Treatments #42 (page 25)	_____

Physiological Raw Score

STS Scoring Area #4: Safety	Score
• Individual's injuries #44 (page 27)	_____
• Falls #45 (page 27)	_____

Safety Raw Score

STS Scoring Area #5: Frequency of Health Svcs.	Score
• Physician visits/nursing services #46 (page 27)	_____
• Emergency room visits #47 (page 28)	_____
• Hospital admissions #48 (page 28)	_____

Frequency of Health Services Raw Score

Interviewer Instructions

Step 2 Multiply each of the five scores below by the weighting factor, and place that number in the appropriate blank in the column entitled "Weighted Rating." Then add the five weighted ratings and place in the box entitled "Sum of Weighted Ratings."

Scoring Areas	Raw Score	Weighting Factor	Weighted Rating
Functional Raw Score	_____	X 1	= _____
Behavioral Raw Score	_____	X 1	= _____
Physiological Raw Score	_____	X 2	= _____
Safety Raw Score	_____	X 1	= _____
Frequency of Health Services Raw Score	_____	X 1	= _____

Sum of Weighted Ratings

NOTE: While a total score has been calculated for the person's physical status level, values of 4 or more recorded for Step 1 (i.e., in the column on the left-hand side of this page) figure into the determination of the person's overall physical status level. How values of 4 influence a level determination is indicated in the "Physical Status Support Level Determination Chart" on the next page.

Step 3 Go back to the left side of this page, count the total number of any "4's" for the item scores, and place this number in the box entitled "Count # of Items with a 4 Item Score" below. For example, if three of the items have a value of 4, the number "3" should be placed in the box provided. Next, go to the physiological category and determine if item #42 (Treatments) was scored with a "4." If YES, bubble-in the "Yes" response. Then, follow the remaining directions in the PHYSICAL STATUS SUPPORT LEVEL DETERMINATION CHART on the next page to determine the final level.

IMPORTANT: Do not add the following counts to the weighted score, but do use in determining a Physical Status Support Level as indicated on the next page.

Count # of Items with a 4 Item Score:

Item #42 (Treatments) Scored with a "4": Yes No

Physical Status Support Level* > 52.

* AS NOTED, SEE THE NEXT PAGE FOR SCORING RULES IN DETERMINING THE PERSON'S LEVEL.

PHYSICAL STATUS SUPPORT LEVEL DETERMINATION CHART

1 Rating Level	2 Score Range	3 Item Max	4 Item Weights and Combinations at this level	5 Conditions That move the Level Rating higher than the score range indicated
1	0 - 12	4	None	None
2	13 - 26	4	Item #42 (Treatments) does not have a score value of 4.	Level 3 - item #42 (Treatments) has a score value of 4. A value of 4 for the "Treatments" item, in conjunction with the total score value for all physical status items, is a key determinant of a person's Physical Status Level.
3	27 - 40	4	No more than three score values of 4 for individual items in the physiological status section (other than for item #42 (Treatments)).	Level 4 - four or more score values of 4 in the physiological section, other than for item #42 (Treatments). See the above note regarding the "Treatments" item.
4	41 - 55	4	No more than four score values of 4 for individual items anywhere (other than for item #42 (Treatments)).	Level 5 - four or more score values of 4 anywhere, other than for item #42 (Treatments). See the above note regarding the "Treatments" item.
5	56 - 70	4	Item #42 (Treatments) does not have a score value of 4.	Level 6 - item #42 (Treatments) has a score value of 4. See the above note regarding the "Treatments" item.
6	71 - 120	4	Item #42 (Treatments) HAS a score value of 4.	None

Instructions

Use the chart above to determine a physical status support level for the person. Locate the score range (column 2) in which the total physical status score value calculated for the person falls. Determine whether the individual item score values are consistent with the level that matches the total score range (column 4). If so, then the physical status level appearing beside the selected score range (column 1) is the level assigned to this person. Insert the selected value into the box provided for item #52.

Check the conditions under which the physical status rating level will be raised beyond the stated total score range. Identify the conditions met by the item scores and combination of items noted for the person (column 5), then assign the physical status level indicated. Insert the selected value into the box provided for item #52.

DETERMINING THE OVERALL LEVEL OF NEED

Use this page for determining the person's overall level of need (LON) rating. The table below lists combinations of status levels for each of the five levels of need: 1–limited, 2–minimal, 3–moderate, 4–extensive, and 5–intensive. Record the person's functional, behavioral, and physical status levels in the boxes provided at the bottom of the page. Then, refer to the table and locate the combination of status levels for the person. Once you locate the person's combination of functional, behavioral, and physical status level ratings, find the corresponding LON in the right-hand column and place that number in the box provided at the bottom of the page. Within four of the five levels of need, there are three rows. From among these, track within each LON rating to find the combination that generates the Person's LON Rating (box #53).

Level of Need Determination Table

The Person's Status Levels by Area			Level of Need Rating
Functional	Behavioral	Physical	
1 or 2	1	1	= 1 (Limited)
3	1	1	= 2 (Minimal)
1, 2, or 3	2	1, 2	= 2 (Minimal)
1, 2, or 3	1	2	= 2 (Minimal)
4	1 or 2	1 or 2	= 3 (Moderate)
1, 2, 3, or 4	3	1, 2, or 3	= 3 (Moderate)
1, 2, 3, or 4	1, 2, or 3	3	= 3 (Moderate)
5	1, 2, or 3	1, 2, or 3	= 4 (Extensive)
1, 2, 3, 4, or 5	4	1, 2, 3, or 4	= 4 (Extensive)
1, 2, 3, 4, or 5	1, 2, 3, or 4	4	= 4 (Extensive)
6	1, 2, 3, 4, 5, or 6	1, 2, 3, 4, 5, or 6	= 5 (Intensive)
1, 2, 3, 4, 5, or 6	5 or 6	1, 2, 3, 4, 5, or 6	= 5 (Intensive)
1, 2, 3, 4, 5, or 6	1, 2, 3, 4, 5 or 6	5 or 6	= 5 (Intensive)

Person's Status/Support Levels

Functional
50.

Behavioral
51.

Physical
52.

Person's Level of Need Rating
53.



Jeb Bush
Governor

Alan Levine
Secretary

2727 Mahan Drive
Tallahassee, FL 32308

www.fdhc.state.fl.us