

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

This worksheet was developed in an effort to assist providers with understanding and applying the criteria for Long-Term Care Services (such as nursing facility placement or placement in the Elderly and Disabled with Consumer Directed Services (EDCD), AIDs or Technology Assisted Waivers.

The purpose of this worksheet is to guide screening teams through the process of determining whether or not an individual meets the criteria for services by reviewing the activities of daily living, the medical/nursing needs, and in the case of waivers, the at risk portion.

The Department of Medical Assistance Services (DMAS) has been working on. It appears that the corrections have begun going out to providers as we have seen an increase in the number of calls related to questions on pre-admission screenings. The definitions used on this worksheet are taken directly from the Uniform Assessment Instrument (UAI) User's manual.

The main question appears to center around the error message that is appearing on the return letter to providers. The error message currently reads: "Medicaid Authorization is Invalid in Cross Edits". Provided below is an explanation as to what this means. The attached is a worksheet which may or may not be helpful to screening teams while they complete the assessments. This is merely a tool for them to use and is not a required document for completion by DMAS.

The error message is meant to direct providers to review the ADL documentation (page 4 of the UAI) along with the other items that determine criteria such as mobility (page 4), joint motion (page 6), medication administration (page 5), and behavior and orientation (considered one item) (page 8). In addition, the person must have a medical/nursing needs as defined on page 7. (For waiver placement, they must also meet the 'at risk' criteria.)

The error message does not necessarily mean the person does not meet criteria, it simply means, that the coding placed on the form does not fall into one of the three acceptable categories for determining eligibility. Screening teams need to review and if appropriate adjust their responses related to the ADLs and other information outlined above. If upon review it is determined that the person does not meet the criteria, then the DMAS-96 should be adjusted to reflect this change, however, the screening team does not need to do anything with respect to the recipient and any services they might currently be receiving. DMAS has another separate process to address this side of the program.

Screening teams should return their updated screening packages to the address listed on the letter for processing and payment.

Screening teams can access the Pre-Admission Screening Manual at the following link:

<http://websrvr.dmas.virginia.gov/ProviderManuals/Default.aspx>

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

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

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WORKSHEET TO DETERMINE LONG-TERM CARE SERVICES
(The use of this worksheet is optional.)

Individual being assessed: _____ Date: _____

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

ADLs	Check if Semi-Dependent (d)	Check if Dependent (D)	OTHER FUNCTIONS	Check if Semi-Dependent (d)	Check if Dependent (D)
Bathing			Medication Administration		
Dressing			Behavior Pattern & Orientation (combination variable)		
Toileting			Mobility		
Transferring			Joint Motion		
Eating/Feeding					
Bowel					
Bladder					

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

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

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

CATEGORY 1:

Rated dependent in 2 to 4 ADLs: _____ YES; PLUS
 Rated semi-dependent or dependent in behavior pattern and orientation: _____ YES; PLUS
 Rated semi-dependent or dependent in joint motion: _____ YES; PLUS
 Rated semi-dependent or dependent in medication administration: _____ YES.

CATEGORY 2:

Rated dependent in 5 to 7 ADLs: _____ YES; PLUS
 Rated dependent in mobility: _____ YES.

CATEGORY 3:

Rated semi-dependent in 2-7 ADLs: _____ YES; PLUS
 Rated dependent in behavior and orientation: _____ YES.

STEP 4: Indicate whether the individual has medical nursing needs. This means: 1) the individual's medical condition requires observation and assessment to assure evaluation of needs due to an inability for self-observation or evaluation; OR 2) the individual has complex medical conditions that may be unstable or have the potential for instability; OR 3) the individual requires at least one ongoing medical or nursing service. (See attached for examples.)

The individual does have medical nursing needs: _____ YES (briefly describe): _____

STEP 5: Determination of whether the individual meets criteria.

- Individual meets at least one of the three categories in Step 3: _____ YES; AND
- Individual has medical nursing needs as defined in Step 4: _____ YES.
- Individual is seeking waiver placement and meets the definition of 'at risk' _____ YES

This individual meets criteria (i.e., both 1. and 2. above are answered "YES"): _____ YES; _____ NO.

Assessor: _____ Date: _____

**ADDITIONAL INFORMATION FOR COMPLETING THE WORKSHEET
TO DETERMINE LONG-TERM CARE SERVICES**

I. RATING OF FUNCTIONAL DEPENDENCIES

A. The rating of functional dependencies must be based on the individual's ability to function in a community environment, not including any institutionally induced dependence. Please see the *User's Manual: Virginia Uniform Assessment Instrument (revised 7/05)* for more detailed definitions. The following abbreviations shall mean: I = independent; d = semi-dependent; D = dependent; MH = mechanical help; HH = human help.

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|---|---|
| <p>(1) Bathing</p> <ul style="list-style-type: none">(a) Does Not Need Help (I)(b) MH only (d)(c) HH only (D)(d) MH and HH (D)(e) Performed by Others (D) | <p>(2) Dressing</p> <ul style="list-style-type: none">(a) Does Not Need Help (I)(b) MH only (d)(c) HH only (D)(d) MH and HH (D)(e) Performed by Others (D)(f) Is not Performed (D) |
| <p>(3) Toileting</p> <ul style="list-style-type: none">(a) Does Not Need Help (I)(b) MH only (d)(c) HH only (D)(d) MH and HH (D)(e) Performed by Others (D)(f) Is not Performed (D) | <p>(4) Transferring</p> <ul style="list-style-type: none">(a) Does Not Need Help (I)(b) MH only (d)(c) HH only (D)(d) MH and HH (D)(e) Performed by Others/Is transferred (D)(f) Is Not Performed (D) |
| <p>(5) Bowel Function</p> <ul style="list-style-type: none">(a) Does Not Need Help/Continent (I)(b) Incontinent less than weekly (d)(c) Ostomy self-care (d)(d) Incontinent weekly or more (D)(e) Ostomy not self-care (D) | <p>(6) Bladder Function</p> <ul style="list-style-type: none">(a) Does Not Need Help/Continent (I)(b) Incontinent less than weekly (d)(c) External device self-care (d)(d) Indwelling catheter self-care (d)(e) Ostomy self-care (d)(f) Incontinent weekly or more (D)(g) External device, not self-care (D)(h) Indwelling catheter, not self-care (D)(i) Ostomy not self-care (D) |
| <p>(7) Eating/Feeding</p> <ul style="list-style-type: none">(a) Does Not Need Help (I)(b) MH only (d)(c) HH only (D)(d) MH and HH (D)(e) Spoon fed (D)(f) Syringe or tube fed (D)(g) Fed by IV or clysis (D)(h) Performed by Others (D) | <p>(8) Behavior Pattern and Orientation</p> <ul style="list-style-type: none">(a) Appropriate or Wandering/Passive < weekly + Oriented (I)(b) Appropriate or Wandering/Passive < weekly + Disoriented Some Spheres (I)(c) Wandering/Passive Weekly/or more + Oriented (I)(d) Appropriate or Wandering/Passive < weekly + Disoriented All Spheres (d)(e) Wandering/Passive Weekly or more + Disoriented Some or All Spheres (d)(f) Abusive/Aggressive/ Disruptive < weekly + Oriented or Disoriented (d)(g) Abusive/Aggressive/ Disruptive weekly or more + Oriented (d)(h) Abusive/Aggressive/ Disruptive weekly or more + Disoriented (D)(i) Semi-Comatose/Comatose (D) |
| <p>(9) Joint Motion (NF)</p> <ul style="list-style-type: none">(a) Within normal limits (I)(b) Limited motion (d)(c) Instability corrected (I)(d) Instability uncorrected (D)(e) Immobility (D) | <p>(11) Medication Administration (NF)</p> <ul style="list-style-type: none">(a) Without Assistance/No medications (I)(b) Administered/Monitored by lay person(s) (d)(c) Administered/Monitored by Professional Nursing Staff (D) |
| <p>(10) Mobility</p> <ul style="list-style-type: none">(a) Does Not Need Help/Goes outside without help (I)(b) Goes outside MH only (d)(c) Goes outside HH only (D)(d) Goes outside MH and HH (D)(e) Confined moves about (D)(f) Confined does not move about (D) | |

B. DEFINITIONS OF DEPENDENCIES: Please see the *User's Manual: Virginia Uniform Assessment Instrument (revised 7/05)* for more detailed definitions.

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

- Does Not Need Help. Client gets in and out of the tub or shower, turns on the water, bathes entire body, or takes a full sponge bath at the sink and does not require immersion bathing, without using equipment or the assistance of any other person. (I = Independent)
- Mechanical Help Only. Client usually needs equipment or a device such as a shower/tub chair/stool, grab bars, pedal/knee controlled faucet, long-handled brush, and/or a mechanical lift to complete the bathing process. (d = semi-dependent)
- Human Help Only (D=Dependent)
 - Supervision (Verbal Cues, Prompting). Client needs prompting and/or verbal cues to safely complete washing the entire body. This includes clients who need someone to teach them how to bathe.
 - Physical Assistance (Set-up, Hands-On Care). Someone fills the tub or brings water to the client, washes part of the body, helps the client get in and out of the tub or shower, and/or helps the client towel dry. Clients who only need human help to wash their backs or feet would not be included in this category. Such clients would be coded as "Does Not Need Help".
- Mechanical and Human Help. Client usually needs equipment or a device *and* requires assistance of other(s) to bathe. (D=Dependent)
- Performed by Others. Client is completely bathed by other(s) and does not take part in the activity at all. (DD=Dependent/Totally Dependent)

Dressing: *Getting clothes from closets and/or drawers, putting them on, fastening, and taking them off. Clothing refers to clothes, braces and artificial limbs worn daily. Clients who wear pajamas or gown with robe and slippers as their usual attire are considered dressed.*

- Does Not Need Help. Client usually completes the dressing process without help from others. If the only help someone gets is tying shoes, do not count as needing help. (I = Independent)
- Mechanical Help Only. Client usually needs equipment or a device such as a long-handled shoehorn, zipper pulls, specially designed clothing or a walker with an attached basket to complete the dressing process. (d = semi-dependent)
- Human Help Only (D=Dependent)
 - Supervision (Verbal Cues, Prompting). Client usually requires prompting and/or verbal cues to complete the dressing process. This category also includes clients who are being taught to dress.
 - Physical Assistance (Set-up, Hands-On Care). Client usually requires assistance from another person who helps in obtaining clothing, fastening hooks, putting on clothes or artificial limbs, etc.
- Mechanical and Human Help. Client usually needs equipment or a device and requires assistance of other(s) to dress. (D=Dependent)
- Performed by Others. Client is completely dressed by another individual and does not take part in the activity at all. (DD=Dependent/Totally Dependent)
- Is Not Performed. Refers only to bedfast clients who are considered not dressed. (DD=Dependent/Totally Dependent)

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

- Does Not Need Help. Client uses the bathroom, cleans self, and arranges clothes without help. (I = Independent)
- Mechanical Help Only. Client needs grab bars, raised toilet seat or transfer board and manages these devices without the aid of other(s). Includes clients who use handrails, walkers, or canes for support to complete the toileting process. Also includes clients who use the bathroom without help during the day and use a bedpan, urinal, or bedside commode without help during the night and can empty this receptacle without assistance. (d = semi-dependent)
- Human Help Only. (D=Dependent)
 - Supervision (Verbal Cues, Prompting). Client requires verbal cues and/or prompting to complete the toileting process.
 - Physical Assistance (Set-up, Hands-On Care). Client usually requires assistance from another person who helps in getting to/from the bathroom, adjusting clothes, transferring on and off the toilet, or cleansing after elimination. The client participates in the activity.
- Mechanical and Human Help. Client usually needs equipment or a device *and* requires assistance of other(s) to toilet. (D=Dependent)
- Performed by Others. Client does use the bathroom, but is totally dependent on another's assistance. Client does not participate in the activity at all. (DD=Dependent/Totally Dependent)
- Is Not Performed. Client does not use the bathroom. (DD=Dependent/Totally Dependent)

Transferring: Means the client's ability to move between the bed, chair, and/or wheelchair. If a person needs help with some transfers but not all, code assistance at the highest level.

- Does Not Need Help. Client usually completes the transferring process without human assistance or use of equipment. (I = Independent)
- Mechanical Help Only. Client usually needs equipment or a device, such as lifts, hospital beds, sliding boards, pulleys, trapezes, railings, walkers or the arm of a chair, to safely transfer, *and* client manages these devices without the aid of another person. (d = semi-dependent)
- Human Help Only (D=Dependent)
 - Supervision (Verbal Cues, Prompting). Client usually needs verbal cues or guarding to safely transfer.
 - Physical Assistance (Set-up, Hands-On Care). Client usually requires the assistance of another person who lifts some of the client's body weight and provides physical support in order for the client to safely transfer.
- Mechanical and Human Help. Client usually needs equipment or a device and requires the assistance of other(s) to transfer. (D=Dependent)
- Performed By Others. Client is usually lifted out of the bed and/or chair by another person and does not participate in the process. If the client does not bear weight on any body part in the transferring process he/she is not participating in the transfer. Clients who are transferred with a mechanical or Hoyer lift are included in this category. (DD=Dependent/Totally Dependent)
- Is Not Performed. The client is confined to the bed. (DD=Dependent/Totally Dependent)

Bowel: The physiological process of elimination of feces.

- Does Not Need Help. The client voluntarily controls the elimination of feces. If the client on a bowel program never empties his or her bladder without stimulation or a specified bowel regimen, he or she is coded as "Does not need help," and the bowel/bladder training is noted under medical/nursing needs. In this case, there is no voluntary elimination; evacuation is planned. If a client on a bowel regimen also has occasions of bowel incontinence, then he or she would be coded as incontinent, either less than weekly or weekly or more. (I = Independent)
- Incontinent Less than Weekly. The client has involuntary elimination of feces less than weekly (e.g., every other week). (d = semi-dependent)
- Ostomy - Self Care. The client has an artificial anus established by an opening into the colon (colostomy) or ileum (ileostomy) and he completely cares for the ostomy, stoma, and skin cleansing, dressing, application of appliance, irrigation, etc. *Clients who use pads or adult diapers and correctly dispose of them should be coded here.* (d = semi-dependent)
- Incontinent Weekly or More. The client has involuntary elimination of feces at least once a week. *Clients who use pads or adult diapers and do not correctly dispose of them should be coded here.* (D=Dependent)
- Ostomy - Not Self Care. The client has an artificial anus established by an opening into the colon (colostomy) or ileum (ileostomy) and another person cares for the ostomy: stoma and skin cleansing, dressing, application of appliance, irrigations, etc. (DD=Dependent/Totally Dependent)

Bladder: The physiological process of elimination of urine.

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

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

- Does Not Need Help. Client is able to perform all of the activities without using equipment or the supervision or assistance of another. (I = Independent)
- Mechanical Help Only. Client usually needs equipment or a device, such as hand splints, adapted utensils, and/or nonskid plates, in order to complete the eating process. Clients needing mechanically adjusted diets (pureed food) and/or food chopped are included in this category. (d = semi-dependent)
- Human Help Only (D=Dependent)
 - Supervision (Verbal Cues, Prompting). Client feeds self, but needs verbal cues and/or prompting to initiate and/or complete the eating process.
 - Physical Assistance (Set-up, Hands-On Care). Client needs assistance to bring food to the mouth, cut meat, butter bread, open cartons and/or pour liquid due to an actual physical or mental disability (e.g., severe arthritis, Alzheimer's). This category must not be checked if the client is able to feed himself but it is more convenient for the caregiver to complete the activity.
- Mechanical and Human Help. Client usually needs equipment or a device and requires assistance of other(s) to eat. (D=Dependent)
- Performed By Others. Includes clients who are spoon fed; fed by syringe or tube, or clients who are fed intravenously (IV). *Spoon fed* means the client does not bring any food to his mouth and is fed completely by others. *Fed by syringe or tube* means the client usually is fed a prescribed liquid diet via a feeding syringe, NG-tube (tube from the nose to the stomach) or G-tube (opening into the stomach). *Fed by I.V.* means the client usually is fed a prescribed sterile solution intravenously. (DD=Dependent/Totally Dependent)

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

- Appropriate. The individual's behavior pattern is suitable or fitting to the environment. Appropriate behavior is of the type that adjusts to accommodate expectations in different environments and social circumstances. Behavior pattern does not refer to personality characteristics such as "selfish," "impatient," or "demanding," but is based on direct observations of the individual's actions. (I=Independent)
- Inappropriate Wandering, Passive, or Other. The individual's usual behavior is manifested in a way that does not present major management problems. Wandering is characterized by physically moving about aimlessly or mentally being non-focused. Passive behavior is characterized by a lack of awareness or interest in personal matters and/or in activities taking place in close proximity. Other characterizations of behavior such as impaired judgment, regressive behavior, agitation or hallucinations that is not disruptive are included in this category. Wandering/Passive < weekly = (I=Independent); Wandering/Passive Weekly or More = (d=Semi-Dependent).
- Inappropriate Abusive, Aggressive, or Disruptive means the individual's behavior is manifested by acts detrimental to the life, comfort, safety, and/or property of the individual and/or others. Agitations, hallucinations, or assaultive behavior that is detrimental are included in this category and specified in the space provided. Abusive/Aggressive/Disruptive < Weekly = (D=Dependent); Abusive/Aggressive/Disruptive Weekly or More = (D=Dependent).
- Comatose refers to the semi-conscious or comatose (unconscious) state. (D=Dependent)

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

- Oriented. The individual is aware of who he or she is, where he or she is and what time, day, month or year it is. (I=Independent)
- Disoriented-Some Spheres, Sometime. The individual is disoriented in one or two spheres, time only or time and place, some of the time. Some of the time refers to alternating periods of awareness-unawareness. (d)
- Disoriented-All Spheres, All Time. The individual is disoriented in one or two spheres time only or time and place and this is the individual's usual state. (d)
- Disoriented-All Spheres, Sometime. The individual is disoriented to time, place and person (all three spheres) some of the time. (D)
- Disoriented-All Spheres, All Time means the individual is always unaware of time, place and his or her identity. (D)
- Comatose refers to the semi-conscious or comatose (unconscious) state. (D)

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

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

Mobility: *The extent of the client's movement outside his or her usual living quarters. Evaluate the client's ability to walk steadily and his or her level of endurance.*

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

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

- Within Normal Limits or Instability Corrected means the joints can be moved to functional motion without restriction, or a joint does not maintain functional motion and/or position when pressure or stress is applied, but has been corrected by the use of an appliance or by surgical procedure. (I)
- Limited Motion means partial restriction in the movement of a joint including any inflammatory process in the joint causing redness, pain, and/or swelling that limits the motion of the joint. (d)
- Instability Uncorrected or Immobile means a joint does not maintain functional motion and/or position when pressure or stress is applied and the disorder has not been surgically corrected or an appliance is not used, or there is total restriction in the movement of a joint (e.g., contractures, which are common in individuals who have had strokes). (D)

II. EXAMPLES OF MEDICAL NURSING NEEDS

- Routine care of colostomy or ileostomy or management of neurogenic bowel and bladder;
- Use of physical (e.g., side rails, poseys) or chemical restraints;
- Routine skin care to prevent pressure ulcers for individuals who are immobile;
- Care of small uncomplicated pressure ulcers and local skin rashes;
- Management of those with sensory, metabolic, or circulatory impairment with demonstrated clinical evidence of medical instability;
- Infusion therapy;
- Administration of oxygen;
- Application of aseptic dressings;
- Routine catheter care;
- Respiratory therapy;
- Therapeutic exercise and positioning;
- Chemotherapy and/or radiation;
- Dialysis;
- Suctioning;
- Tracheostomy care;
- Supervision for adequate nutrition and hydration for individuals who show clinical evidence of malnourishment or dehydration or have a recent history of weight loss or inadequate hydration which, if not supervised, would be expected to result in malnourishment or dehydration.

AT RISK:

For waiver services authorization – individuals must also meet the 'at risk' definition in order to receive services. At risk is defined according to 42 CFR §441.302(1): "... when there is a reasonable indication that a recipient might need the services in the near future (that is, a month or less) unless he or she receives home and community based services."