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MEDICAID PROVIDER MANUAL UPDATE

TO: All Providers of Screening (Pre-Admission) Services MEMO: Update
participating in the Virginia Medical Assistance Program
and Managed Care Organizations (Health Plans)

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS) DATE: 11/22/2016

SUBJECT: Reissuance of the Pre-Admission Screening (PAS) Provider Manual, Chapter IV

The purpose of this memorandum is to update providers notify providers of the reissuance of the PAS Provider Manual, Chapter IV. This chapter incorporates emergency regulations promulgated in response to the legislative mandate of the *2015 Acts of the Assembly, Chapter XXX Item 306 PPP* to define terms and establish regulatory requirements for:

1. Accepting screening requests;
2. Managing the screening process;
3. Electronic Submission of the findings form screenings completed by the community teams and contractors performing these activities; and,
4. Use of the new electronic ePAS system

Regulatory sections have been added, amended and removed in order to establish a logical order for existing regulations. *The regulatory action did not change any of the existing criteria that derive from the Uniform Assessment Instrument (UAI).*

The emergency regulation may be viewed at: <http://townhall.virginia.gov/l/viewstage.cfm?stageid=7370>.
This material became effective September 1, 2016.

Changes and Clarifications to PAS Provider Manual - Chapter IV:

- Defines and updates terminology related to the screening process;
- Incorporates the requirements for community-based teams, hospital teams and DMAS designees (entities having agreements with DMAS for the provision of screenings);
- Distinguishes between a “request for screening” and a “referral for screening” and provides the timeframes and actions required for both;
- Clarifies participation in screenings and where screenings may be conducted;
- Requires electronic submission of screening documentation and the associated forms necessary for successful submission of screening outcomes and subsequent claims processing for Medicaid reimbursement;
- Updates links to provider resources and training;
- Adult and children screening criteria were updated, reformatted and incorporated into this chapter;

- The approval and denial sample letters (formerly Appendix E. of this manual) have been revised and are located for screener access on the Medicaid Web Portal.

The following memos and transmittals have been incorporated into the PAS Manual:

- January 6, 2016: Revisions of the PAS Provider Manual
- January 9, 2015: Automation of the Pre-Admission Screening (PAS) Process
- April 17, 2015: ePAS Process
- March 16, 2015: Re-Issuance of PAS Provider Manual, Chapter IV and Appendix B
- January 9, 2015: Automation of the PAS Process
- October 25, 2013: PAS Guidance
- October 3, 2012: Development of Special Criteria for the Purposes of PAS

Children's SCREENING Criteria

The screening criteria for assessing a child's eligibility for Medicaid reimbursement of LTSS consist of two components:

1. **Functional capacity:** evaluates the child's capacity to perform age appropriate ADLs.
2. **Medical or nursing needs:** determines if the child meets the medical criteria for NF level of care and/or admission.

To authorize HCBS, the Screening team must also document that the child is at risk for NF placement within 30 days in the absence of HCBS. Prior to a NF placement or admission, the Screening team must also ensure that provision of services in a HCBS setting is considered before a NF placement is sought. The authorization for Medicaid-funded LTSS may be rescinded at any point in time by the LTSS provider if the child is determined to no longer meet the Medicaid required criteria. Children are considered a household of one for the purposes of HCBS Waiver financial determinations. Children may be appropriate for all HCBS Waiver programs, with the exception of the AAL Waiver. Children may be screened for the EDCD or Tech Waivers while they are on the waiting list for the Building Independence Waiver (BI); Family & Individual Waiver (FI); Community Living Waiver (CL) However, the child must meet the criteria for the waivers, **which includes both the functional dependencies and medical or nursing needs.**

Functional Capacity

Functional capacity is the degree of independence that a child as age appropriate or the child and caregiver as a unit perform ADLs, ambulation and instrumental ADLs. These can be measured and are commonly used as a basis for differentiating levels of long-term caregiving.

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

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| <ol style="list-style-type: none">1. Rated dependent in two to four of the ADLs, <u>and</u> also rated semi-dependent <u>or</u> dependent in Behavior Pattern <u>and</u> Orientation, <u>and</u> also semi-dependent in Joint Motion <u>or</u> dependent in Medication Administration; <u>or</u>2. Rated dependent in five to seven of the ADLs <u>and</u> also rated dependent in Mobility; <u>or</u>3. Rated semi-dependent in two to seven of the ADLs <u>and</u> also rated dependent in Mobility <u>and</u> Behavior Pattern <u>and</u> Orientation. |
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Confined - moves about	D
Confined – does not move about	D
Medication Administration	
Without assistance/no medications	I
By lay persons administered/monitored	D
By licensed/ professional nurse administered/ monitored	D
Orientation	
Oriented	I
Disoriented – Some spheres, some of the time	d
Disoriented – Some spheres, all the time	d
Disoriented – All spheres, some of the time	D
Disoriented – All spheres, all of the time	D
Comatose	D
Behavior	
Appropriate	I
Wandering/Passive-Less than Weekly	d
Wandering/Passive - Weekly or More	d
Abusive/Aggressive/Disruptive - Less than Weekly	D
Abusive/Aggressive/Disruptive - Weekly or More	D
Comatose	D

Medical or Nursing Needs

A child with medical or nursing needs is a child whose health needs require medical or nursing supervision or care above the level which could be provided through assistance with ADLs, Medication Administration, and general supervision and is not primarily for the care and treatment of mental diseases (12VAC30-60-303.D.). Medical or nursing supervision or care beyond this level is required when any one of the following describes the child’s need for medical or nursing supervision:

1. The child’s medical condition requires observation and assessment to assure evaluation of the child’s need for modification of treatment or additional medical procedures to prevent destabilization, and the child, as developmentally appropriate, has demonstrated an inability to self-observe or evaluate the need to contact skilled medical professionals; or
2. Due to the complexity created by the child’s multiple, inter-related medical conditions, the potential for the child’s medical instability is high or medical instability exists; or

3. The child requires at least one ongoing medical or nursing service. Ongoing means that the medical/nursing needs are continuing, not temporary, or where the individual is expected to undergo or develop changes with increasing severity in status. "Ongoing" refers to the need for daily direct care and/or supervision by a licensed nurse that cannot be managed on an outpatient basis. Specify the ongoing medical/nursing need in ePAS or other DMAS approved electronic record system. An individual who is receiving rehabilitation services and/or special medical procedure does not automatically have ongoing medical or nursing needs as there should be documentation to support the rehabilitation services and/or special medical procedures such as physician orders or progress notes.

The following is a non-exclusive list of medical *or* nursing services which may indicate a need for medical *or* nursing supervision or care:

- (a) Application of aseptic dressings;
- (b) Routine catheter care;
- (c) Respiratory therapy;
- (d) Supervision for adequate nutrition and hydration for children who show clinical evidence of malnourishment or dehydration or have a recent history of weight loss or inadequate hydration which, if not supervised, would be expected to result in malnourishment or dehydration;
- (e) Therapeutic exercise and positioning;
- (f) Routine care of colostomy or ileostomy or management of neurogenic bowel and bladder;
- (g) Use of physical (e.g., side rails, posey vests, locked units) or chemical restraints (e.g. overuse of sedatives), or both;
- (h) Routine skin care to prevent pressure ulcers for children who are immobile;
- (i) Care of small uncomplicated pressure ulcers and local skin rashes;
- (j) Management of those with sensory, metabolic, or circulatory impairment with demonstrated clinical evidence of medical instability;
- (k) Chemotherapy;
- (l) Radiation;
- (m) Dialysis;
- (n) Suctioning;
- (o) Tracheostomy care;
- (p) Infusion therapy;
- (q) Oxygen;

Examples of Medical or Nursing Needs:

- Drainage Tubes

- End-Stage Disease
- Naso-gastric Tube Feeding
- Total Parenteral Nutrition
- Severe Daily Pain Management
- Transplant
- Uncontrolled Seizures
- Requires Use of Ventilator

Scoring Criteria for Children's Assessments

Definitions are contained within the Virginia User's Manual: UAI – Uniform Assessment Instrument available at: <http://www.dss.virginia.gov/family/as/servtoadult.cgi>. **It is mandatory, when assessing children, to use the scoring criteria below that indicates the child's functional capacity and medical need.** When reviewing children for dependencies, Screening teams should code at the highest level accurately assessing their needs. Please note that age-appropriate certain scoring criteria involve the child and the caregiver as a unit. The concept of the child and the caregiver as a unit applies only to children.

Scoring Criteria for Bathing:

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

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

Does Not Need Help (I): The child and caregiver as a unit, or the child, as age appropriate, gets in and out of the tub or shower, turns on the water, bathes entire body, or takes a full sponge bath at the sink.

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

Mechanical Help Only (d): The child and caregiver as a unit, or the child, as age appropriate, needs equipment or an assistive device such as a shower/tub chair/stool, pedal/knee controlled faucet, grab

bars, long-handled brush, and/or a mechanical lift to complete the bathing process. This does not include a baby tub for infants.

Human Help Only (D): Supervision (Verbal Cues, Prompting): The child, as age appropriate, needs supervision, prompting and/or verbal cues to safely complete washing the entire body. This includes children over 5 years of age that are being taught how to bathe. Physical Assistance (Set-up, Hands-On Care): The child, as age appropriate, requires someone to fill the tub or bring water to the individual, washes part of the body, helps the individual gets in and out of the tub or shower, and/or helps the individual towel dry. Children who only need help to wash their backs or feet would not be included in this category.

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

Mechanical and Human Help (D): The child, as age appropriate, usually needs equipment or a device and requires assistance of other(s) as defined above under Mechanical Help and Human Help to bathe.

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

Performed by Others (D): The child, as age appropriate, is completely bathed by other(s) and does not take part in the activity at all.

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

Scoring Criteria for Dressing:

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

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

Does Not Need Help (I): The child and caregiver as a unit, or the child, as age appropriate, usually dresses without the help from others. If the only help someone gets is tying shoes, do not count as needing help.

- Children younger than 12 months of age are developmentally expected to be totally dependent on another person/caregiver for dressing. If the child and caregiver as a unit can achieve this task and there are no other complex medical needs or equipment then they are independent.
- Children age 1 to 4 are developmentally expected to participate in dressing which includes lacing arms in sleeves or legs into pants, pulling at hats, socks or mittens, and require supervision, reminders, physical assistance, help with fasteners or shoes, and/or selecting clothes. If the child and caregiver as a unit can achieve this task; the child participates; and there are no other complex medical needs or equipment then they are independent.
- Children age 5 to 18 years are developmentally expected to be independent and able to physically and cognitively perform all essential components of dressing, safely and appropriately to weather, and without assistance (if they are not able to achieve this task then refer to one of the other functional capacities listed below and score accordingly).

Mechanical Help Only (d): The child, as age appropriate, usually needs equipment or adaptive devices such as a long-handled shoehorn, zipper pulls, specially designed clothing or a walker with an attached basket to complete the dressing process.

Human Help Only (D): Supervision (Verbal Cues, Prompting): The child, as age appropriate, usually requires prompting and/or verbal cues to complete the dressing process. This category includes children over 5 who are being taught to dress. Physical Assistance (Set-up, Hands-On Care): The child, as age appropriate, usually requires assistance from another person who helps in obtaining clothing, fastening hooks, putting on clothes or artificial limbs, etc. If the only help someone gets is tying shoes, do not count as needing help.

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

Mechanical and Human Help (D): Child usually needs equipment or a device and requires assistance of other(s) to dress as defined above under Mechanical Help and Human Help to dress.

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

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

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

Is Not Performed (D): Refers only to bedfast individuals who are considered not dressed.

Scoring Criteria for Toileting:

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

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

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

- Children from birth to 3 years of age are developmentally expected to be dependent on another person/caregiver for assistance in toileting or diapering. Children starting at 24 months of age (2

- years of age) are expected to begin toilet training. If the child and caregiver as a unit can achieve the task and there are no other complex medical needs or equipment then they are independent.
- Children 4-5 years of age are developmentally expected to need intermittent supervision, cuing, minor physical assistance, and may have occasional night-time bedwetting and accidents during waking hours. Children starting at 24 months of age (2 years of age) are expected to be toilet training. If the child and caregiver as a unit can achieve this task and there are no other complex medical needs or equipment then they are independent.
 - Children 6 to 18 years of age are developmentally expected to be independent and able to physically and cognitively perform all essential components of toileting safely and without assistance except for children aged 6 that may need help with wiping. Components of toileting include the ability to get to and from the bathroom, get on/off the toilet, clean oneself, manage clothes, flush, and/or manage pads. A commode at any site may be considered the "bathroom" only if in addition to meeting the criteria for "toileting" the individual empties, cleanses, and replaces the receptacle, such as the bed pan, urinal, or commode, without assistance from other(s) (if the child is not able to achieve this task then refer to one of the other functional capacities listed below and score accordingly).

Mechanical Help Only (d): The child and caregiver as a unit, or the child, as age appropriate, needs grab bars, raised toilet seats, transfer board, handrails, walkers, wheelchairs, and/or canes for support during the toileting process. This also includes children 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. This does not include a "potty" chair used for toilet training children under 6 years of age.

Human Help Only (D): Supervision (Verbal Cues, Prompting): The child, as age appropriate, usually requires prompting and/or verbal cues to complete the toileting process. This category includes children 6 years of age and older who are being taught the toileting process. **Physical Assistance (Set-up, Hands-On Care): The child, as age appropriate, usually requires assistance from another person who helps in getting to/from the bathroom, adjusting clothes, transferring on and off the toilet, or cleansing after elimination. The individual participates in the activity.**

- Children younger than 4 years of age are developmentally expected to be dependent on another person/caregiver for assistance in toileting or diapering. Children starting at 24 months of age (2 years of age) are expected to begin toilet training. If the child and caregiver as a unit can achieve this task and there are no other complex medical needs or equipment then they are independent. If the child has a complex medical need then this category may be appropriate.
- Children 4-5 years of age are developmentally expected to need intermittent supervision, cuing, minor physical assistance, and may have occasional night-time bedwetting and accidents during waking hours. Children starting at 24 months of age (2 years of age) are expected to begin toilet training. If the child and caregiver as a unit can achieve this task and there are no other complex medical needs or equipment then they are independent. If the child has a complex medical need then this category may be appropriate.
- Children 6 to 18 years of age are developmentally expected to be independent and able to physically and cognitively perform all essential components of toileting safely and without assistance except for children aged 6 that may need help with wiping. Components of toileting include the ability to get to and from the bathroom, get on/off the toilet, clean oneself, manage clothes, flush, and/or manage pads. A commode at any site may be considered the "bathroom" only if in addition to meeting the criteria for "toileting" the individual empties, cleanses, and replaces the receptacle, such as the bed pan, urinal, or commode, without assistance from other(s) (if they are not able to achieve this task then this category may be appropriate).

Mechanical and Human Help (D): The child usually needs equipment or a device and requires assistance of other(s) as defined above under Mechanical Help and Human Help to toilet.

- Children younger than 4 years of age are developmentally expected to be dependent on another person/caregiver for assistance in toileting or diapering. Children starting at 24 months of age (2 years of age) are expected to begin toilet training. If the child and caregiver as a unit can achieve this task and there are no other complex medical needs or equipment then they are independent. If the child has a complex medical need then this category may be appropriate.
- Children 4-5 years of age are developmentally expected to need intermittent supervision, cuing, minor physical assistance, and may have occasional night-time bedwetting and accidents during waking hours. Children starting at 24 months of age (2 years of age) are expected to begin toilet training. If the child and caregiver as a unit can achieve this task and there are no other complex medical needs or equipment then they are independent. If the child has a complex medical need then this category may be appropriate.
- Children 6 to 18 years of age are developmentally expected to be independent and able to physically and cognitively perform all essential components of toileting safely and without assistance except for children aged 6 that may need help with wiping. Components of toileting include the ability to get to and from the bathroom, get on/off the toilet, clean oneself, manage clothes, flush, and/or manage pads. A commode at any site may be considered the "bathroom" only if in addition to meeting the criteria for "toileting" the individual empties, cleanses, and replaces the receptacle, such as the bed pan, urinal, or commode, without assistance from other(s) (if they are not able to achieve this task then this category may be appropriate).

Performed by Others (D): The child age 5 and over, uses the bathroom, but is totally dependent on another's assistance in getting to/from the bathroom, adjusting clothes, transferring on and off the toilet, or cleansing after elimination. The child does not participate in the activity at all.

- Children younger than 4 years of age are developmentally expected to be dependent on another person/caregiver for assistance in toileting or diapering. Children starting at 24 months of age (2 years of age) are expected to begin toilet training. If the child and caregiver as a unit can achieve this task and there are no other complex medical needs or equipment then they are independent. If the child has a complex medical need then this category may be appropriate.
- Children 4-5 years of age are developmentally expected to need intermittent supervision, cuing, minor physical assistance, and may have occasional night-time bedwetting and accidents during waking hours. Children starting at 24 months of age (2 years of age) are expected to begin toilet training. If the child and caregiver as a unit can achieve this task and there are no other complex medical needs or equipment then they are independent. If the child has a complex medical need then this category may be appropriate.
- Children 6 to 18 years of age are developmentally expected to be independent and able to physically and cognitively perform all essential components of toileting safely and without assistance except for children aged 6 that may need help with wiping. Components of toileting include the ability to get to and from the bathroom, get on/off the toilet, clean oneself, manage clothes, flush, and/or manage pads. A commode at any site may be considered the "bathroom" only if in addition to meeting the criteria for "toileting" the individual empties, cleanses, and replaces the receptacle, such as the bed pan, urinal, or commode, without assistance from other(s) (if they are not able to achieve this task then this category may be appropriate).

Is Not Performed (D): The child age 5 and over does not use the bathroom or go to/from the bathroom, adjust clothes, transfer on and off the toilet, or cleanse after elimination.

Scoring Criteria for Transferring:

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

Screening considerations for children, as age appropriate, include: safety concerns such as the child's ability to move between the bed, chair, and/or wheelchair. If a person needs help with some transfers but not all, code assistance at the highest level. If the child and caregiver as a unit, or the child themselves, as age appropriate, exhibits any of these, score accordingly.

Does Not Need Help (I): The child and caregiver as a unit, or the child, as age appropriate, achieves the transferring process without human assistance or use of equipment.

- Children from birth to 5 years of age are developmentally expected to need total dependence or assistance from a caregiver in transferring. If the child and caregiver as a unit are able to achieve the transferring process then they are independent.
- Children age 6 years of age and older are developmentally expected to be independent and able to physically and cognitively perform all essential components of transferring, safely, and without assistance (if they are not able to achieve then refer to one of the other functional capacities listed below and score accordingly).

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

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

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

Mechanical and Human Help (D): The child and caregiver as a unit, or the child, as age appropriate, usually needs equipment or a device and requires the assistance of other(s) to transfer as defined above under Mechanical Help and Human Help to transfer.

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

Performed By Others (D): The child and caregiver as a unit, or the child, as age appropriate, is usually lifted out of the bed and/or chair by another person and does not participate in the process. If the child does not bear weight on any body part in the transferring process; he/she is not participating in the transfer. Individuals who are transferred with a mechanical lift and do not participate are included in this category.

- Children from birth to 5 years of age are developmentally expected to need assistance from a caregiver in the transferring process. If the child and caregiver as a unit are able to achieve the transferring process and are not using a mechanical lift then they are independent.

- Children age 6 years of age and older are developmentally expected to be independent and able to physically and cognitively perform all essential components of the task, safely, and without assistance (if they are not able to achieve in this task or are using a mechanical lift then this category may be appropriate).

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

Scoring Criteria for Eating/Feeding:

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

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

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

- Children from birth to 12 months of age are developmentally expected to be dependent on another person/caregiver for eating/feeding and monitoring for safety. If the child and caregiver as a unit can achieve the task of eating/feeding and there are no other complex medical needs, equipment, or age appropriate risk as stated above under considerations, then they are independent.
- Children from ages 1-4 are developmentally expected to physically participate and may need constant supervision for safety and/or assistance in eating/feeding. If the child and caregiver as a unit can achieve the task of eating/feeding and there are no other complex medical needs, equipment, or risk as stated above under considerations, then they are independent.
- Children ages 5-18 are developmentally expected to physically and/or cognitively perform all essential components of eating/feeding, safely, and without assistance including the act of transferring food from a plate or bowl into their mouth, opening a carton and pouring liquids, holding a glass to drink, and the process of eating food after it is placed in front of the child (if they are not able to achieve independently then refer to one of the other functional capacities listed below and score accordingly).

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

Human Help Only (D): Supervision (Verbal Cues, Prompting): The child as age appropriate, feeds self, but needs verbal cues and/or prompting to initiate and/or complete the eating/feeding process. Physical Assistance (Set-up, Hands-On Care): The child and caregiver as a unit, or the child, as age appropriate, needs assistance to bring food to the mouth, butter bread, open cartons and/or pour liquid due to an

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

- Children from birth to 12 months of age are developmentally expected to be dependent on another person/caregiver for eating/feeding and monitoring for safety. If the child and caregiver as a unit can achieve the task of eating/feeding and there are no other complex medical needs, equipment, or age appropriate risk as stated above under considerations, then they are independent. If the child has a complex medical need or risk as stated above under considerations then this category may be appropriate.
- Children from ages 1-4 are developmentally expected to physically participate and may need constant supervision for safety and/or assistance in eating/feeding. If the child and caregiver as a unit are able to achieve the task of eating/feeding and there are no other complex medical needs, equipment, or risk as stated above under considerations, then they are independent. If the child has a complex medical need or risk as stated above under considerations then this category may be appropriate.
- Children ages 5-18 are developmentally expected to physically and/or cognitively perform all essential components of eating/feeding, safely, and without assistance including the act of transferring food from a plate or bowl into their mouth, opening a carton and pouring liquids, holding a glass to drink, and the process of eating food after it is placed in front of the child (if they are not able to achieve independently then refer to one of the other functional capacities listed below).

Mechanical and Human Help (D): The child and caregiver as a unit, or the child, as age appropriate, usually needs equipment or a device and requires assistance of other(s) to eat as defined above under Mechanical Help and Human Help.

- Children from birth to 12 months of age are developmentally expected to be dependent on another person/caregiver for eating/feeding and monitoring for safety. If the child and caregiver as a unit can achieve the task of eating/feeding and there are no other complex medical needs, equipment, or age appropriate risk as stated above under considerations, then they are independent. If the child has a complex medical need or risk as stated above under considerations then this category may be appropriate.
- Children from ages 1-4 are developmentally expected to physically participate and may need constant supervision for safety and/or assistance in eating/feeding. If the child and caregiver as a unit are able to achieve the task of eating/feeding and there are no other complex medical needs, equipment, or risk as stated above under considerations, then they are independent. If the child has a complex medical need or risk as stated above under considerations then this category may be appropriate.
- Children ages 5-18 are developmentally expected to physically and/or cognitively perform all essential components of eating/feeding, safely, and without assistance including the act of transferring food from a plate or bowl into their mouth, opening a carton and pouring liquids, holding a glass to drink, and the process of eating food after it is placed in front of the child (if they are not able to achieve independently then refer to one of the other functional capacities listed below).

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

- Children from birth to 12 months of age are developmentally expected to be dependent on another person/caregiver for eating/feeding and monitoring for safety. This may include the child being

spoon fed by a caregiver or learning to self-feed. If the child and caregiver as a unit can achieve the task of eating/feeding and there are no other complex medical needs, equipment, or age appropriate risk as stated above under considerations, then they are independent. If the child has a complex medical need or risk as stated above under considerations then this category may be appropriate.

- Children from ages 1-4 are developmentally expected to physically participate and may need constant supervision for safety and/or assistance in eating/feeding. If the child and caregiver as a unit are able to achieve the task of eating/feeding and there are no other complex medical needs, equipment, or risk as stated above under considerations, then they are independent. If the child has a complex medical need or risk as stated above under considerations then this category may be appropriate.
- Children ages 5-18 are developmentally expected to physically and/or cognitively perform all essential components of eating/feeding, safely, and without assistance including the act of transferring food from a plate or bowl into their mouth, opening a carton and pouring liquids, holding a glass to drink, and the process of eating food after it is placed in front of the child (if they are not able to achieve independently then this category may be appropriate).

Scoring Criteria for Bowel:

Bowel continence is the physiological process of elimination of feces.

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

Does Not Need Help (I): The child as age appropriate voluntarily controls the elimination of feces. If the child on a bowel program never empties his or her bowel without stimulation or a specified bowel regimen, he or she is coded as "Does not need help," and the bowel training is noted under medical/nursing needs. In this case, there is no voluntary elimination; evacuation is planned. If a child, as age appropriate, 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.

- Children younger than 4 years of age are developmentally expected to need help with toileting and diapering. If the child can have a bowel movement without the use of a medical or mechanical intervention, then they are considered independent.
- Children 4-5 years of age are developmentally expected to need help with toileting and may have occasional accidents during waking hours (this is not considered incontinence). If the child can have a bowel movement without the use of a medical or mechanical intervention, then they are considered independent.
- Children 6 to 18 years of age are expected to voluntarily control the elimination of feces. If the child can empty his or her bowel without the use of medical or mechanical intervention then he or she is independent (If the child is not able to achieve control of elimination then refer to one of the other functional capacities listed below and score accordingly).

Incontinent Less than Weekly (d): The child has involuntary elimination of feces less than weekly (e.g., every other week).

- Children younger than 4 years of age are developmentally expected to need help with toileting and diapering. If the child can have a bowel movement without the use of a medical or mechanical intervention then they are considered independent.
- Children 4-5 years of age are developmentally expected to need help with toileting and may have occasional accidents during waking hours (this is not considered incontinence). If the child can have a bowel movement without the use of a medical or mechanical intervention then they are considered independent.
- Children 6 to 18 years of age are expected to voluntarily control the elimination of feces. If the child can empty his or her bowel without the use of medical or mechanical intervention then he or

she is independent. If they are not able to maintain continence then this category may be appropriate.

Ostomy - Self-Care (d): The child 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.

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

Incontinent Weekly or More (D): The child has involuntary elimination of feces at least once a week.

- Children younger than 4 years of age are developmentally expected to need help with toileting and diapering. If the child can have a bowel movement without the use of a medical or mechanical intervention then they are considered independent.
- Children 4-5 years of age are developmentally expected to need help with toileting and may have occasional accidents during waking hours (this is not considered incontinence). If the child can have a bowel movement without the use of a medical or mechanical intervention then they are considered independent.
- Children 6 to 18 years of age are expected to voluntarily control the elimination of feces. If the child can empty his or her bowel without the use of medical or mechanical intervention then he or she is independent. If they are not capable of maintaining continence then this category may be appropriate.

Ostomy - Not Self-Care (D): The child 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.

- This category should be used if the child cannot complete all components of this task independently.

Scoring Criteria for Bladder:

Bladder continence is the physiological process of elimination of urine.

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

Does Not Need Help (I): The child voluntarily empties his or her bladder. Children 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, children who perform the Crede method for himself or herself for bladder elimination would also be coded "Does not need help."

- Children younger than 4 years of age are developmentally expected to need help with toileting and diapering. If children fall into this age group, score them as independent unless they have some other complex medical need such as an external device, indwelling catheter, or ostomy.
- Children 4-5 years of age are developmentally expected to need help with toileting and may have occasional accidents during waking hours (this is not considered incontinence). If children fall into this age group, score them as independent unless they have some other complex medical need such as an external device, indwelling catheter, or ostomy.
- Children 6 to 18 years of age are expected to voluntarily control the elimination of urine and can empty his or her bladder. If children fall into this age group, score them as independent unless they have some other complex medical need such as an external device, indwelling catheter, or ostomy.

Incontinent Less than Weekly (d): The child has involuntary emptying or loss of urine less than weekly.

- Children younger than 4 years of age are developmentally expected to need help with toileting and diapering. If children fall into this age group, score them as independent unless they have some other complex medical need such as an external device, indwelling catheter, or ostomy.
- Children 4-5 years of age are developmentally expected to need help with toileting and may have occasional accidents during waking hours (this is not considered incontinence). If children fall into this age group, score them as independent unless they have some other complex medical need such as an external device, indwelling catheter, or ostomy.
- Children 6 to 18 years of age are expected to voluntarily control the elimination of urine and can empty his or her bladder. If they are not capable of maintaining continence then this category may be appropriate.

External Device, Indwelling Catheter, or Ostomy - Self Care (d): The child 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 child completely cares for urinary devices (changes the catheter or external device, irrigates as needed, empties and replaces the receptacle) and the skin surrounding the ostomy.

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

Incontinent Weekly or More (D): The child has involuntary emptying or loss of urine at least once a week.

- Children younger than 4 years of age are developmentally expected to need help with toileting and diapering. If children fall into this age group, score them as independent unless they have some other complex medical need as noted below.
- Children 4-5 years of age are developmentally expected to need help with toileting and may have occasional accidents during waking hours (this is not considered incontinence). If children fall into this age group, score them as independent unless they have some other complex medical need as noted below.
- Children 6 to 18 years of age are expected to voluntarily control the elimination of urine and can empty his or her bladder. If they are not capable of maintaining continence then this category may be appropriate.

External Device - Not Self-Care (D): The child has an urosheath or condom with a receptacle attached to collect urine. Another person cares for the child's external device.

- This category should be used if the child cannot complete all components of this task independently.

Indwelling Catheter - Not Self-Care (D): The child has a hollow cylinder passed through the urethra into the bladder. Another person cares for the child's indwelling catheter. This category includes children who self-catheterize, but who need assistance to set-up, clean up, etc.

- This category should be used if the child cannot complete all components of this task independently.

Ostomy - Not Self-Care (D): The child has a surgical procedure that establishes an external opening into the ureter(s). Another person cares for the child's ostomy.

- This category should be used if the child cannot complete all components of this task independently.

Scoring Criteria for Mobility:

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

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

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

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

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

Special Note Children from birth through 5 years of age may require supervision for safety and physical assistance.

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

Does Not Need Help (I): Children, as age appropriate usually goes outside of his or her residence on a routine basis. If the child only goes outside for trips to a medical appointment or for treatments by ambulance, car, or van code either in the "confined - moves about" or "confined - does not move about" categories.

- Children from birth to 6 months of age should be dependent on another person/caregiver for mobility. If the child and caregiver as a unit can achieve mobility and there are no other complex medical needs or equipment then they are independent.
- Children ages 7-12 months of age should be dependent on another person/caregiver for mobility and should be able to maintain a sitting position when placed and able to move self by rolling, crawling, or creeping. The child requires supervision for safety of the child. If the child can achieve developmental milestones and there are no other complex medical needs or equipment then they are independent (if the child is not able to achieve developmental milestones then refer to one of the other functional capacities listed below).
- Children ages 13-18 months of age (1 year old) should be dependent on another person/caregiver for mobility and should be able to crawl, creep, pull to stand up, and sit alone. The child requires supervision for safety of the child and intermittent assistance. If the child can achieve the developmental milestones and there are no other complex medical needs or equipment then they are independent (if the child is not able to achieve developmental milestones or requires a stander then refer to one of the other functional capacities listed below).
- Children ages 19-24 months of age (1 ½ to 2 year old) should be dependent on another person/caregiver for mobility and be able to walk well, is mastering stair climbing but still requires supervision for safety of the child and intermediate assistance. If the child can achieve developmental milestones and there are no other complex medical needs or equipment then they are independent (if the child is not able to achieve developmental milestones or requires a stander or other medical assistance such as use a wheelchair then then refer to one of the other functional

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

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

- This category should only be used if the child can utilize equipment or devices independently.

Human Help Only (D): Supervision (Verbal Cues, Prompting): The child as age appropriate usually requires assistance from another person who provides supervision, cues, or coaxing in mobility. Physical Assistance (Set-up, Hands-On Care): The child as age appropriate usually receives assistance from another person who physically supports or steadies the individual to go outside.

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

Mechanical and Human Help (D): The child, as age appropriate usually needs equipment or a device and requires assistance of other(s) to go outside as defined above under Mechanical Help and Human Help.

- Children from birth to 6 months of age should be dependent on another person/caregiver for mobility and should be scored as independent unless they have a complex medical need or

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

Confined - Moves About (D): The child does not customarily go outside of his or her residence, but does go outside of his or her room.

- Refers only to children confined to residency due to complex medical needs or equipment.

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

- Refers only to bedfast children confined due to complex medical needs or equipment.

Scoring Criteria for Joint Motion:

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

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

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

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

Scoring Criteria for Medication Administration:

Medication Administration refers to the person(s) who administers medications such as the child and caregiver as a unit, the child as age appropriate, or if the child is being referred elsewhere, the person(s) who will administer medications following referral.

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

Administered/Monitored by Lay Person(s) (D): The child and caregiver as a unit or the child them self needs additional assistance of a person without pharmacology training to either administer or monitor medications. This includes medication aides that may be-certified but not licensed. If meds are given by lay and professional staff, score at the higher level.

Administered/Monitored by Professional Nursing Staff (D): The child needs licensed or professional health personnel to administer or monitor some or all of the medications. If meds are given by lay and professional staff, score at the higher level.

Scoring Criteria for Behavior Pattern and Orientation:

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

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

See crosswalk at the end of section.

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

Behavior Pattern

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

- Children from birth to 5 months are developmentally expected to respond to sounds by startling; fixate on human's face; respond to caregivers face and voice; move extremities; and smile responsively. If the child can meet developmental milestones, score as independent. If they are not able to achieve developmental milestones then score accordingly.
- Children from 6-12 months are developmentally expected to respond to sounds; own name; string vowels together when babbling (ah, eh, oh); make sounds to show joy and displeasure; play with others; respond to emotions; show anxiety with strangers; and like to look at self in mirror. If the

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

Inappropriate Wandering, Passive, or Other:
Wandering/Passive < weekly = (D);
Wandering/Passive Weekly or More = (d):

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

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

Inappropriate Abusive, Aggressive, or Disruptive:
Abusive/Aggressive/Disruptive < Weekly = (D);
Abusive/Aggressive/Disruptive Weekly or More = (D):

The child's behavior is manifested by acts detrimental to the life, comfort, safety, and/or property of the child and/or others. Agitations, hallucinations, or assaultive behavior that is detrimental are included in this category and specified in the space provided. If the behavior is described as above or the child has a risk as stated under considerations then this category may be appropriate.

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

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

Orientation

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

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

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

- Children from birth to 5 months are developmentally expected to respond to sounds by startling; fixate on human's face; respond to caregivers face and voice; move extremities; and smile responsively. If the child can meet developmental milestones, score as independent. If they are not able to achieve developmental milestones then score accordingly.
- Children from 6-12 months are developmentally expected to respond to sounds; own name; string vowels together when babbling (ah, eh, oh); make sounds to show joy and displeasure; play with others; respond to emotions; show anxiety with strangers; and like to look at self in mirror. If the child can meet developmental milestones, score as independent. If they are not able to achieve developmental milestones then score accordingly.
- Children from 13-36 months are developmentally expected to respond to simple spoken requests, use simple gestures like shaking head no or waving bye; say mama or dada or uh-oh or other single words; point to show someone what they want or to identify; know names of familiar people and things; demonstrate shyness or nervousness with strangers; cry when caregiver leaves; show fear in some situations; has favorite things and people; hands things to others as play; plays with doll; copies others; gets excited with other children; and may show defiant behavior. If the child can meet developmental milestones, score as independent. If they are not able to achieve developmental milestones then score accordingly.

- Children from 37 months to 4 years of age are developmentally expected to effectively share information and wants and needs; use simple words, phrases, or short sentences; be able to ask for at least 10 things using appropriate names; understand instructions; and demonstrate the ability to initiate conversation; identify self and significant others; recognize person, places, events, and objects in their community. If the child can meet developmental milestones, score as independent. If they are not able to achieve developmental milestones then score accordingly.
- Children from 5-18 years of age are developmentally expected to identify self, place of residence, and significant others. For age 6 years and older, engages others in a socially appropriate manner and recognizes and appropriately responds to dangerous situations that might put health and safety at risk or lead to exploitation (this includes wandering and flight behavior). If the child can meet developmental milestones, score as independent. If they are not able to achieve developmental milestones then score accordingly.

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

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

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

- Children from birth to 5 months are developmentally expected to respond to sounds by startling; fixate on human's face; respond to caregivers face and voice; move extremities; and smile responsively. If the child can meet developmental milestones, score as independent. If they are not able to achieve developmental milestones then score accordingly.
- Children from 6-12 months are developmentally expected to respond to sounds; own name; string vowels together when babbling (ah, eh, oh); make sounds to show joy and displeasure; play with others; respond to emotions; show anxiety with strangers; and like to look at self in mirror. If the child can meet developmental milestones, score as independent. If they are not able to achieve

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

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

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

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

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

ORIENTATION PATTERN	BEHAVIOR PATTERN	Appropriate	Wandering/ Passive Less Than Weekly	Wandering/ Passive More Than Weekly	Abusive/Aggres sive/ Disruptive Less Than Weekly	Abusive/ Aggressive/Di sruptive More Than Weekly
	Oriented	I	I	I	d	d
	Disoriented: Some spheres Some of the time	I	I	d	d	D
	Disoriented: Some spheres All of the time	I	I	d	d	D
	Disoriented: All spheres Some of the time	d	d	d	d	D
	Disoriented: All spheres All of the time	d	d	d	D	D
	Comatose	D	D	D	D	D

General Questions Regarding Preadmission Screenings:

General inquiries related to preadmission screenings should continue to be directed to the following agencies:

For Health Districts:

Jeannine Uzel, PAS Program Manager
 Department of Health
 109 Governor Street
 Richmond, VA 23219
 (804) 380-0949
Jeannine.Uzel@vdh.virginia.gov

For Local DSS Adult Services/Preadmission Screeners:

Tishaun Harris-Ugworji
 Adult Protective Services Division
 Department for Aging and Rehabilitative Services
 8004 Franklin Farms Drive
 Richmond, VA 23229

(804) 662-7531

Tishaun.HarrisUgworji@DARS.virginia.gov

Questions related to the PAS policy contained in these materials should be directed via e-mail to:

The “Ask Questions” link on the DMAS Website, listed under the Long-Term Care Program section:

http://www.dmas.virginia.gov/Content_pgs/ltc-faq_form.aspx

Questions may also be directed to the DMAS e-mail address at:

dmasinfo@dmas.virginia.gov

As changes occur, providers of preadmission screening services will be kept advised via Medicaid Memorandum and Provider Manual revisions.

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a managed care program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Service Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting www.magellanofvirginia.com or submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Many Medicaid individuals are enrolled in one of the Department’s managed care programs (Medallion 3.0, CCC and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual’s managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- Commonwealth Coordinated Care (CCC): http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx
- Program of All-Inclusive Care for the Elderly (PACE):
http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices.

Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.viriniamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

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

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

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

**PREADMISSION SCREENING
PROVIDER MANUAL**

**REVISION CHART
November 22, 2016**

SUMMARY OF REVISIONS

MANUAL SECTION	MATERIAL REVISED	NEW PAGE NUMBER(S)	REVISED PAGE(S)	REVISION DATE
Chapter IV	Entire Chapter		Entire Chapter	11/22/2016

FILING INSTRUCTIONS

MANUAL SECTION	DISCARD	INSERT	OTHER INSTRUCTIONS
Chapter IV	Previous Version	New Version Dated 11/22/2016	