

ICF/MR ADMISSION CRITERIA

<u>Assessment Factors</u>	<u>Score 1</u>	<u>Score 2</u>	<u>Score 3</u>	<u>Score 4</u>
A. Physical Development & Health				
1. Health Care Supervision	Needs 13-24 hours of daily health care supervision by staff.	Needs 7-12 hours of daily health care supervision by staff.	Needs 0-6 hours of daily health care supervision by staff.	Infrequent health care supervision.
2. Medication Assessment	Daily or weekly assessment for med effectiveness	Monthly assessment for med effectiveness.	Quarterly assessment for med effectiveness.	Infrequent med assessment.
3. Medication Administration	Unable to learn self-administration	Needs hands-on assistance for med administration	Need prompts to manage med self-administration.	Usually independent in med self-administration or seldom medicated.
B. Nutritional Status				
1. Eating Skills	Unable to feed self even when assisted.	Needs hand-on assistance to accomplish eating skills.	Needs prompts to complete eating skills	Usually independent in eating skills.
2. Diet Supervision	Needs staff to supervise 24-hour food and fluid intake.	Needs staff to supervise each meal closely for appropriate intake.	Needs staff to periodically monitor diet intake.	Needs infrequent staff assistance with diet.
C. Sensorimotor Development				
1. Mobility	Non-mobile and/or very limited ability to perceive environment due to sensory deficits, e.g. Blindness.	Needs hands-on assistance to use adaptive devices for mobility.	Needs prompts or minor assistance to use adaptive devices for mobility.	Usually independent in mobility.
2. Toileting	Unable to perform toileting skills.	Needs hands-on assistance to perform toileting skills.	Needs prompts to perform toileting skills.	Usually independent in toileting skills.
3. Hygiene	Unable to perform hygiene skills	Needs hands-on assistance to perform hygiene skills.	Needs prompts to perform hygiene skills.	Usually independent in hygiene skills.
4. Dressing	Unable to perform dressing skills	Needs hand-on assistance to perform dressing skills.	Needs prompts to perform dressing skills.	Usually independent in dressing skills.
D. Affective Development				
	Very limited ability to express own emotions.	Needs intervention and role-modeling to express own emotions.	Needs prompts to express own emotions.	Usually independent in expressing own emotions.

E. Speech & Language Development				
1. Expressive	Unable to communicate using a recognizable language or formal symbolic substitute.	Impaired communication in a manner not clearly understood by an unfamiliar listener.	Impaired communication in a manner sometimes understood by an unfamiliar listener.	Usually able to communicate in a manner understood by an unfamiliar listener.
2. Receptive	Unable to comprehend simple communication.	Moderately impaired ability to comprehend simple communication.	Less impaired ability to comprehend communication.	Usually able to comprehend communication.
F. Auditory Functioning	Very limited auditory function and/or limited ability to benefit from hearing devices.	Moderately impaired auditory function. Needs hands-on assistance to accept and use hearing device.	Impaired auditory function. Needs prompts to accept and use hearing device.	Normal auditory function or independent use of hearing devices.
G. Cognitive Development	Unable to reason, remember, solve problems or transfer skills to new environment.	Needs staff assistance to perform skills in reasoning, remembering, solving problems and transferring skills.	Needs prompts to stimulate skills in reasoning, remembering, solving problems and transferring skills.	Usually independent in ability to reason, remember, solve problems and transfer skills.
H. Social Development				
1. Interpersonal Skills	Unable to establish interpersonal skills.	Needs staff assistance and role modeling to establish interpersonal skills.	Needs prompts to use interpersonal skills.	Usually independent in use of interpersonal skills.
2. Social Participation	Very limited ability to participate in social and recreational events.	Needs hand-on assistance to participate in social and recreational events.	Needs prompts to participate in social and recreational events.	Usually independent participation in social and recreational events.
I. Independent Living Skills				
1. Home Skills	Unable to perform tasks such as meal preparation, laundry, bed making.	Needs hands-on assistance to perform tasks such as meal preparation, laundry, bed making.	Needs prompts to perform tasks such as meal preparation, laundry, bed making.	Usually independent in performing tasks such as meal preparation, laundry, bed making.
2. Community Skills	Unable to perform tasks such as money exchange, street survival skills.	Needs hands-on assistance to perform tasks such as money exchange, street survival skills.	Needs prompts to perform tasks such as money exchange, street survival skills.	Usually independent in performing tasks such as money exchange, street survival skills.

J. Adaptive Behavior	Score 0.0	Score 0.5	Score 1.0	Score 1.5
1. Harmful Behavior	<ul style="list-style-type: none"> • High probability without intense supervision, demonstrated by history, of harm to self, others or objects. This includes frequent fire setting, sexual coercion or violence, suicide attempts or refusal to follow medical therapy and or self care to the extent that significant medical intervention or hospitalization is required. • Repeated incidents requiring medical intervention (to self or others) and/or law enforcement intervention due to behavior frequency on intensity. 	<ul style="list-style-type: none"> • Incidents of harm to self, others or objects not requiring medical or law enforcement intervention. 	<ul style="list-style-type: none"> • Monthly incidents of minor harm to self, others, or objects. 	<ul style="list-style-type: none"> • Rare incidents of minor harm to self, other, or objects.
1. Disruptive Behavior	<ul style="list-style-type: none"> • Daily incidents of any behavior that substantially interferes with the individual's participation in specialized or generic support. This includes residential, day habilitation, vocational, and social support. • Daily incidents of any behavior that substantially interferes with other individuals' opportunities to participate in specialized or generic support. 	<ul style="list-style-type: none"> • Weekly or more frequent incidents of interfering with others' activities. 	<ul style="list-style-type: none"> • Monthly incidents of interfering with others' activities. 	<ul style="list-style-type: none"> • Rare incidents of interfering with others' activities.

2. Socially Unacceptable or Stereotypic Behavior	<ul style="list-style-type: none"> • Daily incidents of socially offensive behavior that disrupts family, friends and/or staff capacity to interact with, instruct, or otherwise support the individual. • Daily incidents of obsessive or stereotypic behavior that is difficult to interrupt or redirect to the degree that it precludes the individual's ability to participate in specialized or generic activities. 	<ul style="list-style-type: none"> • Weekly or more frequent incidents of touching, rocking or repetitive behavior. 	<ul style="list-style-type: none"> • Monthly incidents of touching, rocking or repetitive behavior. 	<ul style="list-style-type: none"> • Rare incidents of touching, rocking or repetitive behavior
3. Uncooperative Behavior	<ul style="list-style-type: none"> • Daily incidents of refusal to participate in necessary activities of daily living. This may include but is not limited to eating, bathing, dressing, and sleeping. • Daily incidents of refusal to participate in planned, scheduled support activities that have been determined in accordance to the individual's preferences, abilities and interests through a person-centered IDT process. • Daily refusal to participate in mandated treatment programs such as therapy for deviant sexual behavior or substance abuse. 	<ul style="list-style-type: none"> • Weekly or more frequent incidents of non-compliance or non-participation in active treatment program. 	<ul style="list-style-type: none"> • Monthly incidents of non-compliance or non-participation in active treatment program. 	<ul style="list-style-type: none"> • Rare incidents of non-compliance or non-participation in active treatment program.

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Level of Care Determination:

1. Members of the Interdisciplinary Team need to evaluate the client or potential client in all ten assessment factors and 22 subfactors. Choose a score of 1-4 each factor or subfactor. If factor I, Independent Living Skills, is not applicable for age-related reasons, omit it.
2. Add the scores you've chosen for each factor or subfactor and divide by 22 for the recipient's average score. Round up to the nearest tenth if the decimal is 5 or higher, e.g., a score 3.05 becomes 3.1. Round down to the nearest tenth if the decimal is 4 or lower, e.g. a score of 2.54 becomes 2.5.
3. Use the average score rounded to the nearest tenth to determine the resident's level of care:

1.0 – 2.2	Level I
2.3 – 2.9	Level II
3.0 – 3.2	Level III
4. When the provider or UR agency determines a potential client is Level III, that recipient is eligible for Medicaid ICF/MR benefits.
5. When the UR agency determines a continued-stay client no longer meets level III, they must indicate discharge status on the abstract. The provider must maintain vigorous efforts to search for alternative community services for the resident.
6. There may be instances where a client is scored at level I in assessment factors A-I and receives a score of 0 or 0.5 in one or more areas of assessment factor J, resulting in a total score of less than 1.0. These individuals will be rated at level I.

HOW TO APPLY THE LEVEL OF CARE CRITERIA

A. Physical Development and Health

1. Health care Supervision: This criteria is to be applied to individuals who require supervision specific to their health care needs. While medical staff are not solely responsible for their supervision, there must exist a health problem or needs that requires monitoring or supervision in addition to the regular 24 hour supervision all ICF/MR clients are given. An example would be a client with a seizure disorder, which is not controlled with medication and requires additional supervision to ensure safety in the event of unpredictable seizure activity.

Clients who have a medical problem that is controlled with medication or other treatment modalities and are considered medically stable, generally require less health care supervision than the medically unstable client.

2. Medication Assessment: This criteria is to be applied to individuals who require the effectiveness of their medications be monitored by licensed personnel, e.g., pharmacist and/or nurse. The 42 CFR requires both nursing and pharmacy services to perform quarterly assessments. Clients receiving any medications would automatically qualify under score 3 based on the federal requirements. However, this criteria is to be used to address the client's need for monitoring of medication. An example would be a brittle diabetic or client with seizure activity who is not easily controlled with medication and requires monitoring above and beyond what the regulations mandate. Clients who are not on medication would receive a score of 4.
3. Medication Administration: This criteria should reflect the amount of assistance an individual requires for medication administration, including PRN medications. If a self-administration program is in place and the client requires prompting to self-administer their medications, a score of 3 would be appropriate. A client who requires hands on assistance to self-administer would receive a score of 2. Only clients who can administer their own medications without error, or clients who do not receive any medications should have a score of 4.

B. Nutritional Status

1. Eating Skills: This criteria should reflect the client ability to feed themselves and staff intervention necessary to accomplish this task. A client who requires prompting to eat would receive a score of 3. A client who requires hands on assistance to eat would receive a score of 2. This includes any staff intervention necessary to ensure the client is eating the appropriate diet and amount ordered for them. Reminding a client to use appropriate table manners will not be considered by itself when applying this criteria if the client can perform all other

- eating skills independently. All staff intervention must be documented. Only clients who are tube fed or totally dependent and have to be fed would receive a score of 1.
2. Diet Supervision: Apply this criteria to the amount of supervision required by staff or dietary services. A client on a special or therapeutic diet does not automatically receive a score of 1,2, or 3. The same applies for clients receiving dietary supplements. An example would be a client on a special diet or supplement who is independent in eating but has difficulty maintaining a desired weight. Assisting the client to make nutritious selections for their diet would fall under score 3, periodic monitoring, unless assistance is needed with every meal. In this case a score of 2 would be appropriate.
- C. Sensorimotor Development
1. Mobility: This criteria is to be applied to the client's capacity for mobility and is not limited to ambulation. An example would be a client who is able to transfer themselves to a wheelchair and operate the chair independently. This client would receive a score of 4. A client who requires hands on assistance to ambulate, use an adaptive device or transfer to a wheelchair would receive a score of 2. A client who can ambulate independently receives a score of 4 even if they have an unusual gait, unless the client is away from the facility on a regular basis and requires assistance with uneven or unfamiliar terrain, where a score of 2 might be appropriate.
 2. Toileting: Apply this criteria according to the client's ability to toilet themselves. An example would be a client who is incontinent only at night and is on a trip schedule. If the client has to be verbally prompted to get up, go to the toilet and perform toileting functions, he/she would receive a score of 3. A client that needs to be awakened but can perform all toileting functions without further prompting would receive a score of 4. If hands on assistance is required he/she would receive a score of 2. Occasional reminders to use toilet paper, or wash hands does not qualify as a score of 3 if the person is independent in all other areas.
 3. Hygiene: Apply this criteria according to the client's ability to perform hygiene skills. Hands on assistance with most hygiene skills would receive a score of 2. Prompting a client to perform most hygiene skills would receive a score of 3. The ability to perform most hygiene skills independently would receive a score of 4. Only clients who are totally dependent for their hygiene needs would receive a score of 1.
 4. Dressing: This criteria is specific to the client's ability to dress themselves. Assistance with hooking a bra does not qualify as score 2 if all other areas are accomplished independently. Hands on assistance with most dressing skills would receive a score of 2. Prompting a client to perform most dressing skills would receive a score of 3. A client who can perform most dressing skills

independently would receive a score of 4. Only those clients who are totally dependent and have to be dressed by the staff would receive a score of 1.

D. Affective Development: This criteria is used to determine the client's ability to express their emotions. This is not the area in which to address behavior problems since they are captured elsewhere. There are many emotions, e.g., happiness, sadness, contentment, anxiety, anger, joy, surprise, hurt, compassion, distress and grief. This criteria should reflect the client's ability to express a variety of emotions. A non verbal client is often capable of demonstrating complex emotions. An example would be a client who is able to communicate through speech, gestures or facial expressions appropriate feelings of happiness, sadness, etc... at appropriate times would receive a score of 4. A client who requires direct intervention and role modeling to express appropriate emotions would receive a score of 2. A client who requires prompting to express appropriate emotions would receive a score of 3. Only a client who is unable to comprehend or demonstrate basic emotions would receive a score of 1.

E. Speech and Language Development

1. Expressive: Apply this criteria to the client's ability to communicate with others using speech, sign boards, sign language or other substitutes. A client with impaired communication who is sometimes understood by an unfamiliar listener would receive a score of 3. A client with impaired communication who cannot clearly be understood by an unfamiliar listener would receive a score of 2.
2. Receptive: Apply this criteria to the client's ability of comprehend what is said to them. A client who has moderately impaired ability to understand simple commands receives a score of 2. A client who is unable to comprehend much of anything said to them even using simple commands receives a score of 1.

F. Auditory Functioning: Apply this criteria to the client's ability to hear and/or benefit from a hearing device. A client who has very limited ability to hear and would not be able to hear even using a hearing device would receive a score of 1. A client who has some hearing deficit, or has a hearing device and requires verbal reminders to use the device would receive a score of 3. A client with a hearing deficit who is able to wear a hearing device independently would receive a score of 4, as would a client with normal hearing.

G. Cognitive Development: Use this criteria to address the client's ability to reason, remember, problem solve or transfer skills. A client who can tell time, write their name, use the telephone appropriately, read simple books and apply a learned skill to a new situation would probably receive a score of 4. A client who has difficulty learning a skill or applying a learned skill to a new situation without prompting and may or may not have some of the skills listed above, would probably receive a score of 3. A client who requires direct staff assistance to learn a new skill, remember the

steps involved in performing a skill or transferring a skill to a new situation would receive a score of 2. Only a client with severely impaired ability to reason, remember, problem solve or transfer skills to a new or unfamiliar environment would receive a score of 1.

H. Social Development:

1. Interpersonal: Use this criteria to assess the client's ability to establish relationships. A client who is unable to establish appropriate relationships with others, or who prefers to be alone most of the time and needs direct staff intervention to use interpersonal skills would receive a score of 2. A client who requires prompting by staff to establish relationships and use appropriate interpersonal skills would receive a score of 3. A client who is usually independent in the use of appropriate interpersonal skills would receive a score of 4.
2. Social Participation: Apply this criteria to a client's ability to participate in social and recreational activities. This criteria is similar to interpersonal skills but is applied on a larger scale. A client who is friendly and enjoys being with others would receive a score of 4 if the interaction were appropriate. A client who is unable to participate in various social activities due to inability to use social skills and requires prompting by staff to join in the activity would receive a score of 3.

A. Independent Living

1. Home Skills: Apply this criteria to the client's ability to perform household skills. A client who can perform home skills such as setting a table, making a bed and sweeping a floor, but requires verbal assistance or prompting with cooking would receive a score of 3. A client who is unable to make their bed, put laundry in the hamper and wash dishes without physical assistance would receive a score of 2.
2. Community Skills: This criteria refers to the client's ability to participate in community activities utilizing skills such as street survival, money exchange, ordering in restaurants, running errands and attending recreational events. This refers to the client's ability to function in a community setting. A client who can run an errand and get home safely or who is employed by a community business and does not require a staff member to act as a job coach, would probably receive a score of 4. A client who is unable to cross the street without direct staff intervention would probably receive a score of 2. A client who is wheelchair bound or cannot get about without having their hand held and has limited awareness of community activities or resources would receive a score of 1.

J. Adaptive Behaviors

1. Harmful Behavior: Harmful behaviors are those behaviors that a client exhibits that are harmful to themselves or to others and require staff intervention. Such

behaviors include but are not limited to: striking with an object, hitting, biting, rubbing skin or picking at sores/wounds to the point of injury, cutting, scratching, pulling hair, poking, pinching, kicking, head banging, nail biting to the point of injury, throwing self on the floor, eating inedible objects, excessive masturbation that results in injury, threatening suicide, and stuffing inappropriate things into body orifices. Also included is any incidents of fire setting, coercive sexual behavior or actual suicide attempts within the last year.

Destruction to property is also considered harmful behavior and includes but is not limited to: deliberate acts of scratching, dismantling, tearing, throwing, marking, hitting, cutting and breaking. Scores 0-1.5 are self explanatory regarding frequency of the behaviors, e.g., 5 times per month would be a score 0.5, weekly or more frequent. The facility must indicate the frequency of the behavior in the supporting documentation and client record.

2. Disruptive Behavior: Disruptive behaviors are those behaviors exhibited by a client which are disruptive to others and require staff intervention. Disruptive behaviors may include but are not limited to: bossing, manipulation of others to their disadvantage, talking to self to the point of interfering with others, making noises that are irritating to others, teasing, mimicking, interrupting, arguing, blocking passage of others, attention seeking and object banging. Scores 0-1.5 are self explanatory regarding frequency of the behavior, e.g., 3 times per month would be a score of 1.0, monthly or more frequent. A harmful behavior such as head banging may be disruptive but if it has already been captured under J.1., do not include the behavior again under J.2 unless it is addressed in the IPP as requiring staff intervention under both categories.
3. Socially Unacceptable or Stereotypic Behavior: This criteria is to be applied to behaviors that are socially unacceptable or considered to be stereotypic and require staff intervention. Socially unacceptable behavior include but are not limited to: inappropriate touching of fondling, inappropriate masturbation, inappropriate kissing, licking, squeezing, or hugging others, talking too close to other's faces, directing profane, hostile language at others, refusing to wear clothing or object attachment.

Stereotypic behaviors include but are not limited to: repetitive rocking, mouthing, complex finger, hand or body part movements, thumb or limb sucking, head shaking or rolling and pacing or twitching. Scores 0-1.5 are self explanatory regarding frequency of the behaviors. A harmful behavior such as rubbing skin or picking at sores/wounds may be repetitive but if it has already been captured under J.1., do not include it again under J.3 unless it has been addressed in the IPP as requiring intervention under both categories.

4. Uncooperative Behavior: This criteria is to be applied to uncooperative behaviors that require staff intervention and include but are not limited to: refusing active treatment, refusing requests, acting defiant, being rebellious, breaking laws and

running away. Scores 0-1.5 are self explanatory regarding frequency of behaviors, e.g., 4 times in 6 months would be a score of 1.5., rarely or infrequent. While a client engaging in the use of profane or hostile language may be exhibiting disruptive behavior, if it has already been captured under J.3., do not include it again unless it has been addressed in the IPP as requiring staff intervention under both categories.

Any behaviors receiving a score of less than 1.5 must be addressed by the facility in the client's IPP and require direct staff intervention. The frequency of the behavior and the intervention by facility staff must be documented. If a client engages in repetitive body rocking on a daily basis but the facility staff are not intervening to decrease or change the behavior, a score of 1.5 must be assigned.

As stated in the above examples, capture a behavior only once unless the client exhibits more than one type of behavior and the behavior is being addressed by direct staff intervention.

DD WAIVER LEVEL OF CARE

FINAL

August 1, 2002

DD WAIVER- LEVEL OF CARE

Refer to ICFMR criteria.

ICFMR

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