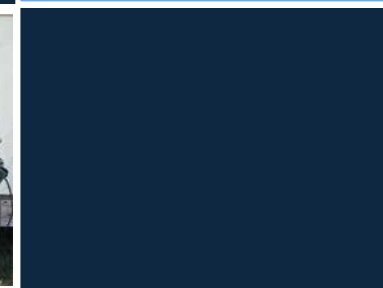
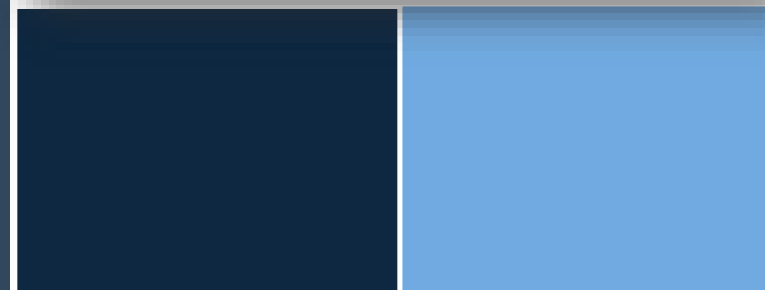


Long Term Services & Supports

Payer Source and Level of Care (LOC) 101



Source of “Truth”

Rules of Tennessee Department of Finance and Administration Division of TennCare

Rules of Tennessee Department of Finance and Administration
Bureau of TennCare

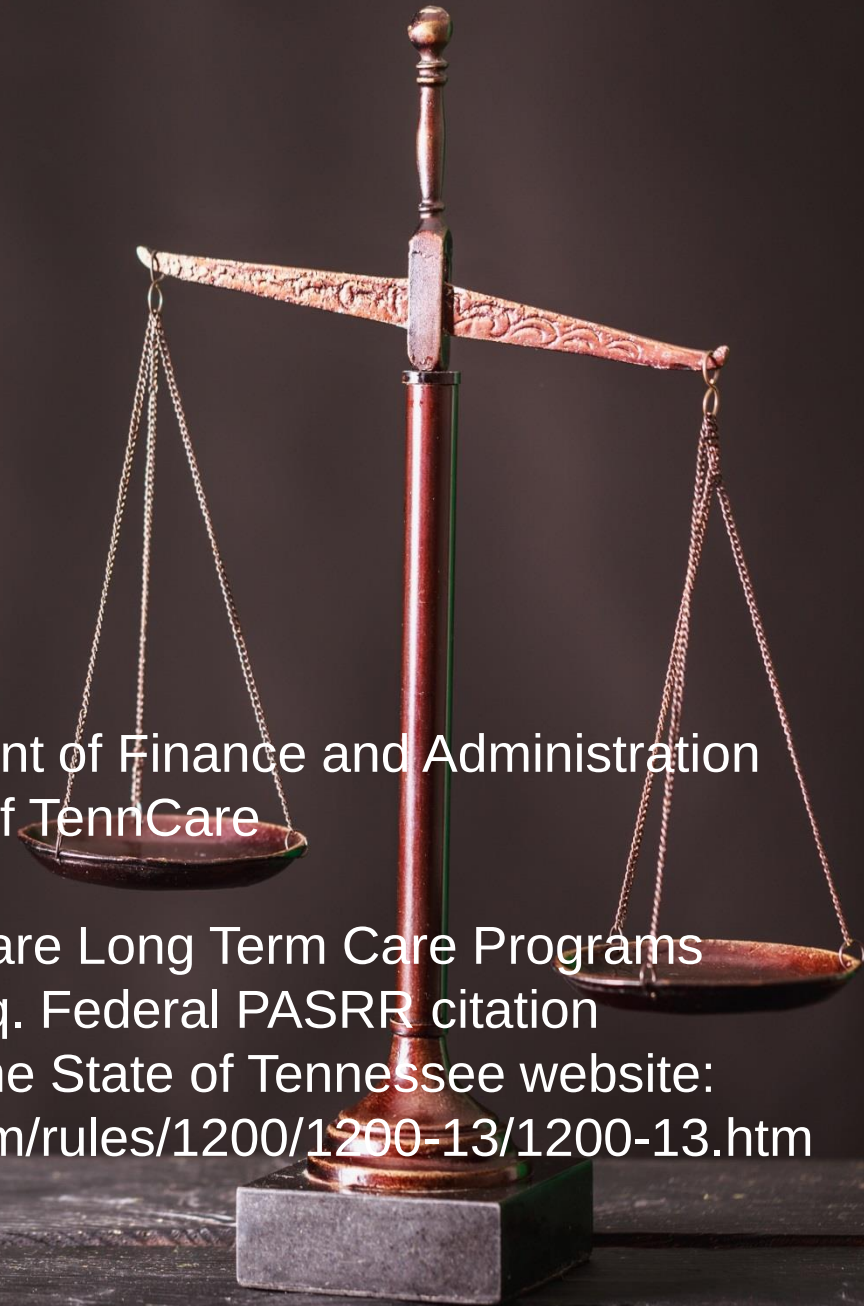
Chapter 1200-13-01 TennCare Long Term Care Programs
42 CFR 483.100 et. seq. Federal PASRR citation

The rules can be found on the State of Tennessee website:
<https://publications.tnsosfiles.com/rules/1200/1200-13/1200-13.htm>

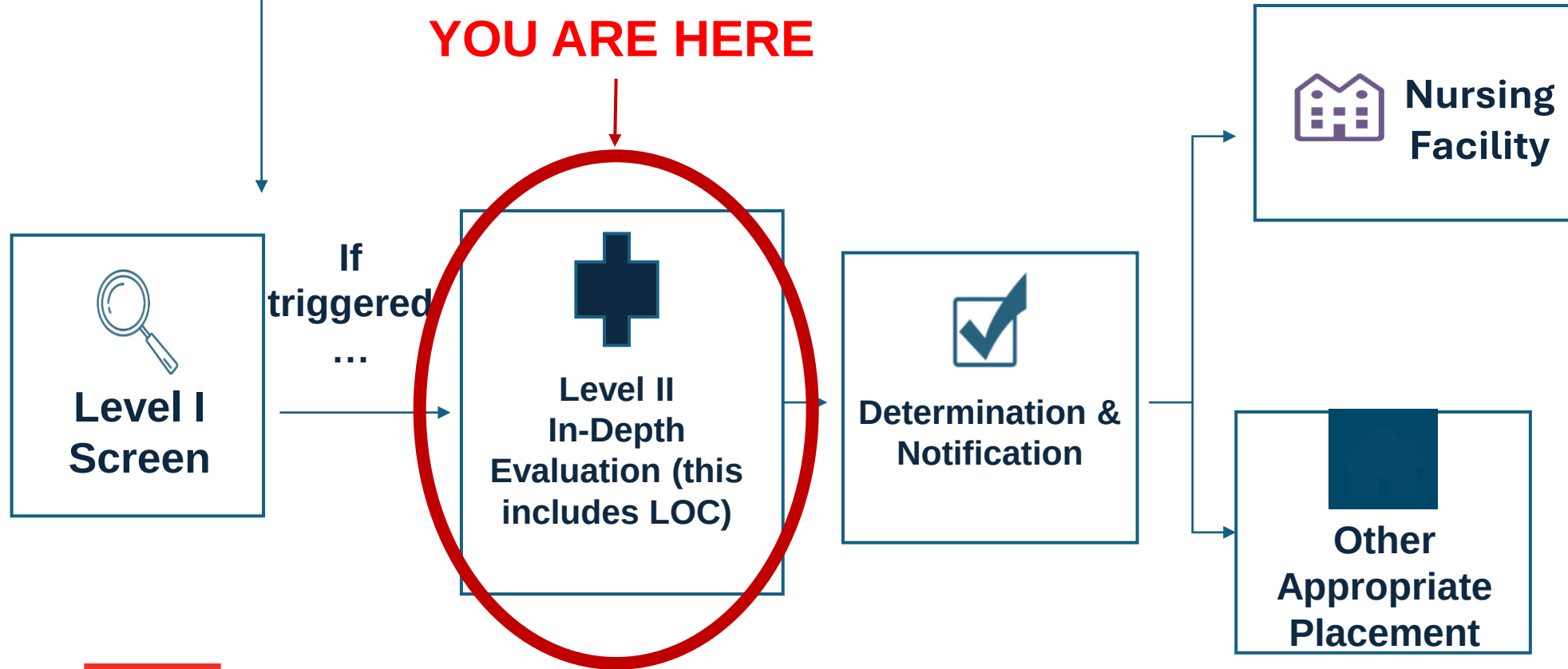


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PASRR Process Refresher



PASRR Process Refresher

- **Remember:**

- Every applicant admitted to a Medicaid Certified facility must have a **Level 1 PASRR** submitted.
 - **Level 1 Negative** = No PASRR condition
 - Can admit to NF
 - **Level 1 Positive** = Confirmed or suspected PASRR condition (Serious mental illness, Intellectual Disability (ID)/Developmental Disability (DD), or related condition)
 - **Required onsite Level 2 evaluation** (in-depth evaluation, which includes Level of Care (LOC)).



Level of Care

What is Level of Care?

“Level of Care (LOC)” is utilized to determine an individual’s **medical eligibility** to receive services in a Medicaid Certified Nursing Facility.

LOC assess the individual's abilities to perform certain ADL functions, as well as the need for skilled services and/or ERC

LOC assessed with a Level II PASRR and a PAE in PERLSS

- For those individuals who have a PASRR LOC submitted with a Payor source Medicaid or Medicaid Pending and for those individuals who have a PAE's submitted directly into PERLSS the LOC is assessed using TennCare's NF LOC criteria (score of 9 or higher or an approval with at least one approved significant deficit and an approval through safety).
- For all PASRR LOCs submitted with a payor source other than Medicaid or Medicaid Pending, "TennCare's at Risk LOC" (approval of one significant functional deficit) is assessed to determine if the individual meets the criteria to be admitted into the nursing facility.
- PAE's are submitted into PERLSS
- PASRR LOC's are submitted to Maximus

The PASRR LOC and the PAE are identical and are adjudicated in the manner utilizing TennCare Rule.

Level of Care: Why Is It Important?

- The primary reason LOC is important:
 - It determines whether or not an individual is **medically appropriate** to remain in or admit to a Nursing Facility

Summary of PASRR LOC...

If an applicant is in the PASRR population:

The applicant has (or is suspected) an SMI, ID and/or DD or RC



Outcome: **Positive Level I** screen

Results in a referral for a full Level II evaluation;



The Level of Care (LOC) screen **must be submitted** along with medical documentation to **Maximus** to initiate the Level II evaluation.

A female caregiver with brown hair in a ponytail, wearing a white short-sleeved polo shirt with green trim on the cuffs and collar, and blue jeans, is leaning over a green armchair. She is smiling and looking at an elderly male patient. The patient has white hair, wears glasses, a blue long-sleeved shirt, and a dark blue vest. He is sitting in the armchair, smiling back at the caregiver. His right hand is resting on his knee, and there is a white bandage on his wrist. The background shows a window with floral curtains and a bookshelf. A semi-transparent dark blue rectangle is overlaid on the right side of the image, containing the text 'Payer Source' in white serif font.

Payer Source

What does Payer Source have to do with it?

- PASRR's have different payer sources
 - (1) Medicaid/Medicaid Pending
 - (2) Medicare/Other

(other can include Private Pay/Hospice)
- The payer sources have different requirements (**“thresholds”**) to meet LOC

Payer Source: Why Is It Important?

- Understanding the payer source will help you:
 - Submit your Level I correctly and
 - Submit your LOC to the correct entity (Maximus or TennCare/PERLSS)
 - Have the correct LOC threshold criteria applied****If you do not submit the correct Payer Source, the correct LOC criteria will not be applied****
- **Remember:** There isn't a different "type" of PASRR submitted...
 - If a Positive Level I leads to a Positive Level II, LOC is performed regardless of the payer source.
 - The Payer Source then determines the criteria or “**threshold**” the individual must have to meet LOC requirements

Payer Source Tips: **Medicare** or other payer source

- A PASRR submitted with:
 1. Medicare or other payer source
 - 2. In the PASRR population (Level 1 positive)**
 3. The LOC must be submitted to Maximus
 4. Threshold for LOC is 1 Significant functional deficit
 5. Submit LOC (PAE) in PERLSS when the individual becomes financially eligible for Medicaid.
 6. Submit the MOPD into PERLSS after the individual has been determined to meet TennCare's NF LOC

*When individual becomes financially eligible for Medicaid,
a PAE must be submitted via PERLSS.*

Payer Source Tips: **Medicare** or other payer source

- A PASRR submitted with:
 1. Medicare or other payer source
 - 2. Not in PASRR population (Level 1 negative),**
 3. Submit LOC (PAE) submission via PERLSS when the individual becomes financially eligible for Medicaid
 4. Submit the MOPD into PERLSS after the individual has been determined to meet TennCare's NF LOC

***When individual becomes financially eligible for Medicaid,
a PAE must be submitted via PERLSS.***

Payer Source Tips: **Medicaid**/Medicaid pending

- A PASRR submitted with:
 1. **Medicaid/Medicaid pending** payer source
 2. **In the PASRR population (Level 1 positive)**
 3. The LOC must be submitted to Maximus.
 4. LOC Threshold is a acuity score of 9 or greater or 1 significant functional deficit and it is determined that the individual can not be safely served in CHOICES Group 3.
 5. Must enter the admission date into Path Tracker
 6. No LOC (PAE) submission MOPD required in PERLSS

***A PAE not required in PERLSS:** Medical Eligibility (LOC) will be determined through Level II Eval.*

Payer Source Tips: **Medicaid**/Medicaid pending

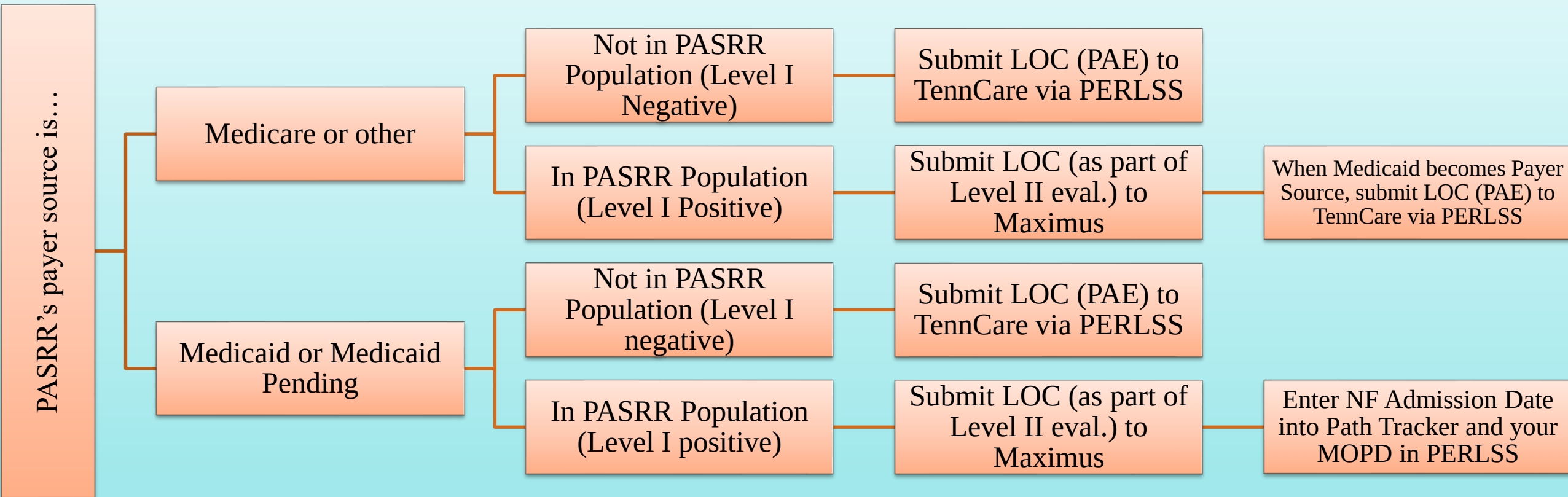
- A PASRR submitted with:
 1. Medicaid/Medicaid pending payer source
 - 2. Not in the PASRR population (Level 1 negative)**
 3. Submit LOC (PAE) must be submitted to PERLSS when the individual becomes financially eligible for Medicaid.
 4. Submit the MOPD into PERLSS after the individual has been determined to meet TennCare's NF LOC.

When individual becomes financially eligible for Medicaid, a PAE must be submitted via PERLSS.

Payer Source Tips: **Hospice**

- Hospice is a TennCare benefit, not an LTSS CHOICES benefit, Therefore Medicaid is not the payer that should be selected.
- You will select **Hospice** as the payer source
- Level of Care for Hospice is at least one significant deficit in an activity of daily living or related function on the TennCare NF LOC Acuity Scale.

Payer Source and LOC/PAE



This chart will help you decide how to proceed based on the PASRR's payer source.

Payer Source Tips: Path Tracker

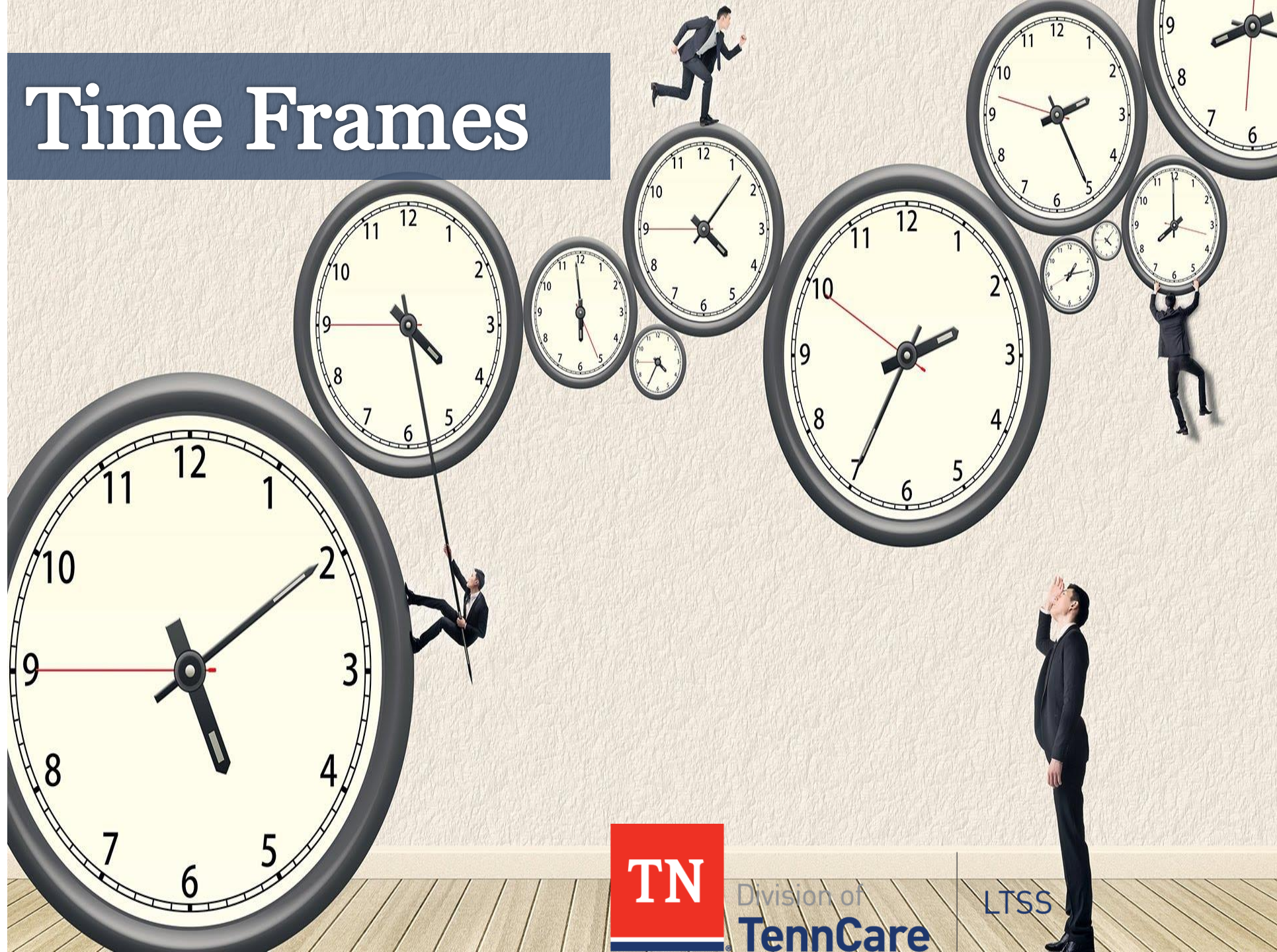
- **Path Tracker:**
 - Located in the PASRR system.
 - Only Nursing Facilities use Path Tracker
 - Must complete: (within 2 days)
 - Admission notice
 - Discharge notice or
 - Transfer
- **MOPD in PERLSS**

Payer Source Tips: MOPD

Medicaid Only Payer Date (MOPD) per TennCare Rule...

- The date a NF certifies that Medicaid reimbursement for NF services will begin because the Applicant has been admitted to the facility and all other primary sources of reimbursement (including Medicare and private pay) have been exhausted.
- (This does not preclude the Applicant's responsibility for payment of Patient Liability as described in these rules.)
- Must be **known (not projected)** as it results in determination of eligibility for Medicaid reimbursement of NF services
- The PAE may be submitted without an MOPD, however the facility must submit the MOPD as soon as it becomes known. Enrollment (PAYMENT) will not begin until MOPD is entered.

Time Frames



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Level II Evaluation Time Frame

If a Level I screen is referred for a Level II evaluation:

The submitter has up to **10 business days** from the date of Maximus Request to submit the required documentation.



Delays in submitting documentation will delay the decision!

Once all the required PASRR/LOC documentation is received,

Maximus has up to **3 business days** to complete the Level II Evaluation



Scenario 1

You have received a notification that the Level II process has begun and you need to complete the LOC screen.

What is the timeframe to submit the LOC screen & supporting documentation?

Scenario 1: Answer

You have received a notification that the Level II process has begun and you need to complete the LOC screen.

What is the timeframe to submit the LOC screen & supporting documentation?

- You must complete the LOC screen **within 10 business days** and upload supporting documentation to the Maximus system just as you would for a PAE submitted via PERLSS.

Scenario 2

PASRR submitted with Medicare payer source
Level 1 positive (in PASRR population).

Where do you submit the LOC?

Scenario 2: Answer

PASRR submitted with Medicare payer source (in PASRR population).

Where do you submit the LOC?

- Maximus
- Remember: A PAE must be submitted via PERLSS when Medicaid becomes the payer source

Scenario 3

PASRR submitted with Medicare payer source and applicant is determined not in PASRR population.

Where do you submit the LOC?

Scenario 3: Answer

PASRR submitted with Medicare payer source and applicant is determined not in PASRR population.

Where do you submit the LOC?

- PERLSS

Scenario 4

PASRR submitted with Medicaid/Medicaid pending payer source and applicant is determined in PASRR population.

Where do you submit the LOC?

Scenario 4: Answer

PASRR submitted with Medicaid/Medicaid pending payer source and applicant is determined in PASRR population.

Where do you submit the LOC?

- Maximus
- (PAE is not required to be submitted in PERLSS)

Scenario 5

PASRR submitted Medicaid/Medicaid pending payer source and applicant is determined not in population.

Where do you submit the LOC?

Scenario 5: Answer

PASRR submitted Medicaid/Medicaid pending payer source and applicant is determined not in population.

Where do you submit the LOC?

- PERLSS

LOC/PAYER SOURCE SUMMARY

- Most importantly.... It determines whether or not an individual is medically appropriate to remain in or admit to a Medicaid Certified Nursing Facility
- LOC is the part of either the **Level II Eval** or **PAE** that determines **Medical Eligibility** for the CHOICES Program
- PASRSS LOC Determinations with a payor source of Medicaid or Medicaid Pending TennCare's Nursing Facility LOC will be determined thru the PASRR LOC and No PAE will be required to be submitted into PERLSS
- If the applicant is **not** in PASRR population or is in PASRR population and the payor source **IS NOT** Medicaid or Medicaid Pending... TennCare assess for TennCare's NF LOC criteria through a PAE submitted into PERLSS
- Both TennCare and Maximus use the same "**threshold**" criteria and process (developed by TennCare) to determine if the applicant meets LOC
- PASRR LOC criteria depends on the Payer Source

A photograph of a woman with blonde hair, wearing a white polo shirt, smiling and leaning over an elderly man. The man has grey hair and is wearing a blue and white checkered button-down shirt. He is seated and looking up at the woman with a smile. The background is a simple indoor setting with a window and a door.

Activities of Daily Living



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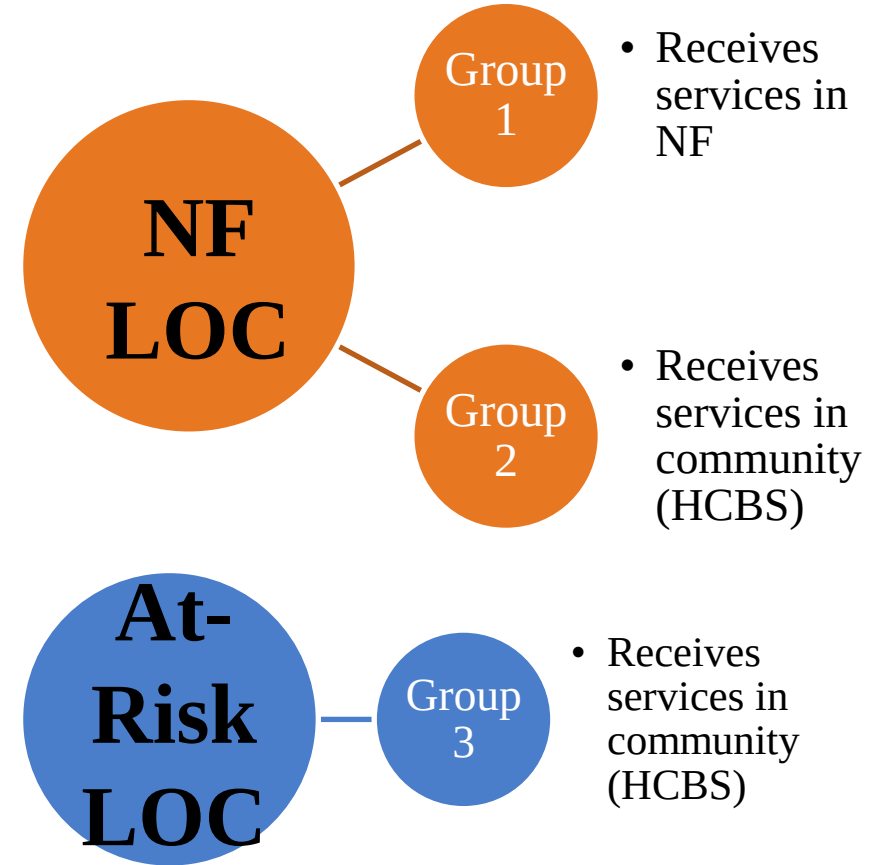
LOC Outcomes and their services

- **TennCare's NF LOC**

- Total Acuity Score of 9 or greater
OR
 - Have an approved Safety Determination Request (indicates needs cannot be safely met in At-Risk LOC/Group 3)

- **TennCare's At-Risk LOC**

- Total Acuity Score of less than 9
AND
 - At least 1 significant functional deficit**AND**
 - Be determined by TennCare that needs can be safely met in the community (HCBS)



“Safety Determination Request” Explained

- If an applicant meets **At-Risk LOC** (CHOICES Group 3)

AND

- there is concern the applicant’s needs cannot be safely met within the array of supports and services available...
- A Safety Determination Request may be submitted to TennCare along with the PAE in PERLSS or PASRR Level II Eval. in Maximus
 - This allows potential approval of NF LOC services “through safety determination approval”
- The Safety Determination Request should be completed at the time of initial PAE/LOC submission
 - Or can be requested during PAE revision/LOC reconsideration
- The process for submission of a Safety Determination request will be detailed in the “Safety Determinations, ERC, and Skilled Services” Training.

Documentation Requirements

- A completed PAE Certification Form: signed/dated by Assessor **and** signed/dated LOC Certifier(provider)
- Recent history & physical and/or other medical records supporting the functional deficits indicated on the PAE/LOC submission.
 - Must include **Medical Diagnoses**
- If you've requested skilled services/ERC...
 - Medical documentation to support
- This supporting documentation might be...
 - Nurses Notes, ADL flow sheets, MDS, BIMS, PT/OT/ST evaluation and notes, RT, etc.

Documentation Tips

- Please limit medical documentation to **only what is pertinent** to the submission. The LOC Nurse Reviewer will read **every page** of documentation.
- When signing the *Certification of Assessment*, you **attest** to the applicant's level of care needs.
 - There is **strong wording** in this section that must be **read carefully**.

PAE Certification Form Tips

PAE CERTIFICATION FORM

APPLICANT'S NAME: _____ **PAE REQUEST DATE:** _____

SSN: _____

REQUIRED ATTACHMENTS (When a PAE is required, the following attachments **must** be included)

- ✓ A recent History and Physical (completed within 365 days of the PAE Request Date or date of Physician Certification below, whichever is earlier) OR other recent medical records supporting the applicant's functional and/or skilled nursing or rehabilitative needs;
- ✓ Current Physician's Orders for NF service and/or level of NF reimbursement requested (as applicable); and
- ✓ Supporting documentation for reimbursement of skilled nursing and/or rehabilitative services or for a higher Cost Neutrality Cap (as applicable) based on the need for such services.

CERTIFICATION OF ASSESSMENT *May be completed by a Physician, Nurse Practitioner, Physician Assistant, Registered or Licensed Nurse, or Licensed Social Worker.*

I certify that the level of care information provided in this PAE is accurate. I understand that this information will be used to determine the applicant's eligibility and/or reimbursement for long-term care services. I understand that any intentional act on my part to provide false information that would potentially result in a person obtaining benefits or coverage to which s/he is not entitled is considered an act of fraud under the state's TennCare program and Title XIX of the Social Security Act. I further understand that, under the Tennessee Medicaid False Claims Act, any person who presents or causes to be presented to the State a claim for payment under the TennCare program knowing such claim is false or fraudulent is subject to federal and state civil and criminal penalties.

Assessor Name: _____ **Credentials:** _____ **Date:** _____

PHYSICIAN CERTIFICATION of LEVEL OF CARE (NF Services Only)
Must be completed by a Physician (MD or DO), Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist.

I certify that the applicant requires the level of care provided in a nursing facility and that the requested long-term care services are medically necessary for this applicant. Medically necessary care in a nursing facility must be expected to improve or ameliorate the individual's physical or mental condition, to prevent a deterioration in health status, or to delay progression of a disease or disability, and such care must be ordered and supervised by a physician on an ongoing basis. I understand that this information will be used to determine the applicant's eligibility for long-term care services. I understand that any intentional act on my part to provide false information that would potentially result in a person obtaining benefits or coverage to which s/he is not entitled is considered an act of fraud under the state's TennCare program and Title XIX of the Social Security Act. I further understand that, under the Tennessee Medicaid False Claims Act, any person who presents or causes to be presented to the State a claim for payment under the TennCare program knowing such claim is false or fraudulent is subject to federal and state civil and criminal penalties. **Original signature, NPI, Medicaid ID, and date must be completed by a Physician (MD or DO), Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist with the date the level of care is certified.**

DIAGNOSES relevant to applicant's functional and/or skilled nursing needs:

Printed Name of LOC Certifier: _____ **NPI:** _____ **Medicaid ID:** _____

Signature and Credentials: _____ **Signature Date:** _____

COMPLETE THE SECTION BELOW ONLY IF THE PAE MUST BE RECERTIFIED

CERTIFICATION UPDATE: I certify that the applicant's medical condition on the recertified PAE is consistent with that described in the initial certification and that Nursing Facility services (or an equivalent level of HCBS) are medically necessary for the applicant.		
Recert PAE Request Date	Signature of Physician (for NF)	Date of Signature

All highlighted areas must be completed

LOC Assessment: Acuity Scale

- How are PAE/LOC outcome determinations made?
 - PAE/LOC determinations include an **assessment** of certain functional needs:
 - the need for assistance with **Activities of Daily Living (ADLs)**and an assessment of **certain clinical needs**.
- You must submit documentation to support the level of **deficit** you've indicated on the submission
- What are **deficits** and how are they assessed/scored??
 - We use the “**LOC Acuity Scale**.”
 - This is a tool that scales the applicant's ability to perform ADLs.

LOC Assessment: Acuity Scale

Acuity Scale

The acuity scale applies weighted values to the answer that you provide to each question on the functional assessment:

ADL (or related) Deficiencies

		Weights					
Functional Measure	Condition	Always	Usually	Usually Not	Never	Max Individual Score	Max Acuity Score
Transfer	Highest value of two measures	0	1	3	4	4	4
Mobility		0	1	2	3	3	
Eating		0	1	3	4	4	4
Toileting	Highest value of three possible questions for the toileting measure	0	0	1	2	2	3
Incontinence care		0	1	2	3	3	
Catheter/ostomy care		0	1	2	3	3	
Orientation		0	1	3	4	4	4
Expressive communication	Highest value of two possible questions for the communication measure	0	0	0	1	1	1
Receptive communication		0	0	0	1	1	
Self-administration of medication	First question only (excludes SS Insulin)	0	0	1	2	2	2
Behavior		3	2	1	0	3	3
Maximum Possible ADL (or related) Acuity Score							21

Skilled Services & ERC

- Skilled Services & ERC are also taken into consideration (if you've requested them with the submission). Supporting documentation should be submitted.

Skilled Services List

Ventilator (Does not include vent weaning services)
Infrequent tracheal suctioning
Total Parenteral Nutrition
Complex wound care (e.g., infected wounds, dehiscent wounds, 3 or more stage 3 and/or stage 4 wounds)
Wound care for stage 3 or 4 decubitus
Peritoneal Dialysis
Tube feeding, enteral
Intravenous fluid administration
Injections, sliding scale
Injections, other IV, IM
Isolation precautions
PCA pump
Occupational therapy by OT or OT assistant
Physical therapy by PT or PT assistant
Teaching catheter/ostomy care
Teaching self injection

Enhanced Respiratory Care (ERC) List

Chronic Ventilator Service
Secretion Management Tracheal Suctioning

Acuity Scale Response Options

- The LOC Acuity Scale is a tool that scales the applicant's ability to perform ADLs.
- Response options:
 - **Always**: Always performs function independently
 - **Usually**: Requires assistance only 1-3 days per week
 - **Usually Not**: Requires assistance 4 or more days per week
 - **Never**: Never performs function independently
- For the area of Behavior the definitions listed above are reversed

Acuity Scale Response Options: Behaviors

Behaviors

Never: Never has Behaviors

Usually Not: Exhibits behaviors 1-3 days per week

Usually: Exhibits behaviors 4 or more days per week

Always: Exhibits behaviors 7 days per week

Transfer

TennCare Rule says...

The Applicant is incapable of transfer to and from bed, chair, or toilet unless **physical assistance** is provided by others on an ongoing basis (daily or at least four days per week).

Approval of this deficit shall require documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of transfer assistance required.

What Does Transfer Mean?

- Transfer is the act of moving from one surface to another
- The surface may include the following: bed, chair or toilet
- Approval of the deficit requires supporting documentation that **physical (HANDS ON) assistance** is needed to transfer

Mobility

TennCare Rule says...

The Applicant requires **physical assistance** from another person for mobility on an ongoing basis (daily or at least four days per week). Mobility is defined as the ability to walk, using mobility aids such as a walker, crutch, or cane if required, or the ability to use a wheelchair (manual or electric) if walking is not feasible. The need for a wheelchair, walker, crutch, cane, or other mobility aid shall not by itself be considered to meet this requirement.

Approval of this deficit shall require documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of mobility assistance required.

What Does Mobility Mean?

- Mobility is the applicant's ability ambulate either via walking or wheelchair.
 - If the applicant can usually not or never ambulate, the wheelchair question must be answered.
- Approval of the deficit requires supporting documentation that **physical (HANDS ON) assistance** is needed to walk or propel wheelchair

Eating

TennCare Rule says...

The Applicant requires **physical assistance** with gastrostomy tube feedings or **physical assistance or constant one-on-one observation and verbal assistance** (reminding, encouraging) 4 or more days per week to consume prepared food and drink (or self-administer tube feedings, as applicable) **or must be fed part or all of each meal. Food preparation, tray set-up, assistance in cutting up foods, and general supervision of multiple residents shall not be considered to meet this requirement.**

Approval of this deficit shall require documentation which supports the need for such intervention, along with evidence that in the absence of such physical assistance or constant one-on-one observation and verbal assistance, the Applicant would be unable to self-perform this task.

What Does Eating Mean?

- Eating is a person's ability to pick up food or drink, bring it to one's mouth, chew and/or swallow it.

Approval of the deficit requires supporting documentation that

- **physical (HANDS ON) assistance**

OR

- **constant** one-on-one observation and verbal assistance is needed to consume prepared food and drink (or tube feeds).

Toileting

TennCare Rule says...

The Applicant requires **physical assistance** from another person to use the toilet or to perform incontinence care, ostomy care, or catheter care on an ongoing basis (daily or at least four days per week).

Approval of this deficit shall require documentation of the specific type and frequency of toileting assistance required.

What Does Toileting Mean?

- Toileting is the ability to use the toilet,
Or to perform incontinence care,
Or ostomy care, or catheter care.
- This includes **cleaning** oneself and **pulling up clothing**.
- It does not include getting on and off the toilet (transferring).
- Approval of the deficit requires supporting documentation that **physical (HANDS ON) assistance** is needed to perform toileting/ incontinence/ catheter/ ostomy hygiene

Orientation

TennCare Rule says...

The Applicant is disoriented to person (e.g., fails to remember own name, or recognize immediate family members), place (e.g., does not know residence is a NF), or event/situation (e.g., is unaware of current circumstances in order to make decisions that prevent risk of harm) daily or at least four days per week.

Approval of this deficit shall require documentation of the specific orientation deficit(s), including the frequency of occurrence of such deficit(s), and the impact of such deficit(s) on the Applicant.

What Does Orientation Mean?

- Orientation assesses the applicant's awareness to person, place **OR** event situation.
- Person means self and immediate family
- Place means the person's location
- Event is unaware of current circumstances in order to make decisions that prevent risk of harm

Communication

TennCare Rule says...

The Applicant is incapable of reliably communicating basic needs and wants (e.g., need for assistance with toileting; presence of pain) in a manner that can be understood by others, including through the use of assistive devices; or the Applicant is incapable of understanding and following very simple instructions and commands without continual intervention (daily or at least four days per week).

Approval of this deficit shall require documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of communication assistance required.

What Does Communication Mean?

- Expressive communication is the ability to accurately convey basic needs and wants. The person may utilize a communication aid (IPAD, picture board).
- Receptive communication is the ability to understand and follow simple one step instructions. These instructions must be within their functional abilities.

Medication

TennCare Rule says...

The Applicant is not cognitively or physically capable (daily or at least four days per week) of self-administering prescribed medications at the prescribed schedule despite the availability of limited assistance from another person. Limited assistance includes, but is not limited to, reminding when to take medications, encouragement to take, reading medication labels, opening bottles, handing to Applicant, reassurance of the correct dose, and the use of assistive devices including a prepared medication box. An occasional lapse in adherence to a medication schedule shall not be sufficient for approval of this deficit; the Applicant must have physical or cognitive impairments which persistently inhibit his or her ability to self-administer medications.

Approval of this deficit shall require evidence that such interventions have been tried or would not be successful, and that in the absence of intervention, the Applicant's health would be at serious and imminent risk of harm.

What Does Medication Mean?

- Medication administration is the ability to self administer prescribed long- term medication while utilizing limited assistance from another person.

Behavior

TennCare Rule says...

The Applicant requires persistent staff or caregiver intervention and supervision (daily or at least four days per week) due to an established and persistent pattern of behavioral problems which are not primarily related to a mental health condition (for which mental health treatment would be the most appropriate course of treatment) or a substance abuse disorder (for which substance abuse treatment would be the most appropriate course of treatment), and which, absent such continual intervention and supervision, place the Applicant or others at imminent and serious risk of harm. Such behaviors may include physical aggression (including assaultive or self-injurious behavior, destruction of property, resistive or combative to personal and other care, intimidating/threatening, or sexual acting out or exploitation) or inappropriate or unsafe behavior (including disrobing in public, eating non-edible substances, fire setting, unsafe cooking or smoking, wandering, elopement, or getting lost).

Approval of this deficit shall require documentation of the specific behaviors and the frequency of such behaviors.

What Does Behavior Mean?

- Behavior is a consistent pattern of actions **not related to mental illness or substance abuse** that **may result in harm** to self or others.
- Due to this behavior, the person requires **persistent intervention** from staff members or caregivers.



Examples

Transfer & Mobility Example

Doug has MS and is usually not able to transfer himself from his bed to the wheelchair due to weakness. He requires physical (**hands on**) assistance from another person to transfer 5-6 days per week. He is wheelchair bound and cannot self-propel his wheelchair due to weakness.

- Is Doug able to transfer?
- Is Doug mobile?

Transfer & Mobility Example: Answer

- Is Doug able to transfer?
 - Usually Not
- Is Doug mobile?
 - Never

Eating Examples

- Stan has Parkinson's disease with tremors. While he is able to grasp eating utensils, he spills most of the food and is unable to consume an adequate amount. He must always be physically fed.

Is Stan able to Eat?

Eating Examples: Answer

- Is Stan able to Eat?
 - No (Never)

Toileting Example

- Alma has a neurogenic bladder with a foley-catheter, a stroke that resulted in complete dominant-side hemiparesis, and fecal incontinence. She is never able to complete toileting hygiene, complete her incontinence care, or care for her catheter.
- Is Alma able to toilet?
- Is Alma able to perform her incontinence care?
- Is Alma able to perform her catheter care?

Toileting Example: Answer

- Is Alma able to toilet?
 - No (Never)
- Is Alma able to perform her incontinence care?
 - No (Never)
- Is Alma able to perform her catheter care?
 - No (Never)

Orientation Example

- Earl has dementia. He is aware of his name and location; however he is not able to recognize harmful situations and is unable to keep himself safe on a daily basis.
- Is Earl oriented?

Orientation Example: Answer

- Is Earl oriented?
 - No (Never)

Expressive Communication Example

- Edna had a stroke and now experiences garbled speech daily, however she is able to successfully utilize a communication board.
- Is Edna able to express her needs?

Expressive Communication Example: Answer

- Is Edna able to express her needs?
 - No (Never)

Receptive Communication Example

- Dorothy has a TBI and is never able to follow the Physical Therapist's instructions.
- Is Dorothy able to Receptive Communicate?

Receptive Communication Example: Answer

- Is Dorothy able to Receptive Communicate?
 - No (Never)

Medications Examples

- Harold has diabetic neuropathy and is prescribed daily fixed-dose insulin. Harold cannot grasp the insulin needle.

Is Harold able to administer his medications?

Medications Examples: Answers

- Is Harold able to administer his medications?
 - No (Never)

Behavior Example

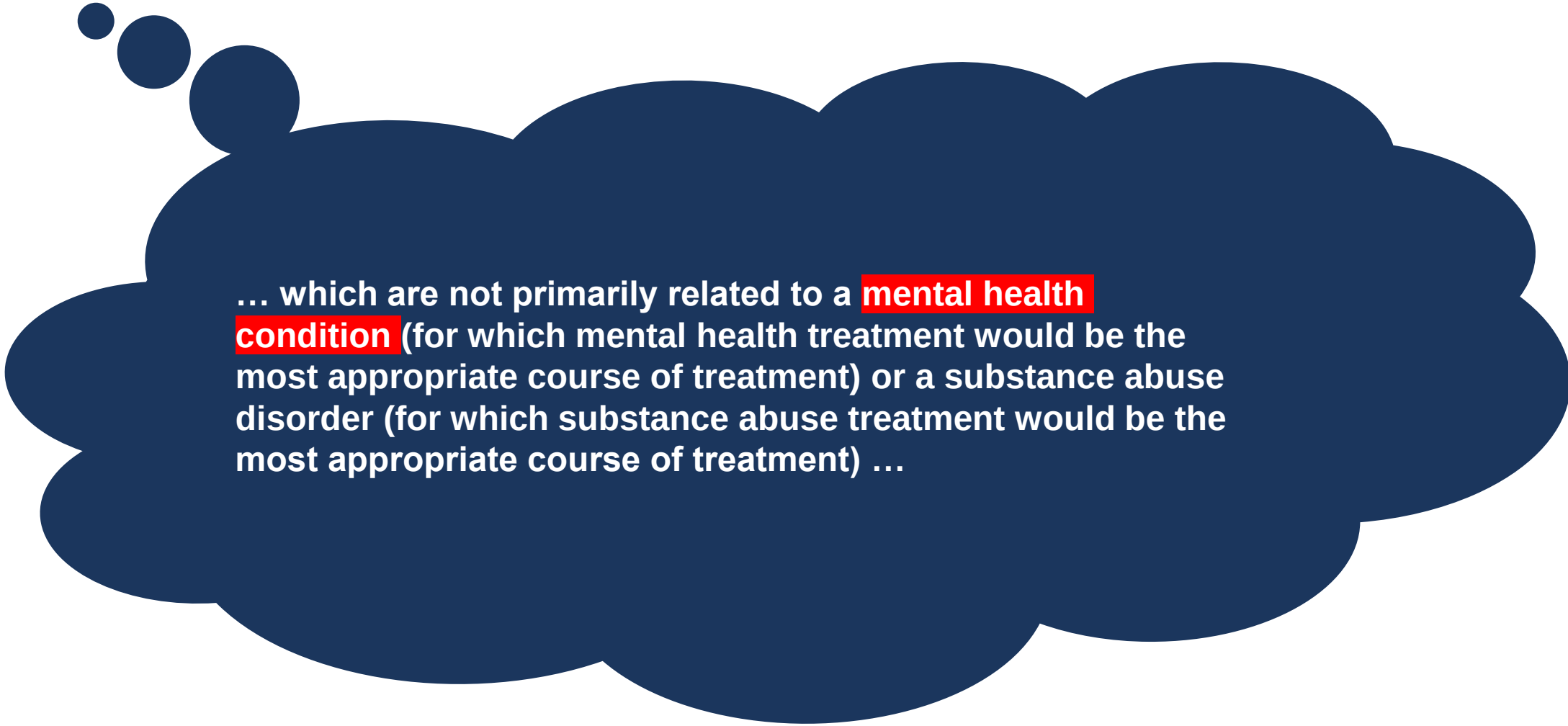
- Jim has dementia. He hit his Caregiver with his fist 2 – 3 times per week. Dementia is his only medical diagnosis.

Does Jim have behaviors?

Behaviors Example: Answer

- Yes, Jim Usually Does not have behaviors.

Behaviors



... which are not primarily related to a **mental health condition** (for which mental health treatment would be the most appropriate course of treatment) or a substance abuse disorder (for which substance abuse treatment would be the most appropriate course of treatment) ...

Questions



Thank you
for your participation today!