### INDEPENDENT HOUSING WITH SERVICES (IHSP)

<table>
<thead>
<tr>
<th>CH.1</th>
<th>In Section E, Physical Functioning/Structural Problems, are at least 2 ADLs from the following: bed mobility, transfer, locomotion, dressing, eating, toilet use, or bathing coded with a 2, 3, or 4 in self-performance AND a 2 or 3 in support?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Yes</strong> __ No __</td>
</tr>
<tr>
<td>CH.2</td>
<td>In Section P, Instrumental Activities of Daily Living, are at least 3 IADLs from the following: 1. b. main meal preparation, 2. b. routine housework, 2. c. grocery shopping, 2. d. laundry, coded with a 2 or 3 in self-performance AND a 2 or 3 in support?</td>
</tr>
<tr>
<td></td>
<td><strong>Yes</strong> __ No __</td>
</tr>
<tr>
<td>CH.3</td>
<td>In Section E, Physical Functioning/Structural Problems, is at least 1 ADL from the following: bed mobility, transfer, locomotion, dressing, eating, toilet use, or bathing coded with a 2, 3, or 4 in self-performance AND a 2 or 3 in support? AND in Section P, Instrumental Activities of Daily Living, are at least 2 IADLs from the following: 1. b. main meal preparation, 2. b. routine housework, 2. c. grocery shopping, 2. d. laundry, coded with a 2 or 3 in self-performance and a 2 or 3 in support?</td>
</tr>
<tr>
<td></td>
<td><strong>Yes</strong> __ No __</td>
</tr>
</tbody>
</table>

If the answer to CH. 1, CH. 2, OR CH. 3 is **Yes**, score this section with a “1.”

The consumer appears to be functionally eligible for Independent Housing with Services.

### ADULT DAY PROGRAM

<table>
<thead>
<tr>
<th>AD.1</th>
<th>In Section E, Physical Functioning/Structural Problems, were d., e., f., and 4 (dressing, eating, toilet use, and bathing) all coded with a 5 (cuing) in self-performance AND support? OR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Yes</strong> __ No __</td>
</tr>
<tr>
<td>AD.2</td>
<td>In Section E, Physical Functioning/Structural Problems, were one or more of the following 7 ADLs (bed mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) coded with a 2, 3, or 4 in self-performance AND a 2 or 3 in support?</td>
</tr>
<tr>
<td></td>
<td><strong>Yes</strong> __ No __</td>
</tr>
</tbody>
</table>

If the answer to either AD. 1. OR AD. 2. is **"YES,"** score this section with a “1.”

The consumer appears to be functionally eligible for the Adult Day Program.

### HOMEMAKER SERVICES

<table>
<thead>
<tr>
<th>HM.1</th>
<th>In Section P, Instrumental Activities of Daily Living, are at least three of the following IADLS: 1b. main meal preparation, 2b. routine housework, 2c. grocery shopping, or 2d. laundry, coded with a 2 or 3 (needs assistance or dependent) in self-performance AND a 3 or 4 in support? OR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Yes</strong> __ No __</td>
</tr>
<tr>
<td>HM.2</td>
<td>In Section E, Physical Functioning/Structural Problems, is g. personal hygiene or d. dressing, coded with a 2, 3 or 4 in self-performance AND a 2 or 3 in support AND is at least 1 of the following: 1b. main meal preparation, 2b. routine housework, 2c. grocery shopping, or 2d. laundry coded with a 2 or 3 in self performance and a 3 or 4 in support?</td>
</tr>
<tr>
<td></td>
<td><strong>Yes</strong> __ No __</td>
</tr>
</tbody>
</table>

If the answer to either HM. 1. OR HM. 2. is **"YES,"** score this section with a “1.”

Consumer appears to be functionally eligible for OES Homemaker Services.

### MAINECARE HOME HEALTH

<table>
<thead>
<tr>
<th>H.H.A. a.</th>
<th>In Section A, Nursing Services, were any items A1-A10 coded with a 1, 2, 3, 4, or 7?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Yes</strong> __ No __</td>
</tr>
<tr>
<td>b.</td>
<td>In Section A, was item A12 Therapy coded with a 1?</td>
</tr>
<tr>
<td></td>
<td><strong>Yes</strong> __ No __</td>
</tr>
<tr>
<td>c.</td>
<td>In Section A, was item A3, Assessment/Management, coded with a 7 (assessment needed twice a month)?</td>
</tr>
<tr>
<td></td>
<td><strong>Yes</strong> __ No __</td>
</tr>
<tr>
<td>d.</td>
<td>In Section B, were items were items a-d, g-k, coded with a 1, 2, or 7?</td>
</tr>
<tr>
<td></td>
<td><strong>Yes</strong> __ No __</td>
</tr>
<tr>
<td>(B.e.</td>
<td>Venipuncture and B.f. Monthly Injection are not criteria for MaineCare Home Health.)</td>
</tr>
<tr>
<td></td>
<td><strong>Yes</strong> __ No __</td>
</tr>
</tbody>
</table>

If the answer to any of these questions is **"YES,"** then score this section with a “1.”

Consumer appears to be medically eligible for MaineCare Home Health (excluding Therapies—see below).

### MaineCare Home Health Therapies

<table>
<thead>
<tr>
<th>H.H.B. a.</th>
<th>In Section A, was it A11.B Rehab Potential* coded with a 1?</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>In Section A, was it A12 Therapy coded with a 1?</td>
</tr>
<tr>
<td></td>
<td><strong>Yes</strong> __ No __</td>
</tr>
<tr>
<td>* NOTE:</td>
<td>A person must have physician documentation of rehab potential to receive therapies under MaineCare Home Health.</td>
</tr>
</tbody>
</table>

If the answer to both of these questions is **"YES,"** then score this section with a “1.”

Consumer appears to be medically eligible for MaineCare Home Health Therapies.
MAINECARE DAY HEALTH SERVICES - LEVEL 1

DH.1.A In Clinical Detail, Section E, Physical Functioning/Structural Problems, were d, e, f and 4 (dressing, eating, toilet use, and bathing) all coded with a ‘5’ (cueing) in Self-Performance AND Support?

Yes ___ No ___

OR

DH.1.B In Clinical Detail, Section E, Physical Functioning/Structural Problems, were 2 of the following 7 ADLs (bed mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) coded with a 2, 3, or 4 in Self-performance AND a 2 or 3 in Support?

Yes ___ No ___

If the answer to either DH.1.A or DH.1.B is ‘yes,’ score this section with a ‘1’. Person appears to be functionally eligible for MaineCare Day Health Services - Level I.

MAINECARE DAY HEALTH SERVICES - LEVEL 2

DH.2.A In Clinical Detail, Section E, Physical Functioning/Structural Problems, were at least 2 ADLs from the following 5 ADLs (bed mobility, transfer, locomotion, eating or toilet use) coded with a 3 or 4 in self-performance and a 2 or 3 in support?

Yes ___ No ___

If the answer to DH.2.A is ‘yes,’ score this section with a ‘1’. Person appears to be functionally eligible for MaineCare Day Health Services - Level 2.

OR

DH.2.B Cognition Threshold:
(a) Is Section C1a (short-term memory) coded with a 1?
Yes ___ No ___

(b) In Section C2 (memory recall) are 1 or 2 boxes checked in C2a-C2d or is C2e, None of the Above, checked (Person is able to recall no more than 2 items)?
Yes ___ No ___

(c) Is Section C3 (Decision-making skills) coded with a 2 or 3?
Yes ___ No ___

If the answers to ALL of the above questions are ‘Yes’, score this section with a ‘1’.

DH.2.C Behavior Threshold: In Section D, Problem Behavior, are one or more of the behaviors D1a-D1d coded with a 2 or 3? If Yes, score this section with a ‘1’.

DH.2.D In Clinical Detail, Section E, Physical Functioning/Structural Problems, was at least 1 ADL from the following 5 ADLs (bed mobility, transfer, locomotion, eating or toilet use) coded with a 3 or 4 in self-performance and a 2 or 3 in support? If Yes, score this section with a ‘1’.

If the total score from DH.2.B + DH.2.C + DH.2.D is 2 or more, person appears to be functionally eligible for MaineCare Day Health Services - Level 2.

MAINECARE DAY HEALTH SERVICES - LEVEL 3

DH.3 If person is medically eligible for NF Level of Care (NF.7 on page 7 of 7 under Eligibility Determination), score this section with a ‘1’.

If DH.3 is scored with a ‘1’, the person appears to be functionally eligible for MaineCare Day Health Services - Level 3.
### HOME BASED CARE - LEVEL 1

**H.1.A** In Section E, Physical Functioning/Structural Problems, were d., e., f., and 4 dressing, eating, toilet use, and bathing) all coded with a 5 (cueing) in self-performance AND support?  
Yes [ ] No [ ]

**H.1.B** In Section E, Physical Functioning/Structural Problems, how many ADLs from the following 7 ADLs: bed mobility, transfer, locomotion, eating, toilet use, dressing, or bathing were coded with a 2, 3 or 4 in self-performance AND a 2 or 3 in support?  

**H.1.C** In Section A, items 1-11, Professional Nursing Services, how many boxes were coded with at least a 1 (needed nursing service at least one day a week)?  

**H.1.D** In Section P, Instrumental Activities of Daily Living, how many IADLs from items 1b. main meal preparation, 2b. routine housework, 2c. grocery shopping, or 2d. laundry were coded with a 2 or 3 (assistance/done with help or dependent/done by others) in self-performance AND a 3 or 4 in support?  

**H.1.E** If the answer to H.1. (cueing) is “YES,” score this section with a “1.”  

**H.1.F** If the person requires assistance with at least one ADL from the following 7 ADLs: bed mobility, transfer, locomotion, eating, toilet use, dressing, or bathing, AND the TOTAL score from H.1.B+C+D above is equal to or greater than 3, score this section with a “1.”  

*If H.1.E. or H.1.F. is scored with a “1”, the consumer appears to be functionally eligible for Home Based Care – Level 1.*

### HOME BASED CARE - LEVEL 2

**H.2** If person is medically eligible for Level II Private Duty Nursing (R.2D on page 5 of 7 under Eligibility Determination), score this section with a “1”.  

*If H.2 is scored with a “1”, the consumer appears to be functionally eligible for Home Based Care – Level 2.*

### HOME BASED CARE - LEVEL 3

**H.3.A** In Section E, Physical Functioning/Structural Problems, are at least 2 ADLs from the following: bed mobility, transfer, locomotion, eating, or toilet use coded with a 2, 3, or 4 in self-performance and a 2 or 3 in support AND in Section P, Instrumental Activities of Daily Living, are at least 3 IADLs from the following: 1.b main meal preparation, 2.b routine housework, 2.c grocery shopping, 2.d laundry, coded with a 2 or 3 in self-performance and a 3 or 4 in support?  

**H.3** If the answer to H.3.A is Yes, score this section with a “1”.  

*If H.3 is scored with a “1”, the consumer appears to be functionally eligible for Home Based Care – Level 3.*

### HOME BASED CARE - LEVEL 4

**H.4** If person is medically eligible for NF Level of Care (NF.7 on page 7 of 7 under Eligibility Determination), score this section with a “1”.  

*If H.4 is scored with a “1”, the consumer appears to be functionally eligible for Home Based Care – Level 4.*
## COGNITIVE CAPACITY FOR CONSUMER DIRECTED SERVICES

**Does consumer have a Legal Guardian (Section A.17.a)?**
- **Yes** ___  **No** ___

If ‘yes’, consumer does not have a legal guardian, do not continue scoring for consumer-directed services. Consumer is not eligible for Consumer Directed Services.

If ‘no’, consumer does not have a legal guardian, then continue scoring for cognitive capacity.

### Ability to Self-direct Indicators:

1. Decision Making skills (Section C.3) = 0 or 1
2. Making Self Understood (Section I.3) = 0, 1, or 2
3. Ability to Understand Others (Section I.4) = 0, 1, or 2
4. Managing Finances (Section P.2.a.1)
   a. in Self Performance = 0, 1, or 2
   b. in Support = 0, 1, 2, or 3

**CC.1 If all the answers to the above questions are “Yes” then score this section with a “1”.**

Person appears to have cognitive capacity to self-direct their care.

### CONSUMER DIRECTED HOME BASED CARE

**CDH.1 In Section E, Physical Functioning/Structural Problems, are at least 2 ADLs from the following: bed mobility, transfer, locomotion, dressing, eating, toilet use, or bathing coded with a 2, 3, or 4 in self-performance and a 2 or 3 in support?**
- **Yes** ___  **No** ___

**CDH.2 If the answer to CDH.1 is Yes, and CC.1 (Cognitive Capacity) is scored with a “1”, then score this section with a “1”.**

If CDH.2 is scored with a “1”, the consumer appears to be functionally eligible for Consumer Directed Home Based Care.

### MaineCare Consumer Directed Attendant Services - Level 1

**P.1.A In Clinical Detail, Section E, Physical Functioning/Structural Problems, were 2 of the following 7 ADLs (bed mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) coded with a 2, 3, or 4 in Self-performance AND a 2 or 3 in Support?**
- **Yes** ___  **No** ___

**P.1.B If the answer to P.1.A is Yes, and CC.1 (Cognitive Capacity) is scored with a ‘1’, then score this section with a “1”.**

Person appears to be functionally eligible for MaineCare Consumer Directed Attendant Services - Level 1.

### MaineCare Consumer Directed Attendant Services - Level 2

**P.2.A In Clinical Detail, Section E, Physical Functioning/Structural Problems, were 3 of the following 7 ADLs (bed mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) coded with a 2, 3, or 4 in Self-performance AND a 2 or 3 in Support?**
- **Yes** ___  **No** ___

**P.2.B If the answer to P.2.A is Yes, and CC.1 (Cognitive Capacity) is scored with a ‘1’, then score this section with a “1”.**

Person appears to be functionally eligible for MaineCare Consumer Directed Attendant Services - Level 2.

### MaineCare Consumer Directed Attendant Services - Level 3

**P.3.A In Clinical Detail, Section E, Physical Functioning/Structural Problems, were 2 of the following 5 ADLs (bed mobility, transfer, locomotion, eating, or toilet use) coded with a 3 or 4 in Self-performance AND a 2 or 3 in Support?**
- **Yes** ___  **No** ___

**P.3.B In Clinical Detail, Section E, Physical Functioning/Structural Problems, were 2 additional ADLs from the following 7 ADLs (bed mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) coded with a 2, 3, or 4 in Self-performance AND a 2 or 3 in Support?**
- **Yes** ___  **No** ___

**P.3.C If the answer to P.3.A and P.3.B is Yes, and CC.1 (Cognitive Capacity) is scored with a ‘1’, then score this section with a “1”.**

Person appears to be functionally eligible for MaineCare Consumer Directed Attendant Services - Level 3.

### MaineCare PHYSICALLY DISABLED HCB

**PDW.1 Is person medically eligible for NF Level of Care (NF. 7 on page 7 of 7 under Eligibility Determination)?**
- **Yes** ___  **No** ___

**PDW.2 If the answer to PDW.1 is Yes, and CC.1 (Cognitive Capacity) is scored with a ‘1’, then score this section with a “1”.**

If PDW.2 is scored with a “1”, the consumer appears to be functionally eligible for MaineCare Physically Disabled HCBS.
Private Duty Nursing

R.N. a. In Section A, Nursing Services, were any items 1-8 coded with a 1, 2, 3, 5, or 7?
   b. In Section A, item 9 (Ventilator/Respirator), did you code this response with a 1, 5, or 7?
   c. In Section A, item 10 (uncontrolled seizures) did you code this with a 5 or 7 (care needed once or twice a month)?
   d. In Section A, was item 13, Assessment/Management, coded with a 1 or 7 (assessment needed once or twice a month)?

If the answer to any of these questions is “YES,” then score this section with a “1.”

Professional Nursing Services

R.N. B. In Section B.1 - B.2, Special Treatments and Therapies, were any boxes (excluding B.1.e. venipuncture) coded with a 1, 2, 3, or 7?

If the answer is “YES,” then score this section with a “1.”

Impaired Cognition

R.N. C. a. Is Section C1a (short term memory) coded with a 1?
   b. In Section C2 (memory recall) are 1 or 2 boxes checked in C2a-C2d or is C2e, None of the Above, checked (Person is able to recall no more than 2 items)?
   c. Is Section C3 coded with a 2 or 3?
   d. Is Section C5 coded with a 1 (i.e. is professional nursing assessment, observations and management required once a month to manage all the above cognitive patterns)?

If all the answers to the above questions are “YES,” then score this section with a “1.”

Behavior Problems

R.N. D. a. In Section D, Problem Behavior, are one or more of the behaviors a–d coded with a 2 or 3?
   b. Is Section D3 coded with a 1 (i.e. is professional nursing assessment, observations and management required once a month to manage the above behavior problems)?

If the answer to both of these questions is “YES,” then score this section with a “1.”

R.N. E. Compute the total PDN nursing score from questions R.N.A., R.N.B., R.N.C. and R.N.D.

If the Total nursing score is 1 or more, proceed. Otherwise, the person appears NOT to be medically eligible for PDN Level II or Level III.

PDN/PCS LEVEL 1

R.1.A In Clinical Detail, Section E, Physical Functioning/Structural Problems, were d, e, f and 4 (dressing, eating, toilet use, and bathing) all coded with a ‘5’ (cueing) in Self-Performance AND Support?
   R.1.B In Clinical Detail, Section E, Physical Functioning/Structural Problems, were 2 of the following 7 ADLs (bed mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) coded with a 2, 3, or 4 in Self-Performance AND a 2 or 3 in Support?
   R.1.C In Clinical Detail, Section E, Physical Functioning/Structural Problems, was at least 1 ADL from the following 7 ADLs (bed mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) coded with a 2, 3, or 4 in Self-Performance AND a 2 or 3 in Support?
   R.1.D In R.N.E, is the PDN Nursing Score ‘1’ or more?

If the answer to ANY of these questions is ‘yes,’ then score this section with a ‘1.’ Person appears to be eligible for PDN - Level 1.

PDN/PCS LEVEL 2

R.2.A In Clinical Detail, Section E, Physical Functioning/Structural Problems, were d, e, f, and 4 (dressing, eating, toilet use, and bathing) all coded with a ‘5’ (cueing) in Self-Performance AND Support?
   R.2.B In Clinical Detail, Section E, Physical Functioning/Structural Problems, were 2 of the following 7 ADLs (bed mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) coded with a 2, 3, or 4 in Self-Performance AND a 2 or 3 in Support?
   R.2.C ADL Needs Score: If the answer to either R.2.A or R.2.B is ‘yes’ then score this section with a ‘1’.
   R.2.D PDN-Level 2 Eligibility Determination (R.N.E + R.2.C)
      a. In R.N.E, is the PDN Nursing Score ‘1’ or more or is Clinical Detail, Section B.1.e., venipuncture, coded with a 1, 2, 3, or 7?
      b. In R.2.C, is the ADL Needs Score ‘1’?

If the answer to both of these questions is YES, score ‘1’ in the box. The person appears to be eligible for PDN-Level 2. Otherwise, the person appears NOT to be eligible for PDN-Level 2.
ELIGIBILITY DETERMINATION

R.3.A. In Clinical Detail, Section E, Physical Functioning/Structural Problems, were 2 of the following 5 Shaded ADLs (bed mobility, transfer, locomotion, eating, toilet use) coded with a 2, 3, or 4 in Self-Performance AND a 2 or 3 in Support? Yes  No

R.3.B. ADL Needs Score: If the answer to R.3.A is ‘yes’ then score this section with a ‘1’.


a. In RN.E, is the PDN Nursing Score ‘1’ or more or is Clinical Detail, Section B.1.e., venipuncture, coded with a 1, 2, 3, or 7? Yes  No

b. Is R.3.B, is the ADL Needs Score ‘1’? Yes  No

If the answer to both of these questions or YES, score ‘1’ in the box. The person appears to be eligible for PDN-Level 3. Otherwise, the person appears TO BE ELIGIBLE for PDN-Level 3.

PDN Level 8 - Nursing Only

R.8.A. In RN.E, PDN/PCS Nursing Score, is the PDN Nursing Score ‘1’ or more? Yes  No

R.8.B. Is person medically eligible for NF Level of Care (NF.7 on page 7 of 7 under Eligibility Determination)? Yes  No

If the answer to either of these questions is YES, score ‘1’ in the box. The person appears to be eligible for PDN-Level 8. Otherwise, the person appears NOT TO BE ELIGIBLE for PDN-Level 8.

PDN/PCS Level V

EXP.1. In Section A, was item 9 (Ventilator/Respirator) coded with a 4 (nursing services needed 7 days a week)? Yes  No

If the answer is YES, then person appears to be medically eligible for Extended PDN. Score 1 in the box.

If the answer is NO, then proceed to EXP.2.

EXP.2a. In Section A, was one of the items from 1 (Injections/IV Feedings), 2 (Feeding Tube), 3 (Suctioning/Trach Care), 4 (Treatment/Dressings), 8 (Comatose), or 10 (Uncontrolled Seizure) coded with a 6 (service needed at least once every 8 hours, 7 days a week)? Yes  No

2b. In Section A, were 2 additional items from 1, 2, 3, 4, 8, or 10 coded with a 4? Yes  No

If the answer to BOTH 2a. and 2b. is YES, then person appears to be medically eligible for PDN-Level 5. Score 1 in the box.

If NO, then person appears to NOT TO BE medically eligible for PDN-Level 5.

PDN Level VI -- MEDICATION SERVICES FOR PERSONS WITH SEVERE AND DISABLING MENTAL ILLNESS

R.10. a. Is there a physician certification in the person’s record verifying the person’s eligibility or coverage for services under Section 17? Yes  No

b. Has a physician certified that use of outpatient services is contraindicated for this person? Yes  No

If the answer to both of these questions is “YES”, then score this section with a “1”.

R.11. a. In Section G, Medication, is G1a, Preparation/Administration, coded with a 6? Yes  No

b. In Section G, Medication, is G1b, Compliance, coded with a 4? Yes  No

If the answer to either of these questions is “YES”, then score this section with a “1”.

If the answer to both R.10. and R.11. is scored with a “1” then this person appears to be eligible for Medication Services under Private Duty Nursing. Otherwise, this person appears NOT TO BE eligible for Medication Services.

PDN Level VII -- VENIPUNCTURE ONLY SERVICES

R.12. a. Is there a physician order in the person’s record for only venipuncture services on a regular basis? Yes  No

b. Has a physician certified that use of outpatient services is contraindicated for this person? Yes  No

c. In Section B, Special Treatments and Therapies, is B.1.e, Venipuncture, coded with a 1, 2, or 3? Yes  No

If the answers to R.12 a., b., and c. are “YES”, then score this section with a “1”. Person appears to be eligible for Venipuncture Services under Private Duty Nursing.
## ELIGIBILITY DETERMINATION

### PRIVATE NONMEDICAL INSTITUTION (PNMI)

**Physical Functioning, Medication Assistance, Treatments and Therapies**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>RC.1 In Clinical Detail, Section E, Physical Functioning/Structural Problems, were d, e, f, and 4 (dressing, eating, toilet use, and bathing) all coded with a 5 (cuing) in Self-Performance AND Support?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RC.2 In Clinical Detail, Section E, Physical Functioning/Structural Problems, were 2 of the following 7 ADLs (bed mobility, transfer, locomotion, eating, toilet use, bathing, or dressing) coded with a 2, 3, or 4 in Self-Performance AND a 2 or 3 in Support?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RC.3 In Clinical Detail, Section G, Medication, was G.2, Daily Assist with Prescription Meds coded with a 2, Assistance needed two or more times per day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RC.4 In Clinical Detail, Section B, Special Treatments and Therapies, items 1a-1d and 1g-1j (excluding 1e and 1f), coded with a 1, 2, 3, or 7 (nursing service required at least once per month)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### RC.5 Impaired Cognition

- a. Is Section C1a (short term memory) coded with a 1?  
  - Yes | No
- b. In Section C2 (memory recall) are 1 or 2 boxes checked in C2a-C2d or is C2e (None of the Above) checked (Person is able to recall no more than 2 items)?  
  - Yes | No
- c. Is Section C3 coded with a 2 or 3?  
  - Yes | No
- d. Is Section C4A coded with a 1?  
  - Yes | No

If all the answers to the above questions are ‘Yes’, then score this section with a ‘1’ OR if RC.5.c above (C.3, Cognitive Skills for Daily Decision-Making) is ‘yes’, then score this section with a ‘1’.

### RC.6 Behavior Problems

- a. In Section D, are one or more of the behaviors from items a–d (wandering, verbally abusive, physically abusive, socially inappropriate behavior) coded with a 2 or 3?  
  - Yes | No
- b. Is Section D2A coded with a 1?  
  - Yes | No

If the answer to both questions is yes, then score this section with a “1.”

### RC.7 At Risk

In Section IR.1, At Risk, were items 1a, 1b, or 1c checked, indicating person is at risk of harm or deterioration?  
Yes | No

If RC.1, RC.2, RC.3, or RC.4 is Yes, then this person appears to be eligible for PNMI, Residential Care Facility Services.

If RC.5 or RC.6 is scored with a ‘1’, then this person appears eligible for PNMI, Residential Care Facility Services.

If RC.7 is Yes, then this person appears to be eligible for PNMI, Residential Care Facility Services.
### NF.1. Impaired Cognition

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Is Section C1 (short term memory) coded with a 1?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Is Section C2 (memory recall) are 1 or 2 boxes checked in C2a-C2d or is C2e (None of the Above) checked (Person is able to recall no more than 2 items)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Is Section C3 coded with a 2 or 3?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Is Section C4A coded with a 1? OR in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND C4B (from page 2A Supplemental Screening Tool) is 13 or more?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If the answer to any of these questions is "YES," then score this section with a "1."*

### NF.2. Improvement in ADLs

<table>
<thead>
<tr>
<th>Question</th>
<th>Enter number</th>
<th>0-No</th>
<th>1-Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. In Section A, Nursing Services, items 1-8, how many were coded with a 2 or 3 (service needed 3-6 days/week)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. In Section A, item 11.A.1 (PT,ST (with Rehab), OT Therapies), was the total number of days of therapy 3 or 4 days/week?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. In Section B, items 1a-1e and 1g-1j (excluding 1f, monthly injections), did you code any of the responses with a 2?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. In Section B, items 2a-2d, did you code any of the responses with a 2?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Compute the nursing services score from 2a-2d and enter it here.*

### NF.3. Behavior Problems

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. In Section D, are one or more of the behaviors from items a-d (wandering, verbally abusive, physically abusive, socially inappropriate behavior) coded with a 2 or 3?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Is Section D2A coded with a 1? OR in Section E, is at least one shaded ADL coded with a 2, 3 or 4 in self-performance and a 2 or 3 in support AND D2B (from page 2A Supplemental Screening Tool) is 14 or more?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If the answer to both questions is "YES," then score this section with a "1."*

### NF.4. Total Nursing and ADL Needs Score (NF.5 + NF.6)

*If the Total Nursing and ADL Needs Score is 3 or more, the person appears to be medically eligible for NF level of care. Community programs for NF level of care include Elderly and Adults with Disabilities HCB, PDN Level IV for persons under 21 years old. Otherwise, person appears not to be medically eligible. Proceed to next page.*
### Sections: Support Services

1. **Extent of Help (Hours of Care Rounded)**
   - For instrumental and personal activities of daily living received over the last 7 days, indicate extent of help from family, friends, and neighbors.
   - a. Sum of time across five weekdays
   - b. Sum of time across two weekend days

2. **Two Key Informal Helpers**
   - Information on two family members, friends, or neighbors most relied on for help with ADLs or IADLs (could be relied on, if no one now helps with these activities)
   - a. NAME OF PERSON 1 and PERSON 2
      - (Last/Family Name) (First)
      - Lives with client: 0 - NO 1 - YES
      - Relationship to client: 0 - Child or child-in-law 1 - Spouse 2 - Other Relative 3 - Friend/Neighbor

3. **Caregiver Status (Check all that apply)**
   - a. Primary caregiver receives help from family or friends in caring for client.
   - b. A caregiver is unable to continue in caring activities (e.g., decline in the health of the caregiver makes it difficult to continue).
   - c. Primary caregiver is unable to identify other helpers or unable to provide additional care should the need arise (e.g., cannot do more, other caregivers not available, or no funds to hire help).
   - d. Primary caregiver is not satisfied with support received from family and friends (e.g., other children of client).
   - e. Primary caregiver expresses feelings of distress, anger or depression because of caring for client.
   - f. NONE OF ABOVE

4. **Person A**
   - Enter Number of Hours
     - A. Current # wkday hours
     - B. Current # weekend hours
     - C. Will increase # wkday hours
     - D. Will increase # weekend hours

5. **Person B**
   - Enter Number of Hours
     - A. Current # wkday hours
     - B. Current # weekend hours
     - C. Will increase # wkday hours
     - D. Will increase # weekend hours

### Medicare/3rd Party Payors

<table>
<thead>
<tr>
<th>1. Funding Source</th>
<th>2. Service Category</th>
<th>3. Reason Code/Need Met (List all reasons for service)</th>
<th>4a. Start Date</th>
<th>4b. End Date</th>
<th>5. Unit Code</th>
<th>6. Avg # of Units Per Month</th>
<th>7. Rate Per Unit</th>
<th>8. Total Cost Per Month</th>
</tr>
</thead>
</table>

### Other Funding Sources Total

1. **Funding Source**
2. **Service Category**
3. **Reason Code/Need Met (List all reasons for service)**
4. **Duration**
5. **Unit Code**
6. **Avg # of Units Per Month**
7. **Rate Per Unit**
8. **Total Cost Per Month**

### Notes
- Page 1 of 1
- Refer to the coding sheet on previous page when filling out this care plan summary.
OUTCOME

SECTION I. ASSESSMENT TYPE/VERSION

1. TYPE
   1. Initial (original) 2. Reassessment

2. VERSION
   1. Original 3. Conversion 5. Reinstated
   2. Revision 4. Pending appeal 6. Update

3. ASSESSMENT/COMMUNITY PROGRAM ELIGIBILITY
   1. Assessment Requested from 6B — Check only one.
   2. Community Program Eligibility from scoring pages — Check all that apply.

   - Long Term Care Advisory
   - Adult Day Services
   - OES Homemaker
   - MaineCare Day Health I, II, III
   - Consumer Directed PA I, II, III
   - Home Based Care
   - Physical Dis. HCB
   - Elderly HCB
   - Adult w/Disability HCB
   - PDN - Level I, II, III, VIII
   - Adult Family Care Home
   - Extraordinary Circumstances to NF
   - Level V - Extended PDN
   - NF Assessment
   - 20-day Medicare/MaineCare
   - Medicare to MaineCare

4. CONSUMER CHOICE (Choose one)
   1. Community Options
   2. Residential Care
   3. Advisory only
   4. No choice

5. ADVISORY PLAN
   Program referrals given to consumer as an advisory 0 - No 1 - Yes

6. OPTIONS INFO
   1. Program advisory type is: 0 - No 1 - Yes
   2. Advisory medical eligibility determination is valid for:
      - 30 days
      - 60 days
      - 90 days
      Valid from: to

SECTION II. NF MEDICAL ELIGIBILITY

1. Based on this assessment, the consumer appears to be medically eligible for NF level of care. 0 - No 1 - Yes Complete regardless of consumer choice.

SECTION V. AWAITING PLACEMENT

1. a. FOR: 0. NA 1. NF 2. MaineCare HCB - Elderly, AD 3. PDN
   b. AT: 0. NA 3. Home
   1. NF 4. Out-of-state
   2. Hospital (specify)

   c. Valid eligibility: from to 0 - NA

SECTION W. NF/HOSP/HHA DATES

1. First Non-SNF Date: 0 - NA
2. Last day private pay: 0 - NA
3. Late notification date: 0 - No 1 - Yes
4. Home Health end date: 0 - No 1 - Yes

SECTION X. NF FACILITY

1. Will be entering a NF 0 - No 1 - Yes
2. Is currently in a NF 0 - No 1 - Yes
3. NF Name: 0 - NA
4. Eligibility start date: 0 - NA
5. End date: 0 - NA
6. Admission date: 0 - NA
7. Extended NF Classification

SECTION X. RESIDENTIAL CARE

1. Will be entering RC 0 - No 1 - Yes
2. Is currently in RC 0 - No 1 - Yes
3. RC Name: 0 - NA
4. Eligibility start date: 0 - NA
5. 90-day date: 0 - NA

SECTION Z. LATE SUBMISSION

1a. Reason: 1b. To: 0 - NA
   a. Provider not chosen
   b. Financial pending
   c. Consumer request

SECTION Z. COMMUNITY BENEFITS

FUNDING SOURCE: (from Care Plan)

ELIGIBILITY START DATE

REASSESS DATE

WAIT LIST

SECTION Y. RESIDENTIAL CARE REFERRAL

BENEFITS DENIED

FUNDING SOURCE

ACTION

REASON

10-DAY DISCHARGED DATE

DISCHARGE TO

NOTICE DATES

Date of denial:
10-day Date:
60-day Notice:
Appeal
Reinstate 0 - No 1 - Yes Date:

SIGNATURE

Assessment Date

Assessment Version

Assessor Signature

Signature Date

FOR OFFICE USE ONLY OES/OIAS

APRC

OES request date to

OIAS approved begin date to

MED Ver 10.0 (07/01/10)