

NM DDSD Intensive Medical Living Services Eligibility Parameter Tool

A. MEDICATION ADMINISTRATION

ASSESSMENT FACTOR	SEVERE – 4	SIGNIFICANT – 3	MODERATE – 2	LOW – 1	NONE - 0
<p>Scheduled Medications:</p> <p><i>Note:</i> Any injections provided by Home Health, Hospice or other clinical providers may not be included in these totals for the agency nursing time.</p> <p>Do not include delivery of tube feedings (formula) in the medication count.</p> <p>Do not include nebulizer treatments.</p>	<p>Requires 12 or more prescription or OTC medications, taken daily or multiple times a day. These may be given orally or via feeding tube.</p> <p align="center">OR</p> <p>Requires administration of prescription medications via any type of injection at least 1 time daily.</p>	<p>Requires 9-11 prescription or OTC medications taken daily or multiple times a day.</p> <p align="center">OR</p> <p>Receives 1-11 prescription or OTC medications given via feeding tube each day. (daily or multiple times)</p> <p align="center">OR</p> <p>Requires administration of prescription medications via any type of injection 2 or more times a month.</p>	<p>Requires 5-8 prescription or OTC medications, taken daily or multiple times a day. No medications are given via feeding tube.</p> <p align="center">OR</p> <p>Requires administration of prescription medications via any type of injection 1 time monthly.</p>	<p>Requires 1-4 prescription or OTC medications, taken daily or multiple times a day. No medications are given via feeding tube.</p> <p align="center">OR</p> <p>Self-administers any injection independently.</p>	<p>Self-administers all medications with or without cueing.</p>
<p>PRN Medications:</p> <p><i>Note:</i> Any medications administered by Physician, clinic, Home Health, or Hospice may NOT be included in these totals for the agency nursing time. (ex. Baclofen, Reclast, IV Iron, etc.)</p>	<p>PRN medications are required daily to manage or treat significant symptoms that have exacerbated or are not managed by the routine treatment doses.</p>	<p>PRN medications are required 2 or more times a week to manage or treat significant symptoms that have exacerbated or are not managed by the routine treatment doses.</p>	<p>PRN medications are required 1 time a week to manage or treat significant symptoms that have exacerbated or are not managed by the routine treatment doses.</p>	<p>PRN medications are usually given no more than 3 times a month for routine discomfort or irregularities.</p>	<p>Self-administers all PRN medications with or without cueing.</p>
<p>Section A:</p>	<p>Score = <input style="width: 40px; height: 20px;" type="text"/></p>				

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B. MEDICAL CARE AND SUPERVISION

ASSESSMENT FACTOR	SEVERE – 4	SIGNIFICANT – 3	MODERATE – 2	LOW – 1	NONE - 0
<p>Hospitalizations:</p> <p><i>Note: Includes acute care hospitals, rehab facilities, sub-acute or long term care (LTC) facilities.</i></p>	<p>3 or more hospitalizations in the last year.</p> <p align="center">OR</p> <p>Any hospitalizations in the last 3 months, due to or resulting in a significant change of condition.</p> <p align="center">OR</p> <p>Discharged from any acute care or rehab, sub-acute or LTC facility within the last month.</p>	<p>2 hospitalizations in the last year.</p> <p align="center">OR</p> <p>1 hospitalization in the last 6 months, due to or resulting in a significant change of condition.</p>	<p>1 hospitalization in the last year.</p>	<p>1 hospitalization in the last 18 months.</p>	<p>No hospitalizations in the last 2 years.</p>
<p>Medical Care Visits and Contacts:</p> <p><i>Number of visits to the PCP or Specialists.</i></p> <p><i>Number of urgent care and ER visits:</i></p> <p><i>Number of nursing telephone contact s with PCP/ Specialists that resulted in order changes or changes in a plan of care.</i></p> <p><i>Number of diagnostic or radiological procedures: (Ex: CT, MRI, Labs, swallow study, x-ray, etc.)</i></p>	<p>12 or more visits/contacts in the last year.</p> <p align="center">OR</p> <p>7 or more visits/contacts in the last 3 months.</p>	<p>9- 11 visits/contacts in the last year.</p> <p align="center">OR</p> <p>5-6 visits/contacts in the last 3 months.</p>	<p>6-8 visits/contacts in the last year.</p> <p align="center">OR</p> <p>3-4 visits/contacts in the last 3 months.</p>	<p>3-5 visits/contacts in the last year.</p>	<p>No more than 2 visits or /contacts in the last year.</p>
Section B:	<p>Score = <input type="text"/></p>				

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C. FEEDING AND NUTRITION

ASSESSMENT FACTOR	SEVERE – 4	SIGNIFICANT – 3	MODERATE – 2	LOW – 1	NONE - 0
<p>Nutrition Therapy and Fluid Balance: (to include nutritional and fluid intake)</p> <p><i>Note: May score TPN even if managed by Home Health.</i></p>	<p>Receiving TPN</p> <p align="center">OR</p> <p>Requires intensive daily supports for special diets (i.e. renal, ketogenic, etc.) or requires fluid restriction or I & O ordered by the PCP or Specialist in order to manage symptoms or to maintain fluid balance.</p> <p align="center">OR</p> <p>Nutritional status or fluid balance issues require weights to be taken at least weekly.</p>	<p>Individual eats and takes all nutrition/fluids orally.</p> <p>The individual always requires close supervision during mealtimes and need to be fed by Direct Support Professionals (DSP.)</p> <p>Meals may last one hour or longer or may need small frequent meals.</p> <p align="center">OR</p> <p>Nutritional status or fluid balance issues require weights to be taken 2 or more times a month.</p>	<p>Individual eats and takes all nutrition/fluids orally.</p> <p>They may feed themselves or may require moderate mealtime support from DSP.</p> <p>They may/may not receive oral supplement to maintain optimum nutritional status.</p> <p align="center">OR</p> <p>Weights are taken one time a month.</p>	<p>Individual eats and takes all nutrition/fluids orally.</p> <p>They may need minimal supports such as occasional reminders or cueing with eating or nutrition.</p> <p align="center">OR</p> <p>Weight is within an acceptable range.</p>	<p>Weight is within an acceptable range and no nutritional intervention is required.</p>
OR					
<p>Tube Feedings:</p>	<p>Receives NG, G, J or G/J feedings but usually does not tolerate the feeding and may have obvious distress, (coughing, reflux, leakage, or other symptoms) that requires nursing intervention and monitoring. May or may not be NPO. Tube feeding is the primary source of nutrition/hydration.</p>	<p>Receives G, J, or G/J feedings and usually tolerates feeding without obvious distress. May /may not be NPO. Tube feeding is the primary source of nutrition/hydration.</p>	<p>Individual primarily eats and drinks orally but routinely receives supplemental tube feedings. These supplemental feedings occur at least once a week and tube feeding is not the primary source of nutrition or hydration.</p>		
<p>Section C:</p>	<p>Score = <input type="text"/></p>				

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D. RESPIRATORY – PART 1

ASSESSMENT FACTOR	SEVERE – 4	SIGNIFICANT – 3	MODERATE – 2	LOW – 1	NONE - 0
<p>Aspiration Risk:</p> <p><i>*Including acute care; urgent care; PCP office or home</i></p> <p><i>**Unless documented to be viral pneumonia, is considered aspiration related.</i></p>	<p>High risk for Aspiration</p> <p align="center">AND</p> <p>Has been treated in any setting* for Pneumonia** two or more times in the last year.</p>	<p>High risk for Aspiration.</p> <p align="center">AND</p> <p>May or may not have been treated for pneumonia once in the last year.</p>	<p>Moderate risk for Aspiration.</p>	<p>Low risk for Aspiration. May have altered food textures due to lack of teeth or other non-swallow related issues.</p>	-
Ventilator:	<p>Dependent on mechanical ventilation. Ventilator use may be continuous or intermittent for any amount of time in a 24-hour period.</p>	<p>Requires continuous 24-hour C-pap or Bi-pap. (With or without O2)</p>	<p>Requires C-pap or Bi-pap to be administered at night. (With or without O2)</p>	-	-
<p>Oxygen:</p> <p><i>Note: Oxygen may be provided by any route.</i></p>	<p>O2- continuously @ 4 liters or greater.</p> <p align="center">OR</p> <p>Receives oxygen continuously and requires a change in oxygen flow based on objective data at least 2 times daily.</p> <p align="center">OR</p> <p>Requires specific positioning and repositioning 4 or more times daily to maintain the individual's optimum oxygenation and respiratory status.</p>	<p>Receives oxygen continuously (3 liters or less) and may require a change in oxygen flow based on objective data at least 1 time daily.</p> <p align="center">OR</p> <p>Requires repositioning 1 to 3 times a day to maintain the individual's optimum oxygenation and respiratory status.</p>	<p>Receives oxygen continuously (3 liters or less) but usually does not require oxygen rate changes based on objective data. O2 stats are usually stable on a fixed oxygen rate.</p>	<p>Receives oxygen during sleep only or PRN with acute illness or other medical problems.</p>	No oxygen needs.

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D. RESPIRATORY – PART 2

ASSESSMENT FACTOR	SEVERE – 4	SIGNIFICANT – 3	MODERATE – 2	LOW – 1	NONE - 0
Suctioning:	<p>Tracheal: New or established trach that requires deep, sterile suctioning by staff to clear airway 3 or more times daily.</p> <p style="text-align: center;">OR</p> <p>Oral: Requires frequent and time consuming suctioning of oral cavity at least every 2 hours or more often.</p>	<p>Tracheal: Established trach that usually requires suctioning by staff at least 2 times daily.</p> <p style="text-align: center;">OR</p> <p>Oral: Requires suctioning of the oral cavity for secretion control no more than 6 times a day.</p>	<p>Tracheal: Able to clear airway independently; may suction own trach.</p> <p style="text-align: center;">OR</p> <p>Oral: Requires oral suctioning at least monthly, related to an event, such as seizure; choking or illness.</p>	<p>Requires saliva management approaches such as a reminder to swallow; wiping secretions away from the mouth or using a clothing protector.</p> <p style="text-align: center;">OR</p> <p>Oral: Independent in all aspects of oral self-suctioning.</p>	<p>Does not require saliva management techniques or suctioning.</p>
Respiratory Therapy/Respiratory Hygiene:	<p>Requires frequent and time consuming treatments to clear the airway 3 or more times a day using a cough assist machine, compression vest or manual chest PT.</p> <p style="text-align: center;">OR</p> <p>Requires two or more nebulizer treatments daily. There is moderate to maximum time needed for nursing assessment.</p>	<p>Requires treatments to clear the airway 1-2 times a day using a cough assist machine, compression vest, or manual chest PT.</p> <p style="text-align: center;">OR</p> <p>Requires at least one nebulizer treatment daily. There is minimal time needed for nursing assessment.</p>	<p>Needs only chest PT, such as compression vest or manual, an average of once per week.</p> <p style="text-align: center;">OR</p> <p>Requires at least one nebulizer treatment weekly.</p>	<p>May require nebulizer treatment several times a quarter with illness or events.</p>	<p>May have occasional upper or lower respiratory issues but requires no routine respiratory therapy or treatments.</p>
Section D:	<p>Enter only <u>one</u> score for Respiratory Parts 1 and 2. Highest total score between the two sections = <input type="text"/></p>				

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E. NEUROLOGICAL – PART 1					
ASSESSMENT FACTOR	SEVERE – 4	SIGNIFICANT – 3	MODERATE – 2	LOW – 1	NONE - 0
<p>Seizures:</p> <p><i>Note: Post-ictal is the period of time that it takes an individual to recover from a seizure and symptoms may vary.</i></p> <p><i>Post ictal care includes but is not limited to: Keep individual turned on side until alert; Loosen restrictive clothing; Monitor respiratory, VS and neuro status until individual is alert; check lips, mouth and body for injury; assist with personal hygiene if needed. Access emergency services as needed.</i></p>	<p>Despite use of anti-epileptic drugs (AED), seizures occur daily or multiple times per day. Supports provided during and after seizures are frequent and time consuming.</p> <p style="text-align: center;">OR</p> <p>VNS (Vagus/Vagal Stimulation) is used daily</p>	<p>Despite use of AED, seizures occur at least weekly or more often and require post-ictal care.</p> <p style="text-align: center;">OR</p> <p>There has been a change in seizure frequency or duration that is being addressed.</p> <p style="text-align: center;">OR</p> <p>VNS is used weekly.</p>	<p>Seizures occur randomly – typically 1 to 4 times a month and may or may not require post- ictal care.</p> <p style="text-align: center;">OR</p> <p>VNS is used 1 or more times a month.</p>	<p>Seizures are controlled with diet or medication and no seizures reported in the last 6 months.</p> <p style="text-align: center;">OR</p> <p>The individual has partial seizures but there is no intervention or medication required.</p>	<p>No history of seizures.</p> <p style="text-align: center;">OR</p> <p>History of seizures is not receiving any AED. and there is no report of seizures within the last 12 months.</p> <p style="text-align: center;">OR</p> <p>Seizures are controlled with diet or medication: and there have been no seizures reported in the last 12 months.</p>
<p>Implantable Devices</p>	<p>Has a cerebral shunt or Deep Brain Stimulator that requires intensive nursing monitoring due to history of infection; blockage; failure or need for frequent adjustment.</p>	<p>Has a cerebral shunt or Deep Brain Stimulator that requires routine monitoring and contact with PCP or Specialist.</p>	<p style="text-align: center;">-</p>	<p style="text-align: center;">-</p>	<p style="text-align: center;">-</p>

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E. NEUROLOGICAL – PART 2

ASSESSMENT FACTOR	SEVERE – 4	SIGNIFICANT-3	MODERATE – 2	LOW - 1	NONE - 0
Spasticity:	<p>Requires trained direct support staff to conduct range of motion exercises 3 or more times per day and may require additional measures to prevent or treat contractures (pillows/ hand cones /splints.)</p> <p align="center">OR</p> <p>Spasticity requires total assist with transfers and all ADL's and requires staff intervention multiple times per day to maintain optimum positioning, safety and comfort.</p> <p align="center">OR</p> <p>Uses Baclofen pump and requires daily monitoring of site; assessment and interventions as needed regarding medication utilization or refill such as changes related to increased spasticity, condition decline or pump malfunction.</p>	<p>Requires trained direct support staff to conduct range of motion exercises 2 times per day and may require additional measures to prevent or treat contractures (pillows/ hand cones/splints.)</p> <p align="center">OR</p> <p>Spasticity requires total assist with transfers and all ADL's.</p> <p align="center">OR</p> <p>Receives medication for spasticity pain and requires routine monitoring of the spasticity to assess the need to be seen by the prescribing physician or neurologist. Does not include the use of a Baclofen pump.</p>	<p>Requires trained direct support staff to conduct range of motion exercises 1 time a day and may require additional measures to prevent or treat contractures (pillows/ hand cones/splints.)</p> <p align="center">OR</p> <p>Spasticity requires minimum to moderate assist with transfers and ADL's.</p>		
Section E:	<p>Enter only <u>one</u> score for Neurological Parts 1 and 2. Highest total score between the two sections Score = <input type="text"/></p>				

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F. SKIN CARE ASSESSMENT & TREATMENTS

ASSESSMENT FACTOR	SEVERE – 4	SIGNIFICANT – 3	MODERATE – 2	LOW – 1	NONE - 0
Preventive Skin Care:	At high risk for skin breakdown: Has history of pressure ulcers. Requires time intensive, preventive skin care that is delivered 5 or more times a day, including total assistance with perineal hygiene and frequent re-positioning to minimize risk of pressure ulcers. Requires constant use of pressure reducing devices in bed and chair. Staff must continually monitor skin integrity and promptly communicate with PCP for treatment orders when skin breakdown occurs.	At risk for skin breakdown: Requires routine preventive skin care at least 3-4 times a day including total assistance with perineal hygiene and positioning to minimize risk of pressure ulcers. Requires constant use of pressure reducing devices in bed or chair. Requires staff to routinely monitor skin integrity and promptly communicate with PCP for treatment orders.	The skin is usually intact and if occasionally reddened, irritated or broken, typically responds to treatments.	Occasional use of barrier cream or ointment to perineal area is required.	-
Routine ordered treatments and dressing changes Wound, Stoma or Site includes diabetic or vascular ulcers; un-stageable or any stage pressure ulcers, surgical sites, burns, lacerations or skin tears; any stoma (tracheotomy; ostomy; ileostomy; urostomy); Any arterial or intra-venous access such as shunts, ports, IV, PICC or subclavian lines. <i>Note: Any dressing or treatment provided by a wound care clinic, Home Health or Hospice Agency may NOT be included in this section.</i>	Any wound, stoma or site with treatment or dressing changes completed by agency staff that are delivered daily or multiple times per day including daily assessment; weekly measurement; frequent communication with the PCP or specialist to manage wound healing.	Any wound, stoma, or site with treatment or dressing changes completed by agency staff that are delivered 2 or more times per week including weekly measurement; assessment and communication with the PCP or specialist to manage wound healing.	Any wound, stoma or site that requires routine assessment, treatments or dressing changes by agency staff that is delivered 1 time a week. OR Daily dry dressings for established, stable stomas.	Currently has a minor cut, abrasion or scratch treated with first aid and in the process of healing.	No routine treatments are required.
Section F:	Score = <input style="width: 50px; height: 20px;" type="text"/>				

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G. OTHER COMPLEX MEDICAL NEEDS

ASSESSMENT FACTOR	SEVERE – 4	SIGNIFICANT – 3	MODERATE – 2	LOW – 1	NONE - 0
Diabetes: <i>Note: Any service provided by a home health or hospice agency may NOT be included in calculating the totals in this section.</i>	Requires blood sugar monitoring multiple times daily; delivery of insulin doses 2 or more times daily by nurse or by CMA II with nurse oversight. OR Requires daily support with insulin pump management.	Requires daily blood sugar monitoring and delivery of insulin once daily by nurse OR Requires intermittent support with insulin pump management.	Is independent in managing all of their diabetes daily activities (diet, exercise, CBG and insulin) but requires intermittent nursing supports when ill or routine supports with HCP, MERP, accessing supplies; physician or specialist contacts.	Totally independent in all aspects of self-care with diabetes	Does not have diagnoses of diabetes.
Renal: <i>Note: Any treatment or service provided by a dialysis center, home health or hospice agency may NOT be included in calculating the totals in this section.</i>	Receives peritoneal or hemodialysis. Requires daily nursing oversight including dialysis care or aftercare activities; monitoring of access port or shunt; assessment and monitoring of status including hydration, fluid balance, and elimination; ongoing collaboration with physician or dialysis center.				
Bladder: <i>Note: Any treatment or service provided by a dialysis center, home health or hospice agency may NOT be included in calculating the totals in this section.</i>	Due to bladder or other related urinary issues, requires daily nursing assessment of elimination, monitoring for infection or other complications. May require catheterization or complex care of indwelling suprapubic; nephrostomy tubes or other sites at least daily.	Due to bladder or other related urinary issues, requires nursing assessment of elimination, monitoring for infection or complications at least weekly. May require catheterization or irrigation of indwelling catheter; suprapubic or other sites at least weekly.	Due to bladder or other related urinary issues, requires occasional monitoring of bladder function (less than weekly) and may need catheterization PRN.		
<u>Additional Direct nursing needs:</u>	If Additional Direct Nursing needs exist that have not been identified elsewhere in this document, the DD Waiver agency nurse must clearly document those specific diagnoses or conditions and clearly identify required nursing activities including the frequency of need. Detailed information, including pertinent discharge or physician orders, existing or interim health care plans and progress notes, must be submitted with this document. The Regional Office nurse will score the “Additional <u>Direct Nursing Needs</u> ” section and revise the score for section G as needed.				
Section G:	Score = <input type="text"/>				