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And Under
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## APPENDIX A

### ATTENDANT CARE SUPERVISION REQUIREMENTS – AGE 17 AND UNDER

INITIAL IMPLEMENTATION: March 1, 2013

#### Overview

This information clarifies the criteria to meet medical necessity for **general supervision** for children age 17 and under as part of the Attendant Care service.

**Age 17 and under:** A child must meet the criteria indicated in one of the four categories outlined below:

1. Unsafe Behaviors
  - A. Documentation of behaviors placing the child at risk of injury to self or others, **AND**
  - B. Documentation that the child is receiving or pursuing services through a behavioral health agency/professional;

**OR**

  - A. Documentation of behaviors placing the child at risk of injury to self or others, **AND**
  - B. Habilitation outcome to decrease unsafe behaviors has been unsuccessful in the past.
2. Medical

Documentation is required from a medical professional describing a severe medical need or physical condition that would place the child at risk if left alone.
3. Confused/Disoriented

Documentation indicating a loss of skills (e.g., due to accident or injury) that are unlikely to be regained.
4. Wandering risk (age 13 - 17 only)
  - A. Documentation of the child leaving a situation or environment neither notifying nor receiving permission from the appropriate individuals, **AND**
  - B. The youth is at risk to self or others when alone in the community or may be unable to return safely.

When a child age 17 and under meets one of the criteria outlined above, **general supervision** is then based on age criteria. The requirements outlined below may be waived with DPM approval.

For children age 12 and under **general supervision** may be provided when **all** of the following are met:

1. The child cannot attend a typical day care center because
  - A. The child's health and safety would be at risk, **OR**
  - B. The health and safety of others will be at risk, **OR**
  - C. A fundamental alteration of a day care center would be required. This requires documentation from the day care center.

**AND**

2. Child care in a private home or a before/after school program offered by the school/local city or county is not available or cannot meet the child's needs.

**AND**

3. The parent, guardian, or other adult is not in the home.

**AND**

4. Division funded summer or after school program is not available or cannot meet the child's needs. (Only applies to age 3 and above.)

For children age 13- 17 **general supervision** may be provided when **all** of the following are met:

1. A Division funded program is not available or has been considered and is not appropriate.

**AND**

2. The youth receives enhanced staffing (self-contained) or assistance from an aide at school as documented on the Individual Education Program (IEP).

**AND**

3. The parent, guardian or other adult is not in the home.

**AND**

4. The youth has received, is receiving or will receive Habilitation to minimize the need for supervision in the future, if a wandering risk or has unsafe behaviors.

## APPENDIX B

### ATTENDANT CARE SUPERVISION REQUIREMENTS – AGE 18 AND ABOVE

INITIAL IMPLEMENTATION: MARCH 1, 2013

#### Overview

This information clarifies the criteria to qualify for general supervision for adults age 18 and above as part of the Attendant Care service.

Age 18 and above: An adult must meet one of the criteria outlined below:

1. Unsafe behaviors
  - A. Documentation that behaviors place the adult at risk of injury to self or others, **AND**
  - B. Documentation that the person is receiving or pursuing services through a behavioral health agency/professional

**OR**

  - C. Documentation that behaviors placing the adult at risk of injury to self or others. **AND**
  - D. Habilitation outcome to decrease unsafe behaviors has been unsuccessful in the past.
2. Medical

Documentation is required from a medical professional describing a severe medical need or physical condition that would place the adult at risk if left alone.
3. Wandering risk
  - A. Documentation of the adult leaving a situation or environment neither notifying nor receiving permission from the appropriate individuals,

**AND**

  - B. The adult is at risk when alone in the community and may be unable to return safely.
4. Confused/disoriented

- A. Documentation of the presence of confusion or disorientation (prior to being diagnosed with dementia), **OR**
- B. Documentation indicating a loss of skills (e.g., due to accident or injury) and are unlikely to be regained.

5. Unable to call for help even with a lifeline

Documentation is available in the member's file that the adult is unable to use a telephone or press a button to alert the lifeline system.

When an adult 18 years of age and older meets one of the criteria outlined above, supervision is then based on the following age criteria. The requirements outlined below may be waived with DPM approval.

For adults age 18 and above supervision may be provided when the first criteria and the others (if applicable) are met:

- 1. A Division funded employment/day program is not available or has been considered and not appropriate.
- 2. If still in school, the adult must receive enhanced staffing (self-contained) or assistance from an aide at school as documented on the Individual Education Program (IEP).
- 3. If appropriate, an adult who has an identified wandering risk or has unsafe behaviors must have received, is receiving or will receive habilitation to minimize the need for supervision in the future.

## **APPENDIX C**

### **ATTENDANT CARE SUPERVISION DOCUMENTATION REQUIREMENTS**

INITIAL IMPLEMENTATION: MARCH 1, 2013

#### **Overview**

Documents that may provide justification of medical necessity for supervision include but are not limited to the following:

1. Individual Support Plan
2. Individualized Education Program (IEP)
3. Multi-Disciplinary Education Team (MET)
4. Medical Documentation
5. Psychiatric/Psychological Evaluation
6. Clinical Notes
7. Incident Reports
8. Pre-Admission Screening (PAS)
9. Police Reports
10. Inventory for Client and Agency Planning (ICAP)
11. Adaptive Mini-Mental (Pre-Dementia Screening Tool)

**APPENDIX D**

**SKILLED NURSING MATRIX**

REVISION DATE: January 31, 2014

INITIAL IMPLEMENTATION DATE: August 30, 2013

<b>Condition or Need</b>	<b>Medical Definition</b>	<b>Skilled Nursing Task</b> <b>*This may result in Skilled Nursing Services being authorized</b>
Anticoagulant Therapy	Medications used to make the blood less likely to clot or form scabs	Assessment and monitoring for unstable anticoagulant therapy
Apical Pulse Check	Use of a stethoscope to listen to the heart beat at the level of the heart	Listening to heart beat on chest for full minute
Bi-level positive airway pressure (BiPAP)	A machine that helps an individual breathe	Turning on and off, changing settings, respiratory assessment, circuit changes
Blood Pressure Checks	Assessment of Blood Pressure	Blood pressure monitoring and treatment when it is too high or too low
Chest percussion therapy (CPT)	Therapy by clapping on the chest either manually or with a machine	Application of the therapy techniques and assessment of effectiveness, respiratory assessment
Complex wound care	Assessment and treatment of wound	Assessment and treatment of wound, including but not limited to wound cleaning and bandage changes

<b>Condition or Need</b>	<b>Medical Definition</b>	<b>Skilled Nursing Task *This may result in Skilled Nursing Services being authorized</b>
Complex/Unstable Seizure Disorder	A change in the way a person acts or moves that is not normal due to a brain problem.	Neurological assessment and emergency medical intervention for unstable seizure activity.
Coughalator/cough assist device	A machine that causes the member to cough	Application of machine and assessment of effectiveness of machine; respiratory assessment
Dialysis (occurring at home)	Cleaning of blood through a machine or tube	Assessment and monitoring; starting and stopping of the treatment
Extremity edema checks when ordered by a physician	Assessment of extra fluid buildup in the extremities	Checking for fluid in the legs or arms; assessment
GJ Tube Gastrostomy/Jejunostomy	A feeding tube into the gastric (stomach) continuing to the Jejunum (small intestine)	Insertion of liquid food, water and/or medication into the tube
Injections	Medication given with a needle	Administering medication with a needle
Insulin Administration	Medications given with a needle to treat diabetes	Administering insulin with a needle
Intermittent partial pressure breathing (IPPB)	A machine to assist with breathing all the time	Monitoring effectiveness of machine, changing settings on machine as ordered, respiratory assessment and intervention, circuit changes

<b>Condition or Need</b>	<b>Medical Definition</b>	<b>Skilled Nursing Task</b> <b>*This may result in Skilled Nursing Services being authorized</b>
Intravenous (IV) Therapy (For individuals living at home)	Administration of fluids and medications into the venous blood supply	Administering medications through an IV into the blood and any dressing changes needed
J-Tube (Jejunum-tube)	A feeding tube through the Jejunum (small intestine)	Insertion of liquid food, water and/or medication into the tube
Nasogastric enteral feeding (NG tube)	Liquid food and water fed through a tube from the nose into the stomach	Checking tube placement; start feeding; stop feeding.
Nephrostomy	Surgically placed tubes used to flush fluid to clean the kidney(s)	Flushing fluid into tubes that cleans the kidney(s)
Ostomy irrigation	Flushing of an opening into the body with fluid	Cleaning out the organ with fluid
Oxygen Titration	Giving oxygen at an amount that changes dependent on the person's blood oxygen levels	Changing the level of oxygen administration based on pulse oximeter readings
Postural drainage	A treatment to clear the lungs by moving the body in a downward position	Assessment and draining the lungs of fluids
Pressure Ulcer	An area of the skin that breaks down when something keeps rubbing or pressing against the skin.	Assessment and monitoring of the care and healing of the pressure ulcer.
Pulse Oximeter	A machine that measures oxygen levels in the blood	Monitoring the amount of oxygen in the body

<b>Condition or Need</b>	<b>Medical Definition</b>	<b>Skilled Nursing Task</b> <b>*This may result in Skilled Nursing Services being authorized</b>
Sleep Apnea	The temporary stoppage of breathing during sleep	BiPAP machine or Vent used to treat the condition, respiratory assessment (the assessment for Apneic episodes)
Small Volume Nebulizer (SVN) (varied or unscheduled)	Medications given at varied times using a small-volume nebulizer, a device that holds liquid medicine which is then turned into a fine mist.	Assessment of needed time for medicated breathing treatments
Sputum sample	Chest fluid sample test	Collection of fluid from chest
Suctioning (tracheal or deep through the nose or mouth)	Use of a tube to suction out the throat and lungs through a tube in the throat or deep into the mouth	Inserting tube into the throat and/or lungs through the mouth or the nose to get fluid out
Tracheotomy	A surgery to make an opening through the neck into the windpipe to allow for breathing	All tracheotomy management and care
Urinary Catheter	A tube into the bladder to drain out urine	Insertion of a tube into the bladder to drain out urine
Ventilator	A machine that provides breathing support continuously	All ventilator management and care