

ELIGIBILITY DETERMINATION

Agency Name: \_\_\_\_\_ Applicant Name: \_\_\_\_\_
Provider-Assessor# [ ]-[ ] Social Security # [ ]-[ ]-[ ]-[ ]
Assessment Date: [ ]-[ ]-[ ]-[ ]

INDEPENDENT HOUSING WITH SERVICES (IHSP)

CH.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 \_\_\_
CH.2. 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? Yes \_\_\_ No \_\_\_
CH.3. 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 3 or 4 in support? Yes \_\_\_ No \_\_\_
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

AD.1. 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? OR
AD.2. 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? Yes \_\_\_ No \_\_\_
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

HM.1. In Section P, Instrumental Activities of Daily Living, are at least three of the following IADLs: 1 b. 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
HM.2. 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: 1 b. 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? Yes \_\_\_ No \_\_\_
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

HH.A. a. In Section A, Nursing Services, were any items A1-A10 coded with a 1, 2, 3, 4, or 7? Yes \_\_\_ No \_\_\_
b. In Section A, was item A12 Therapy coded with a 1? Yes \_\_\_ No \_\_\_
c. In Section A, was item A13, Assessment/Management, coded with a 7 (assessment needed twice a month)? Yes \_\_\_ No \_\_\_
d. In Section B, were items were items a-d, g-k, coded with a 1, 2, or 7? Yes \_\_\_ No \_\_\_
(B.e. Venipuncture and B.f. Monthly Injection are not criteria for MaineCare Home Health.)
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
HH.B. a. In Section A, was item A11.B Rehab Potential\* coded with a 1? Yes \_\_\_ No \_\_\_
b. In Section A, was item A12 Therapy coded with a 1? Yes \_\_\_ No \_\_\_
\* NOTE: A person must have physician documentation of rehab potential to receive therapies under MaineCare Home Health.
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. [ ]

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## 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.**

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## 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?	<input style="width: 30px; height: 20px;" type="text"/>
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)?	<input style="width: 30px; height: 20px;" type="text"/>
H.1.D	In Section P, Instrumental Activities of Daily Living, how many IADLs from items 1b. main meal preparation, 2b. routine house work, 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?	<input style="width: 30px; height: 20px;" type="text"/>
<b>Sum H.1.B + C + D</b>		<input style="width: 30px; height: 20px;" type="text"/>
<b>Total</b>		<input style="width: 30px; height: 20px;" type="text"/>
H.1.E	If the answer to H.1. (cueing) is "YES," score this section with a "1."	<input style="width: 30px; height: 20px;" type="text"/>
H.1.F	If the person requires assistance with <b>at least one ADL</b> 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."	<input style="width: 30px; height: 20px;" type="text"/>
<b><i>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.</i></b>		

## 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".	<input style="width: 30px; height: 20px;" type="text"/>
<b><i>If H.2 is scored with a "1", the consumer appears to be functionally eligible for Home Based Care - Level 2.</i></b>		

## 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".	<input style="width: 30px; height: 20px;" type="text"/>
<b><i>If H.3 is scored with a "1", the consumer appears to be functionally eligible for Home Based Care - Level 3.</i></b>		

## 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".	<input style="width: 30px; height: 20px;" type="text"/>
<b><i>If H.4 is scored with a "1", the consumer appears to be functionally eligible for Home Based Care - Level 4.</i></b>		



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## PDN/PCS NURSING SCORE

**Private Duty Nursing**

RN.A. a. In Section A, Nursing Services, were any items 1-8 coded with a 1, 2, 3, 5, or 7? Yes \_\_\_ No \_\_\_  
 b. In Section A, item 9 (Ventilator/Respirator), did you code this response with a 1, 5, or 7? Yes \_\_\_ No \_\_\_  
 c. In Section A, item 10 (uncontrolled seizures) did you code this with a 5 or 7 (care needed once or twice a month)? Yes \_\_\_ No \_\_\_  
 d. In Section A, was item 13, Assessment/Management, coded with a 1 or 7 (assessment needed once or twice a month)? Yes \_\_\_ No \_\_\_

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

**Professional Nursing Services**

RN.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? Yes \_\_\_ No \_\_\_

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

**Impaired Cognition**

RN.C. 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 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)? Yes \_\_\_ No \_\_\_

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

**Behavior Problems**

RN.D. a. In Section D, Problem Behavior, are one or more of the behaviors a-d coded with a 2 or 3? Yes \_\_\_ No \_\_\_  
 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)? Yes \_\_\_ No \_\_\_

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

RN.E. Compute the total PDN nursing score from questions RN.A., RN.B., RN.C. and RN.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**? Yes \_\_\_ No \_\_\_

**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**? Yes \_\_\_ No \_\_\_

**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 AND in Section P. Instrumental Activities of Daily Living**, were 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 3 or 4 in **Support**? Yes \_\_\_ No \_\_\_

**R.1.D** In RN.E, is the PDN Nursing Score '1' or more? Yes \_\_\_ No \_\_\_

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**? Yes \_\_\_ No \_\_\_

**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**? Yes \_\_\_ No \_\_\_

**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 (RN.E + R.2.C)**

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. In R.2.C, is the ADL Needs Score '1'? Yes \_\_\_ No \_\_\_

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**.

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## PDN/PCS LEVEL 3

**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'.

**R.3.C** PDN-Level 3 Eligibility Determination (RN.E + R.3.B) Yes \_\_\_ No \_\_\_

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. In R.3.B, 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 3. Otherwise, the person appears NOT 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 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.*

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**PRIVATE NONMEDICAL INSTITUTION (PNMI)**

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

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 (cueing) in Self-Performance AND Support? Yes \_\_\_ No \_\_\_

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? Yes \_\_\_ No \_\_\_

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? Yes \_\_\_ No \_\_\_

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)? Yes \_\_\_ No \_\_\_

**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.**





