

# KDADS STANDARD POLICY

<b>Policy Name:</b> Technology Assisted (TA) Level of Care (LOC) Eligibility Assessor Policy	<b>Policy Number:</b>
<b>Division:</b> Community Services and Programs (CSP)	<b>Date Established:</b>
<b>Applicability:</b> HCBS TA Program	<b>Date Last Revised:</b> 06/19/2015
<b>Contact:</b> HCBS Programs	<b>Date Effective:</b> 7/01/15
<b>Policy Location:</b> Contracted Assessor Entities	<b>Date Posted:</b>
<b>Status/Date:</b> Final for Implementation	<b>Number of Pages:</b> 8

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## REASON FOR POLICY

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The purpose of this policy is to provide MATLOC eligibility guidelines for applying assessment criteria for each care elements in order to determine level of care functional eligibility for the Technology Assisted (TA) program. This will allow contracted entities to manage the referral and intake and conduct necessary pre-screening for reasonable indicators for the program eligibility. Contracted entities will function as a single point entry for all community referrals and function as a resource connection for individuals seeking services for TA program.

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## POLICY

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Effective August 1, 2008, the Level of Care (LOC) eligibility is determined utilizing the Medical Assistive Technology Level of Care (MATLOC) instrument. The assessment instrument evaluates the type of medical technology dependency and level of medical fragility of the individual by assigning point values for each technology. *The Assessor will determined if the individual has reasonable indicators for level of care eligibility by 1) meeting the definition of technology assisted; and 2) meet minimum required technology dependency. If the assessor determines there are reasonable indicators for program eligibility, the assessor will proceed with MATLOC assessment. In order to meet the minimum technology dependency requirement, the individual must score a minimum of 25 points in one or more of the following technology(s):*

- Intermittent Ventilator= 40 points
- Total Ventilator dependent= 50 points
- Tracheostomy= 40 points
- Bi-pap or C-pap= 25 points
- O2 continuous administration>8hrs= 20 points
- Oximetry or Apnea Monitor continuous administration>8hrs= 10 points
- Gastro tube feeding continuous= 35 points
- Gastro tube bolus feeding= 35 points
- Total Parental Nutrition (TPN) continuous>6hrs= 40 points
- Intravenous (IV) Therapy continuous>6hrs= 40 points
- Home Dialysis (must be administered in the home)= 40 points

*\*Special Treatments=10 points: reserved for medical technologies not identified above and should be considered as an additional technology need. Compensation points will be awarded if the technology requires a need for intervention at least 4 times per day and is a medically necessary treatment for the individual as determined by the attending physician.*

## **Program Eligibility Criteria:**

*The individual is determined TA waiver eligible if he/she meets all three of the following eligibility components:*

1. Meet the HCBS-Technology Assisted Waiver definition.
2. Requires one or more of the identified primary medical technology (ies) and meet the minimum technology score for the specified age group.
3. Meet the minimum nursing acuity level of care threshold for the specified age group.

*\*The level of care criteria for the minimum medical technology and nursing acuity thresholds are identified as follows for each specific age group:*

- Age 0-21 years with a minimum technology score of (50) points, or
- Age 0 through 5 years with a minimum technology score of (25) points and a nursing acuity score of (20) points, or
- Age 6 through 21 years with a minimum technology score of (25) points and an acuity score of (30) points

The level of care eligibility assessment is conducted by a nurse, MATLOC trained and certified by KDADS to assess the level of medical needs of an individual using the MATLOC level of care instrument to assess program eligibility. The MES must follow the necessary processes in place in order to admit an individual to the TA Waiver program.

First and foremost, the MES is responsible for utilizing his/her professional training and expertise to determine if the referred individual is medically fragile and technology dependent. Secondly, the MES must determine if the individual meets the level of care criteria for eligibility requirement. Third, the MES is responsible for assisting individuals in seeking Medicaid eligibility determination. Medicaid eligibility is evaluated and confirmed by the regional EES Medicaid eligibility specialist.

Following confirmation of program eligibility, the MES is responsible for disseminating program information and offering choice of case management service. The MES will submit the Medical Assistive Technology Level of Care (MATLOC) assessment to the electronic MATLOC database for program manager approval and admission into the program.

The MES will communicate LOC eligibility and approval for admission to the program by submitting ES-3160 to the regional Medicaid eligibility specialist utilizing the established 3160 eligibility process. The ES-3160 must include all pertinent information, including but not limited to the following:

- Name of MES
- Waiver choice date/ effective date of program eligibility
- Level of care threshold met
- The estimated cost of care

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## **PROCEDURE**

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### **MATLOC Eligibility Assessment Guidelines**

Eligibility Assessor will conduct eligibility determination using the MATLOC and will apply consistent guidelines for conducting eligibility determination as provided below.

#### **A. Technology Dependent**

**i. Intermittent or Total Ventilator Dependent**

Ventilator dependent individuals will not receive a technology score for tracheostomy. The need for this technology is included in the score for ventilator.

**ii. Bi-pap and C-pap**

Must be required daily and is continuously needed for a period of 6-8 hours per day to receive the technology score for bi-pap or c-pap.

**iii. Oxygen Therapy**

- i. Oxygen must be continuously needed at a minimum 8 hours per day to receive the score for continuous oxygen use.
- ii. For intermittent oxygen needs, please describe the use in the “assessment and specialized treatment” section of the form. There is need for daily intermittent oxygen therapy.

**iv. Gastro-tube (G-tube) Feedings**

The individual is dependent upon the G-tube feedings as a primary source of nutrition in order to avert death or further disability. G-tube feeding and technology points will be awarded only when the G-tube is required for the primary purpose of nutritional feedings and not for the purpose of supplemental calories to oral nutrition. Qualifying technology points may not be awarded for non-nutritional purposes.

Acuity points may be allowed for utilization of the G-tube for the purpose of an *access* route for medication administration. Routine medication administration acuity points may be awarded under the “medication administration” care elements in addition to the G-tube points under the “nutrition” section of the nursing acuity.

**Clarification:** Utilization of G-tube solely for the primary purpose of “hydration” or “medication administration” is not a qualifying technology, however nursing acuity points may be awarded for assessed need for hydration as ordered by the medical provider. See *Nutrition* care element (C.ii.a)

**A. Continuous G-tube feeding**

Continuous drip feeding may be delivered without interruption for an unlimited period of time each day. Commonly, it is used for 8 to 10 hours during the night for volume-sensitive patients so that smaller bolus feedings or oral feeding may be used during the day. Continuous drip feeding is delivered by either gravity drip or infusion pump.

**B. Bolus Feeding**

Bolus feedings are delivered 4-8 times per day; each feeding lasting about 15 to 30 minutes, points will be awarded only when the G-tube is required for the primary purpose of nutritional feedings.

**5. Specialized Treatments**

Special treatments include but are not limited to the following; sterile dressing changes only are eligible for “special treatments” points. Individuals with a trach are ineligible for dressing change points. This is already included in the “integumentary” complex dressing section of the nursing acuity point determination.

- Specialized I/O monitoring is reserved for individuals who need careful monitoring of intake
- Nebulizer
- Chest PT
- Sterile dressing

*\*Treatments must require a skilled professional*

*\*If the individual has multiple treatments that are given at different schedules that add up to a total of more than four treatments per day, then the QID points can be awarded.*

## **B. Nursing Acuity Assessment Guidelines**

The **nursing acuity** takes a holistic look at the individual's medical needs. The nursing acuity addresses 20 care elements of importance and assigns a point value representing the time it takes to deliver the nursing care tasks identified in each care element. These elements are identified as specific care needs relative to the medical diagnosis and/or medical technology for which the individual is dependent upon to compensate for loss of a vital body function.

Several areas in the nursing acuity section assign points based on the frequency of the specific nursing task required by the individual. The individual's nursing plan must reflect the nursing acuity section as assessed in the MATLOC instrument.

The frequency determination should not be based on the individual's needs during illness but on the time when an individual is in their normal health status. Document increased need only when a substantial change in their health status has occurred.

For all that are applicable, use criteria of individual requiring routine need for the service for the next six months.

## **C. Nursing Care Element**

### **i. Weight**

- Consistent with the developmental milestone published in Web MD and National Institute of Health. An individual is not fully capable of climbing until the age of 3 years of age.
- Therefore individuals under the age of 2 years will not be awarded acuity point for weight.
- Total Lift is awarded when the individual is non weight bearing.
- Partial Lift is awarded when the individual is able to or partially able to bear weight.

### **ii. Nutrition**

- Administration of clear fluids for the purpose of hydration may receive acuity points consistent with physician's orders for fluids administered through this route.
- Special diet or prolonged oral feeding is awarded when an individual is exercising oral feeding/ training in addition to the daily parenteral nutrition.
- In order to receive reflux points, an individual who has a qualifying G-tube must have documented **one** of following conditions:
  - Swallow study within the last six months that documents reflux
  - Treatment for aspiration pneumonia in the past 12 months
  - Need for suctioning due to reflux (not oral secretions) at least daily

### **iii. Integumentary**

- Stoma/ Ostomy Care is allowed for individuals with G-tube or trach
- Wound Care General is awarded evidenced by wounds extending to the dermis or deeper requiring dressing change at a minimum daily or a treatment under the direction of a physician.

- i. Acuity points are not awarded for superficial cuts, scratch or tears.
    - c. Decubitus Care is awarded for pressure related sores
    - d. Burn Care is awarded when an individual has acquired a burn that is greater stage 2
    - e. Complex Dressing is awarded when the individual requires dressing more than 4 times per day or when the treatment includes but not limited a combination of irrigation, wound packing requiring sterile techniques.
    - f. Skin Treatment is awarded when treatment is required and prescribed by a physician for acute dermatologic condition and not for maintenance purposes.
- iv. **Communication**
  - a. Non-verbal is awarded for individuals who are unable to communicate for the following reason(s): 1) Individual is in a vegetative state; 2) Individual is on a ventilator.
  - b. Communication limited can be applied if individual is able to communicate through means other than speech, such as use of a communication device or sign language.
- v. **Mobility**
  - a. Short/ dysfunctional limb is awarded when there is a loss of partial or complete functional ability.
  - b. Special positioning is awarded when the individual requires daily positioning for purpose of airway management, parenteral feeding or medical treatments.
- vi. **Neurologic**
  - a. Indicate whether the individual has mild, moderate or severe intervention. Select only one. Indicate whether they are on any medication such as Diastat, oxygen, suction, or if there has been required intervention such as calling 911.
    - I. Mild – Ventricular-Peritoneal (VP) shunt and/or minimal meds, watch neuro status
    - II. Mod – on 2 or more medications
    - III. Severe – needing intervention on top of regular regimen.
  - b. Vagal Nerve Stimulator (VNS) - only mark if it has been activated, not just in place, and requires intervention over 3 times a week.
- vii. **Elimination**
  - a. Incontinence is awarded for individuals who are age 2 years or older.
  - b. Total Assist Perineal Care is awarded regardless of age and may be awarded in addition to incontinence for stool or urine as deemed necessary by the professional nursing judgement of the MATLOC Assessor.
  - c. Trip Training Bowel/ Bladder are awarded when the individual is at least 2 years and is in the process of trip training.
- viii. **Sleep**
  - a. Sleep points are awarded based on assessed daily needs of the individual. The definitions for “sleep hours” are determined by the individual’s normal sleep pattern (longest period of time individual sleeps daily).
- ix. **Hydration/Specialty Care**
  - a. IV: only one therapy appropriate for the situation can be selected.
  - b. Total Parenteral Nutrition (TPN), Central line, blood products, pain control, lab draws, chemo, infusion port, finger sticks: Select any and all care needs the individual is receiving on a routine/active basis.
- x. **Airway Management**
  - a. Intermittent Oxygen is awarded if an individual requires oxygen therapy daily for less than 8 hours per day

- b. PRN Oxygen is awarded if an individual requires oxygen less than daily, and utilized at a minimum monthly.
  - c. Tracheal suctioning
  - d. Choose occasional or greater than three hours; or
  - e. Intermittent oronasal can be selected in addition to trachea-suctioning if applicable
- xi. **Orientation/Behavior/ Cognition**
- a. **Behavior:** Select one of requires occasional redirection, requires frequent redirection, and combative.
    - IV. Combative – to the point to the point where they require restraints, seclusion, or restrictive intervention.
    - V. Redirection – physical – do they require physical redirection to reduce the progression to “combative”.
    - VI. Frequent is “continual assessment”, requiring line-on-sight on activity due to behavioral issues.
    - VII. Self-abusive –physical behaviors, age appropriate, and how injury has to be treated.
      - i. Mild Self-Abusive Behavior: Individual exhibit behaviors that does not result in injury requiring treatment or therapies.
      - ii. Moderate Self-Abusive Behavior: Individual requires medical treatment in the home.
      - iii. Severe Self-Abusive Behavior: Individual requires restraints, seclusion, medication, hospitalization, etc.
  - b. **Cognition:** Select one of the following (choose all that apply for orientation/cognitive Impaired/ADL):
    - 1. Oriented
    - 2. Confused
    - 3. Cognitive impaired/ADL interference
    - 4. Cognitive impaired-dependent/uncooperative
    - Points are awarded based on cognitive/behavioral deficits from what is appropriate for age.
    - Uncooperative is awarded for an individual who is cognitively impaired and physically cannot assist in performing his/her own care and is completely dependent on others.
    - Cognitive Impaired ADL Interference: Individual can physically participate but cognition impairment requires assistance with ADLs.
    - Confused: Individual is in constant state of confusion or ability to orient to his/her surroundings has changed.

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## DEFINITIONS

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**Intervene:** Measures taken in addition to daily need.

**Routine:** Required daily, except when specified by the physician. Points will be awarded at the discretion of the professional assessor.

**Development: Activities, skills or tasks determined to be appropriate for chronological age.**

**Sensory Deficits:**

- **Visual:** Have a diagnosis of legal blindness or cortical vision impairment, and/or must require an assistive device, used daily, in use at all times during waking hours.
- **Auditory:** Must have a diagnosis of major hearing loss or deafness, and/or must require an assistive device, use daily, in use at all times during waking hours.
- The official definition of a hearing impairment by the Individuals with Disabilities Education Act (IDEA) is “*an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but is not included under the definition of ‘deafness.’*” *Knowing the definition of deafness is necessary to understand what sort of disabilities are considered hearing impairments. A*

hearing loss above 90 decibels is generally considered deafness, which means that a hearing loss below 90 decibels is classified as a hearing impairment. An inability to comprehend verbal language due to an inability to hear characterizes deafness. The official definition of deafness from the Individuals with Disabilities Education Act (IDEA) is “a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification.” The phrase “with or without amplification” is significant as it indicates that a hearing aid will not provide sufficient accommodation so that the student can succeed in the classroom.

In addition, Social Security disability benefits are available for profound hearing loss or deafness, but not for moderate or mild hearing loss.

- **Tactile:** Has a diagnosis that results in an impaired tactile ability, the professional assessor has the ability to use their professional judgment in awarding this acuity.

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## CONTACT INFORMATION

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