

# Nevada Medicaid: Functional Assessment Service Plan Instructions

These instructions will assist you when completing a Nevada Medicaid Functional Assessment Service Plan form.

Required forms:

- Recipient Bill of Rights - Form NMO-3032
- Recipient Responsibilities - Form NMO-3236
- Personal Care Services (PCS) Program Criteria - Form NMO-3530
- Functional Assessment Service Plan Tool – Form NMO-7073

## 1. Recipient information:

- a. Enter the recipient's name, last name and first name. Entry into this field will auto populate into the header of the form.
- b. Enter the Recipient ID number - Entry into this field will auto populate into the header of the form.
- c. Enter the recipient's date of birth.
- d. Indicate Yes or No by selecting the button if a translator is required. If Yes is marked, indicate the language.
- e. Enter the recipient's current address, city, state, zip code, and phone.
- f. Identify Male or Female by selecting the appropriate button.
- g. Enter the recipient's height, weight, and age.
- h. Have the recipient read and complete the rest of page 1 of your tool.
  - i. At the end of your assessment, enter the begin and end time of your assessment. Have the recipient, their legally responsible individual, personal care rep, or other sign the attestation page.
  - ii. If "other" is marked, indicate the relationship.

## 2. Legally Responsible Individual (LRI) information: Complete this section only if the recipient has an LRI. LRI include spouses, legal guardians, and parent(s), stepparent(s), foster parent(s) and adoptive parent(s) of minor children. An LRI is required to provide medical support. A power of attorney (POA) is not the same as guardianship.

- a. Enter LRI's name and relationship to recipient.
- b. Indicate if the LRI resides in the home or outside the home by selecting the appropriate button.
- c. If the LRI does not reside with the recipient, enter their phone number.
- d. Indicate if the LRI is disabled or works/attends school outside the home.
  - i. If the LRI works outside the home or attends school outside the home, indicate the work/school schedule.

- Services can only be provided to cover activities of daily living (ADLs) and meals when the LRI is not available due to their work or school schedule. The LRI remains responsible for other instrumental activities of daily living (IADLs) such as housekeeping, laundry, and shopping.
- If the LRI has proof of disability, allow for services for which the LRI is incapable of doing due to their disability. **Example:** The LRI may not be able to lift or bend, but is still able to prepare meals and feed recipient. You can provide bathing, transfer, toileting, and mobility time, but not feeding and meal preparation.
- If the LRI is totally disabled, approach the plan as if the LRI is completely unavailable/incapable.

## 3. Emergency contact information: If the recipient has no guardian but has a POA, a personal care representative (PCR), or would like us to have permission to speak to another individual:

- a. Enter the contact name of this person.
- b. Indicate POA, PCR, and/or relationship type (friend, sister, daughter, etc.).
- c. Enter the contact's phone number.

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4. Daily routine: This is also used to determine the recipient's needs and is helpful to the PCS agency in determining the PCS schedule.
    - **Example 1:** Recipient indicates he gets up and showers; then the personal care attendant (PCA) arrives and cleans and cooks. This recipient is not going to meet criteria for the program.
    - **Example 2:** Recipient states that he goes to ADHC Monday through Friday and needs assistance to be ready in time to be picked up. The agency will then know one visit in the early a.m. on those days is required.
  5. Assessment information:
    - a. Purpose of request - Select the appropriate item. This will be indicated on the prior authorization form you receive.
    - b. Location - Select the appropriate item.
    - c. Indicate the primary person relaying the information. If it is not the recipient, indicate who it is and their relationship to the recipient.
    - d. You may indicate the name of the actual PCS agency if known and the name of the PCA if known.
    - e. Enter others in the household. If they are children, enter the ages of the children.
    - f. Enter any allergies the recipient may have including medications, food, or seasonal allergies.
  6. Diagnosis:
    - a. While recipients may have multiple diagnoses, it is most important to indicate:
      - i. the primary diagnosis(s).
      - ii. the diagnosis that affects their ability to complete their ADL/IADL activities.
  7. Medications:
    - a. Indicate the recipient's medications, dosage, and frequency.

**NOTE:** The client will receive a copy of this assessment. This tool can be used to assist emergency personnel, should they be called.
  8. Objective observations:
    - a. Add in the results of your hands on clinical assessment, including your objective observations of the recipient's ability or inability to complete their ADLs/IADLs. Include the recipient's demonstrated functional ability to accomplish ADLs.

For example, ask the recipient to bring you their medications, while observing their ability to walk, bend, or reach, or the amount of assistance or technique used with transfers.

**NOTE:** This section is for the documentation of your clinical observations of the recipient's functional assistance needs directly related to the authorization of personal care services. Should you need to document anything non clinical for the QIO-like vendor or a future PT/OT would need to know, such as a vicious dog on the premises or that the recipient is combative, please use a separate progress note and attach to your review.
- The following sections: Functional deficits (9) through IADLs (15) are used to paint a picture of the recipient's abilities and disabilities to complete ADL/IADLs.
9. Functional deficits:
    - a. Select the items that most describes the recipient in the area of Mobility/Range of motion: Gait, Dominant Side, Right and Left Arm, and Right and Left Leg.
    - b. Use the comment box to elaborate on what the actual deficit is.

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10. Sensory deficits:
  - a. Select the items that most describes the recipient's sensory deficits in the areas of Vision, Auditory, and Touch/Sensation. For Pain, use a rating from 0 to 10. If a positive response is received regarding pain, the location and type of pain must be entered. An additional area for 'Other/Comment' is also available. For example, if sensory deficit is neuropathy, you might indicate that under 'Other/Comment', but might also see something indicated under the areas of diagnosis or functional deficit.
11. Cognitive deficits:
  - a. Indicate Memory/Cognitive status to the best of your ability during the interview.
    - i. Choosing 'within normal limits' will indicate they are oriented to person, place, time, and purpose. If only a partial orientation, you must indicate which area the client is oriented to.
  - b. Indicate the Speech/Language ability.
  - c. If you chose 'Other/Comment', a description must be entered.
12. Endurance deficits:
  - a. If endurance is the primary issue, indicate the item that most meets the recipient's condition.
  - b. If you chose 'Other', a description must be entered.
13. Assistance devices and other services:
  - a. In the left hand column, indicate if the client "Has", "Uses", or "Needs" equipment. Recipients may have equipment, but are not using it; so if they are using the equipment, make sure to check both the "H" for 'Has' and the 'U' for Uses.
  - b. The right hand column is for services. If any of the services are being received, check the box(es) under 'R'. If the services are needed, check the boxes under 'N'. If the service is N/A, do not check.
  - c. If the recipient is attending Adult Day Health Care (ADHC), a work program, or school, indicate the schedule. The PCS Provider agency will need this to create their schedule with the recipient.

**NOTE:** Any box on either side marked with an "N" will be referred by the Quality Improvement Organization (QIO)-like vendor to the Nevada Medicaid District Office or the appropriate waiver case manager for follow up.

14. Activities of Daily Living (ADLs):

For each task, you will identify the level of independence/dependence and the number of days per week that assistance is needed. For example, in bathing you determine the client to be a Level 2 and that help is needed 4 days per week. In the bathing row, you would enter a "4" in the 'Days per week' column and a "2" in the 'Score' column.

**NOTE:** Do not provide time for tasks that in the absence of a disability a person would not be able to perform. For example, do not provide bath time when the only assistance required is assistance with washing the back.

To score each task, use the descriptions below. Strict adherence to the descriptions is required so that all assessments have the same result regardless of the therapist completing the review.

**NOTE:** Time is in minutes per day.

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### **Bathing/Dressing/Grooming:**

Score	Time	Description
0	0	Independent: Able to bathe, dress, and groom without assistance of another person, with or without assistive devices. Able to bathe, dress, and groom with a simple reminder from in home supports, but does not otherwise require cueing or physical assistance throughout the task(s) to complete. Bathing is done by an alternate source (non-paid care giver, LRI, family, or friend). The recipient only requests assistance washing a body part that in the absence of a disability, the recipient would not be able to reach/wash.
1	30	Minimum assist: Able to manage bathing, dressing, and grooming without physical assist, but needs standby assist or cueing to complete the task. May require only assistance in/out of shower or tub, clothes laid out, and grooming supplies set up.
2	45	Moderate assist: Requires physical assistance to complete bathing, dressing, and grooming, but recipient is able to participate. Requires assist in/out of shower, to wash part of body, and/or to assist with shampoo, to set up, and partial physical assistance with dressing and grooming.
3	60	Maximum assist: Requires maximum assist or is dependent on others to complete bathing, dressing, and grooming. Upper and lower body physical assistance is required.

### **Toileting:**

Score	Time	Description
0	0	Independent: Can self-toilet without physical assistance or supervision with or without assistive devices. Task is completed by other non-paid resources. Can empty own urinary or bowel drainage systems.
1	15	Minimum assist: Standby assistance or cueing needed for safety or task completion. Physical assistance such as clothing adjustment or washing hands. Includes emptying commode or urinal when the recipient otherwise self-toilets. Occasional help with adult briefs or pull-ups.
2	15	Moderate assist: Physical assistance required with hygiene, clothing, and assistance on/off toilet or commode. Includes assistance with adult briefs/incontinence products.
3	30	Maximum assist: Unable to use the toilet unassisted. Requires continuous observation and total assist for hygiene and clothing. Includes changing of diapers (not briefs). Includes emptying urinary/bowel drainage bags.

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### **Transferring:**

**NOTE:** Assisting on/off the toilet is under Toileting time. Assisting a person to stand up to begin ambulating is under Mobility time. Do not mark Transferring time unless it is a separately identified task as indicated in each level description. Transferring may include assistance on or off handicapped transportation if the need is consistent and not intermittent.

Score	Time	Description
0	0	Independent: Is ambulatory with or without assistive devices. Is able to reposition self in chair or bed.
1	15	Minimum assist: Is ambulatory with or without assistive devices, but requires some repositioning in bed or chair (positioning of legs, elevating a body limb, propping with pillows).
2	15	Moderate assist: Is non-ambulatory or minimally ambulatory and requires simple pivot transfers to wheelchair or household furniture (wheelchair to recliner). May or may not also need repositioning in bed, wheelchair, or chair.
3	30	Maximum assist: Is non-ambulatory and dependent for all transfers and/or repositioning. Includes use of Hoyer lift.

### **Mobility/Ambulation:**

**NOTE:** For purpose of the PCS program, Mobility refers to within the residence. Do NOT indicate a level of need when the need is in the community only.

Score	Time	Description
0	0	Independent: Is able to ambulate independently within the residence. Includes independent ambulation with a cane.
1	15	Minimum assist: Stand-by or intermittent assist to stand and/or ambulate. Positioning of a cane to ambulate.
2	15	Moderate assist: Contact guard/hands-on assist to stand and/or ambulate, with or without assistive devices. Positioning of a walker or wheelchair to ambulate. Includes stand-by assist for power wheel chair when doors must be opened or closed or obstacles moved within the residence. Plug in power wheelchair battery.
3	15	Maximum assist: Dependent. Unable to move within residence or propel wheelchair.
4	0	Does not require hands on assistance. No PCA time required. If PCA time is required, score appropriately as a level 1, 2, or 3. Independent in manual or power wheelchair, bed-bound and non-ambulatory, or is two hand dependent on an assistive device to ambulate independently within the residence. Qualifies as a 2 or higher when determining IADLs.

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**Eating:**

**NOTE:** For purpose of the PCS program, tube feedings are not allowed, including preparation of formulas and administration of the feedings. Specialized feeding techniques are not covered. If there are special directions regarding feeding, then it is likely you have crossed into a specialized feeding technique not covered under the PCS program.

Score	Time	Description
0	0	Independent: Can self-feed, including cutting and setting up of meal if brought to recipient.
1	15	Minimum assist: Can self-feed, but has a need to have meals cut up and/or set up.
2	30	Moderate assist: Meets level 1 AND recipient requires cueing, encouragement, assistance with adaptive equipment, and/or occasional spoon feeding. Includes providing some approved simple oral foods when the recipient's primary source of feeding is via tube. <b>Example:</b> Recipient is dependent on tube feeds, sometimes is allowed some pudding style foods.
3	45	Maximum assist: Complete dependence on spoon feeding for all meals.
4	0	Non-covered services such as specialized feeding techniques and/or tube feedings.

15. Instructions for Instrumental Activities of Daily Living (IADLs):
  - a. Indicate whether the recipient will or will not qualify for IADLs.
    - i. If the recipient is able to complete IADLs, skip to Section 16. Do not score the IADL Section 15.
    - ii. If the recipient has an LRI available and is capable of completing, skip to Section 16. Do not score IADL section.
      1. LRI: Legally Responsible Individual is defined as a parent, step-parent, or foster parent of a minor child; a spouse; a legal guardian.
        - a. A disabled LRI is not responsible for IADLs.
        - b. A working LRI is responsible to complete housekeeping, laundry and shopping. Meal preparation can be allowed for when the LRI is unavailable during their work schedule.
    - iii. If the recipient has other resources such as willing non-paid caregiver, friend, or family member who is willing to complete all or part of the IADLs:
      1. If all completed, skip to Section 16 and do not score the IADL section.
      2. If completed in part, score only the parts applicable to the recipient's needs. There is a score in each IADL, to indicate that another resource is available, and no time will be allowed. This is most commonly seen in the tasks of shopping and laundry, when the family may prefer to do those tasks themselves, but the PCA may provide housekeeping for the recipient's area and some assistance with meals.
    - iv. If the recipient does not have two ADLs with a score of 2 or higher, Skip to section 16. The recipient does not qualify for IADLs, do not score this section.
    - v. If the recipient has two ADLs with a score of 2 or higher and does not meet the circumstances above, continue through the IADL Section 15.
  - b. Follow the same instructions to score this section as you did for ADLs in Section 14.

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- c. IADLs (light housekeeping, laundry, and shopping) are minutes per week. All others ADL tasks and meal preparation are minutes per day.
- d. Time in an IADL task should be provided when it is specific to the recipient's medically necessary needs. It is not the intention of the PCS program to provide time in IADLs for what is the usual and normal, multi-member household routine.

### Light housekeeping

Score	Time	Description
0	0	Criteria not met (as indicated in Section 15) or the recipient is independent with Light Housekeeping.
1	30	There is more than one recipient on the PCS program receiving the IADL of Light Housekeeping within the home; <b>AND/OR</b> The recipient is capable of participating or performing some housekeeping tasks; <b>AND/OR</b> There are shared living spaces within the home.
2	45	The criteria for level 1 has been met; however the recipient has additional medically necessary needs such as increased linen changes due to incontinence.
3	60	Recipient lives alone; <b>AND</b> Recipient is unable to participate or assist in the housekeeping task.
4	0	Not applicable. Other willing-non-paid caregiver. Other Resource.

### Laundry:

**NOTE: Use of an override cannot exceed a total of 60 minutes/week. A recipient can only receive 90 or 120 minutes if he/she meets the criteria for that time.**

Score	Time	Description
0	0	Criteria not met (as indicated in Section 15) or the recipient is independent with Laundry.
1	30	There is more than one recipient on the PCS program within the home receiving the IADL of laundry and the washer and dryer are within the home; <b>OR</b> Recipient can participate or perform some laundry tasks and washer and dryer are within the home; <b>OR</b> Recipient is unable to participate or assist with laundry tasks and the washer and dryer are within the home and 2 or less loads per week are performed.
2	60	There is no one else in the home on the PCS program receiving the IADL of laundry and the washer and dryer are in the home. The recipient is unable to assist or participate in the laundry task and 3 or more loads per week are performed; <b>OR</b> There is more than one recipient in the home receiving IADLs and the washer and dryer are not within the home.
3	90	There is no one else in the home on the PCS program receiving the IADL of laundry; <b>AND</b>

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Score	Time	Description
		The washer and dryer are within the complex that recipient resides.
4	120	There is no other recipient receiving the IADL of laundry within the home; <b>AND</b> The washer and dryer are not available within the home or complex. Laundry must be taken to an outside Laundromat.
5	0	Not applicable. Other willing-non-paid caregiver. Other Resource.

### **Essential shopping:**

**NOTE:** For the purpose of the PCS program, shopping refers to essentials foods, medications, or durable medical equipment to the nearest store in proximity to the recipient's residence.

**Use of an override cannot exceed a total of 60 minutes/week. The recipient can only receive 120 minutes if he/she lives greater than 20 miles one way to the nearest store.**

Score	Time	Description
0	0	Criteria not met (as indicated in Section 15) or the recipient is independent with Essential Shopping.
1	30	There is more than one recipient on the PCS program receiving the IADL of essential shopping within the home; <b>AND/OR</b> The recipient is able to participate or perform some part of the shopping task; <b>AND/OR</b> There is shared family household shopping as part of the normal household routine.  NOTE: If the recipient is able to participate, the participation should be sufficient enough to justify that less PCA time is required for shopping. For example, the ability of the recipient to make a shopping list does not decrease the amount of time it takes for the PCA to accomplish the shopping. A recipient who is able to perform some of the shopping on their own does justify that less PCA time is required to perform the task.
2	60	Recipient lives alone and is unable to participate or perform the shopping task.
3	120	Recipient lives alone and a distance > 20 miles one way to nearest store.
4	0	Not applicable. Other willing-non-paid caregiver. Other Resource.

### **Meal preparation:**

**NOTE:** For the purpose of the PCS program, it is not expected that a PCA is able to prepare highly specialized diets or able to prepare elaborate meals. It is expected that a PCA should be able to prepare simple meals or snacks, reheat meals, and/or leave leftovers ready for other meals or days. Special diet instructions such as no added salt or diabetic diets do not add preparation time to a meal. Cutting of food into small pieces does not add preparation time and is covered under the ADL section Eating. The definitions below allow for special preparation of food such as blending or pureeing when medically necessary.

Meal preparation time should be provided when it is specific to the recipient's medically necessary needs. Time should not be provided for meals that are already cooked as part of the normal household routine. Meals are not considered to be cooked "separately" even if the recipient is on a "special" diet such as low salt. Meals are considered to be cooked separately



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when the recipient requires special food preparation (blending/puree) and the foods used for the special preparation are not foods normally cooked as part of a family meal.

Use a score of 4 only when all meals are required to be cooked and special preparation applied. Use of simple foods or already prepared foods (pudding, yogurt, prepared soups) do not require significant meal prep time, a lower score should be used to provide only the time required to blend/puree.

A recipient may meet the criteria for more than one definition of meal preparation. Score to the lower definition unless documentation is made to score to the higher level.

Score	Time	Description
0	0	Criteria not met (as indicated in Section 15) or the recipient is independent with Meal Preparation.
1	15	Recipient receives two or more meals per day from another source (such as ADHC, home delivered meals, school, shared family meals, or other); <b>OR</b> Recipient needs assistance with only one meal or snack per day (regardless of whether special preparation is required); <b>AND/OR</b> Recipient is able to participate or perform parts of the meal preparation task that exceed simple retrieval or reheating of food (recipient is able to make a sandwich or prepare a TV dinner). The therapist should clearly document that the recipient has the functional ability to participate; <b>AND/OR</b> There is another recipient within the home receiving the IADL of meal preparation.
2	30	Recipient receives one meal per day from another source (such as ADHC, home delivered meals, school, shared family meals, or other); <b>OR</b> Recipient requires assistance with one or more main meal per day, and the PCA leaves one or more small meals/snacks to be retrieved by the recipient. The therapist should clearly document that the recipient has the functional ability to retrieve/reheat prepared meals.
3	45	Recipient has one or more main meals and snacks per day and is unable to reheat or retrieve the meals. The recipient does not have the functional ability to retrieve/reheat meals. Do not use this level if the recipient has already met a score of 1 or 2.
4	60	Recipient meets all the criteria for Level 3 <b>AND</b> requires special preparation (such as pureed). Special preparation does not include special diet instructions (such as no added salt or diabetic diet). Do not use this level unless justification for an entire 60 minutes of meal preparation directly related to the recipient can be done.
5	0	Non-covered services such as preparation of food or formulas to be given via any tube, including the administration of water or other fluids.
6	0	Not applicable. Other willing-non-paid caregiver. Other Resource.

**NOTE:** The maximum time for meal prep (90 minutes per day) can only be allowed utilizing the override process when the following definition is met.

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N/A	90	<p>Recipient lives alone and is physically and/or cognitively unable to access the kitchen AND has a diagnosis that supports multiple (&gt; 3) meals per day with or without snacks with special preparation.</p> <p><b>Examples:</b> Client is malnourished as evidenced by rapid weight loss or being underweight WITH a supporting diagnosis such as gastroparesis r/t to diabetes, intractable nausea or vomiting, end stage disease processes.</p>
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### Meal Preparation Examples:

- The PCA provides one snack and LRI provides all other meals/snacks. The score is a 1.
- The PCA provides breakfast and lunch, family provides dinner. The score is a 2.
- The family cooks all meals; PCA reheats and blends. The score is a 2 or 3 depending on your assessment of the time involved in reheating/blending.
- Recipient only eats soft foods (soup, yogurt, etc.) and no actual special preparation is being done. Score as if no special preparation is being done.
- The recipient lives alone and has no functional ability to retrieve/reheat meals, and the PCA cooks all meals, including pureeing and blending all meals. The recipient has met criteria for a score of 4.

16. Mathematical grid - Used to determine allowed hours per week. The score equals a specific set of minutes; times the number of days services will be needed. Light housekeeping, laundry, and shopping will always have days as a "1" for mathematical purposes, as the time is assigned by the week not the day. The total minutes are added together and divided by 60 for the total hours per week.

Sample table below:

Tasks	Score	Minutes per task	Days per week	Total minutes per task	Hours per week
Bathing/Dressing/Grooming	2	45	7	315	
Toileting	2	15	7	105	
Transferring	2	15	7	105	
Mobility/Ambulation	2	15	7	105	
Eating	2	30	7	210	
Light housekeeping	2	45	1	45	
Laundry	2	60	1	60	
Essential shopping	2	60	1	60	
Meal preparation	2	30	7	210	
Total Time				1215	20.25

It is recognized that, on occasion, additional time may be needed for a specific task(s). Once the total time is determined from the grid in Section 16, you will have the ability to override up to the maximum amount of time allowed for any individual ADL or IADL. Overrides must be based on your clinical objective evaluation AND Medicaid Policy.

Below Grid 16 is the following language:

Based on my clinical assessment utilizing the Nevada Medicaid Services Manual (MSM) Chapters 2600, Intermediary Services Organization (ISO) and Chapter 3500, Personal Care Services Program and the Nevada Medicaid Functional Assessment Service Plan Tool, I find the recipient met the criteria for the above hours as indicated on this tool and that no additional hours are medically necessary. Mark Yes or No.

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If Yes, skip Section 17 and go to Section 18. Enter your total hours per week, days per week and recommended visits per day. Do not forget to sign and date your assessment in Section 19.

If No, you have identified that the recipient needs additional time in one or more tasks, up to the maximum time allowed for the specific task, you must complete Section 17 (the grid at the bottom of these instructions provides you the maximum time by score in all tasks).

17. Override:

- a. You may override and allow time up to the maximum, as long as you are within Medicaid policy.

**Example:** The recipient qualifies for bathing only, but could use assistance with IADLs. You cannot override and provide IADLs because they did not meet the Medicaid policy for IADLs.

**Example:** The recipient qualifies for most ADL tasks and also qualifies for IADLs. But you have found that while the client meets the definition of a 1 under Housekeeping for 30 minutes per week, due to being bed bound, the client will require the maximum amount of time allowed for this task. You can then override and allow the maximum time for Housekeeping. You can never exceed the maximum time in any one task except under the provisions of EPSDT for recipients under age 21.

**NOTE:** If you receive a request marked 'EPSDT' or believe you have a case that would benefit from this, call for assistance from a QIO-like vendor clinical reviewer.

- b. Instructions for completing Section 17 grid:

- i. Enter the additional time you wish to add; time must be in 15 minutes increments and cannot exceed the total time allowed in any individual task.
- ii. The grid will calculate the total minutes per week and will divide by 60 for the total NEW hours per week.
- iii. Enter the new total hours per week into Section 18.

Sample Grid 17

Task	Time from Above	Additional Time to be allowed	New Total Minutes	Days per week	Total minutes per task	Hours per week
Bathing/Dressing/Grooming	45	15	60	7	420	
Toileting	15	15	30	7	210	
Transferring	15	15	30	7	210	
Mobility/Ambulation	15	0	15	7	105	
Eating	15	30	45	7	315	
Light housekeeping	30	30	60	1	60	
Laundry	15	15	30	1	30	
Essential shopping	15	15	30	1	30	
Meal preparation	15	30	45	7	315	
<b>Total Time</b>					1695	28.25

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## 18. Authorized service hours:

Authorized service hours	
Total hours per week	

- a. Total hours per week will auto populate based on the outcome of your assessment.
- b. If this box or any math within the tool is incorrect, the assessment will be returned to you for corrections.

## 19. Assessor Signature, Title:

- i. Sign your name using your credentials and date your assessment.
- ii. Return your completed assessment to the QIO-like vendor.
- iii. The QIO-like vendor will verify that:
  1. Mathematical equations are correct.
  2. Medicaid policy has been followed.
  3. The Tool has been completed in full, which includes justification of each ADL and IADL score.
    - a. If any of the above is not met, the review will be returned to the evaluator for corrections.
    - b. The QIO-like vendor is unable to issue an authorization for services unless all of the criteria above has been met.
  4. The QIO-like vendor will issue the authorization to the provider and will make any referrals that you have indicated in Section 13 to the appropriate entity.

For a Quick Reference Guide of scores, see next page.

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Quick Reference Guide to how the score equals a number of minutes.

Quick Reference Guides Score = Minutes								
Score		0	1	2	3	4	5	6
Bathing/Dressing/Grooming	Daily	0	30	45	60			
Toileting	Daily	0	15	15	30			
Transferring	Daily	0	15	15	30			
Mobility/Ambulation	Daily	0	15	15	15	0		
Eating	Daily	0	15	30	45	0		
Light housekeeping	Weekly	0	30	45	60	0		
Laundry	Weekly	0	30	60	90	120	0	
Essential shopping	Weekly	0	30	60	120	0		
Meal preparation	Daily	0	15	30	45	60	0	0

\*90 minutes of meal prep can only be allowed utilizing the override process when the definition is met.

### Quick Reference Guide to Maximum time per ADL and IADL.

TASK		MINUTES	
Bathing/Dressing/Grooming	Daily	60	<p>*For laundry the maximum time allowed per week is 60 minutes. Use of an override cannot exceed a total of 60 minutes/week. A recipient can only receive 90 or 120 minutes if he/she meets the criteria for that time.</p> <p>**For essential shopping, the maximum time allowed per week is 60 minutes. Use of an override cannot exceed a total of 60 minutes/week. The recipient can only receive 120 minutes if he/she lives greater than 20 miles one way to the nearest score.</p> <p>***The maximum time for meal prep per day is 60 minutes. Use of an override cannot exceed 60 minutes per day, unless the special justification identified in Section 15 has been met and documented.</p> <p>Note: Under EPSDT/Healthy kids, an override exceeding the maximum time can be provided in any task if the services are determined to be medically necessary. EPSDT/Healthy kids applies to recipients under the age of 21 and does not take the place of the responsibilities of the legally responsible individual (LRI).</p>
Toileting	Daily	30	
Transferring	Daily	30	
Mobility/Ambulation	Daily	15	
Eating	Daily	45	
Light housekeeping	Weekly	60	
Laundry	Weekly	60/90/120*	
Essential shopping	Weekly	60/120**	
Meal preparation	Daily	60/90***	

**NOTE: Even with the override, the maximum time in any one task cannot be exceeded.**