

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 SPECIAL HEALTH CARE NEEDS  
 MEDICALLY FRAGILE ADULT WAIVER  
**REFERRAL SCREENING GUIDE**

PARTICIPANT NAME		DCN	DATE	SERVICE COORDINATOR NAME
<b>ELIGIBILITY CRITERIA</b> The individual must meet ALL of the following criteria				
✓			✓	
	Be a Missouri Resident			Be age 21 or over
	Be enrolled in MO HealthNet			Have a federally-matched MO HealthNet eligibility code
	Meet the criteria listed in the MFAW Referral Screening in MOHSAIC			
<b>MFAW REFERRAL SCREENING IN MOHSAIC</b> Enrollment eligibility for the MFAW at age 21 requires a YES (✓) to all of the following questions				
✓				
	<b>MFAW Recommendation</b> Date is required. The date should be the date the Referral Screening was completed. It must be dated prior to enrollment in MFAW Paid Services. (The MFAW Recommendation date entry generates a notification email to the Program Manager who will then approve/disapprove the referral.) Options: <ul style="list-style-type: none"> <li>• Date of transition meeting</li> <li>• Date of quarterly HCY home visit sometime within 6 months prior to 21<sup>st</sup> birthday</li> <li>• Date the Referral Screening is completed</li> </ul>			
	Requires Medical Care equivalent to the level of care in an ICF-IID Medical Care equivalent is determined by completing the three measures in the DETERMINATION OF MEDICAL CARE EQUIVALENT TO AN ICF-IID section below.			
	NOT living in any type of facility			
	NOT receiving services through another Waiver			
	PDN Eligible			
	Maintain cost-effective alternative care at the ICF-IID level			

<b>DETERMINATION OF MEDICAL CARE EQUIVALENT TO AN ICF-IID</b>	
<b>1. INDIVIDUAL DEPENDENCIES</b>	Must score 21 points (or more) in the following nine areas.
<u>MONITORING</u>	
___ 0	Frequent visits by friends or neighbors and/or RN visits for state plan personal care.
___ 3	Client is seen regularly by physician and/or seen by home health for stable condition.
___ 6	Client is seen regularly by physician and/or home health for unstable condition.
___ 9	Client requires intensive monitoring for unstable condition.
<u>MEDICATIONS</u>	
___ 0	Client takes no prescription meds and/or only occasional prn meds.
___ 3	Client takes prescription meds and/or prn meds on a regular basis.
___ 6	Client needs supervision taking meds and/or needs meds set up on a regular basis.
___ 9	Client has complex drug regimen requiring high number of meds, varying times, special instructions and/or total assistance to take meds.

**TREATMENT**

- \_\_\_ 0 No treatments ordered by physician.  
 \_\_\_ 3 Client has physician ordered treatments such as simple dressing, whirlpool baths, external catheter or regulated ostomy.  
 \_\_\_ 6 Client has physician ordered treatments that require daily attention of licensed personnel.  
 \_\_\_ 9 Client needs maximum type treatments requiring direct supervision by professional such as intratracheal suctioning, continuous O2, etc.

**RESTORATIVE SERVICES**

- \_\_\_ 0 No physician services ordered for range of motion, bowel and bladder programs, self-care, etc.  
 \_\_\_ 3 Physician ordered teaching activities to maintain current level of functioning.  
 \_\_\_ 6 Physician ordered services designed to help client achieve optimal level of care.  
 \_\_\_ 9 Physician ordered services with goal to restore client to higher level of functioning (intense-requiring professional supervision).

**REHABILITATION**

- \_\_\_ 0 No rehabilitation services required.  
 \_\_\_ 3 Rehabilitation services ordered one time per week.  
 \_\_\_ 6 Rehabilitation services ordered 2-3 times per week.  
 \_\_\_ 9 Rehabilitation services ordered four or more times per week.

**PERSONAL CARE**

- \_\_\_ 0 Client is independent in activities of daily living.  
 \_\_\_ 3 Client requires minimal or occasional assistance with ADL's.  
 \_\_\_ 6 Client requires daily assistance with ADL's and/or is incontinent of bladder or bowel 50% of the time.  
 \_\_\_ 9 Client requires total assistance with ADL's.

**BEHAVIOR/MENTAL CONDITION**

- \_\_\_ 0 Client is oriented and requires little or no assistance from others.  
 \_\_\_ 3 Client has occasional memory lapses and forgetfulness causing him/her to need minimal assistance or supervision.  
 \_\_\_ 6 Client requires moderate assistance due to disorientation, mental or developmental disabilities or uncooperative behavior.  
 \_\_\_ 9 Client requires maximum assistance due to confusion, incompetency, hostility or severe depression.

**MOBILITY**

- \_\_\_ 0 Client does not need any human assistance with mobility.  
 \_\_\_ 3 Client needs assistance transferring to a wheelchair, getting out of a chair, or cannot climb stairs without assistance.  
 \_\_\_ 6 Client requires assistance for all ambulation.  
 \_\_\_ 9 Client is totally dependent on others.

**DIETARY**

- \_\_\_ 0 Client is on regular diet, can prepare own meals, and does not need assistance eating.  
 \_\_\_ 3 Client requires 50% of meals to be prepared by others and needs encouragement or minimal supervision to eat.  
 \_\_\_ 6 Client requires all meals to be prepared by others, needs to be fed by someone, or is on calculated diet for unstable condition.  
 \_\_\_ 9 Client is unable to eat and requires tube feedings or parenteral fluids.

**\_\_\_ TOTAL POINTS OF INDIVIDUAL DEPENDENCIES****2. SUBSTANTIAL FUNCTIONAL LIMITATION** Must have 3 limitations checked.

✓		✓		✓	
	Self-Care		Learning		Self-direction
	Understanding and use of language		Mobility		Capacity of Independent Living

**3. MEDICAL CRITERIA** Must have 3 criteria checked.

✓		✓	
	Unusual support to maintain vital functions (oxygen, respiratory, therapy, total parenteral nutrition, gastrostomy/NG feeding)		Private Duty Nursing provided continually in excess of 8 hours per day or 32 hours per week.
	Continuous maintenance attention (positioning, feeding, cleaning, bathing, changing linens and/or diapers)		Continuous drug therapy
	Continual monitoring for skin breakdown and infections due to incontinence of bowel and/or bladder		Seizure intervention (continuous or grand mal)