



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SPECIAL HEALTH CARE NEEDS
MEDICALLY COMPLEX ADULT WAIVER
LEVEL OF CARE DETERMINATION

CLIENT NAME		DCN	SSN	DATE OF BIRTH
PROGNOSIS ☐ Temporary (Duration: _____ months) ☐ Indefinite				
DIAGNOSIS Primary: Secondary:				
SUBSTANTIAL FUNCTIONAL LIMITATION IN 3 OR MORE OF THE FOLLOWING ☐ Self-care ☐ Understanding and use of language ☐ Learning ☐ Mobility ☐ Self-direction ☐ Capacity for independent living				
DATE OF ONSET OF CONDITION OR ACCIDENT		DOES THE INDIVIDUAL REQUIRE CARE AT THE ICF/IID LEVEL? ☐ Yes ☐ No		
SUMMARY OF POINTS (See Section IV on the Client Assessment Form)	✓	MEDICAL CRITERIA		✓
Behavioral		Unusual support to maintain vital functions (oxygen, respiratory therapy, total parenteral nutrition, gastrostomy/NG feeding).		
Cognition				
Mobility		Continuous maintenance attention (positioning, feeding, cleaning, bathing, changing linens and/or diapers).		
Eating				
Toileting		Continual monitoring for skin breakdown and infections due to incontinence of bowel and/or bladder.		
Bathing				
Dressing & Grooming		Private duty nursing for at least 4 hours per day on a daily basis.		
Rehabilitation		Continuous drug therapy		
Treatments		Seizure intervention (continuous or grand mal)		
Meal Prep				
Medication Management				
Safety				
Total	0			
Participants must score a total of 18 points or greater. Participants of the Medically Complex Adult Waiver also must meet at least three of the medical criteria.				
SERVICE COORDINATOR'S SIGNATURE			DATE	