MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SPECIAL HEALTH CARE NEEDS
MEDICALLY FRAGILE 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 Fragile Adult Waiver also must meet at least three of the medical criteria.

PERIOD OF ELIGIBILITY From: To:

SERVICE COORDINATOR'S SIGNATURE	DATE