



ELIGIBILITY SCREEN

State Form 45528(R4/05-01) / BAIS 013

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Applicant Name	Screening Date	Date of Birth	Social Security Number
Address (street, city, state, zip code)			

This document contains Protected Health Information which is governed by the Health Insurance Portability and Accountability Act (HIPAA) and may only be disseminated to authorized individuals!

Section 1: Severe Medical Conditions - See Description

The focus of this section is on the need for nursing facility care as determined by **unstable complex** medical conditions.

- Direct assistance (see definition #1) from others is needed with any of the following conditions at least five (5) days per week:
 - A. Treatment of extensive (stage 3 or 4) Decubitus Ulcers (see definition #2)
Note: Describe size and stage in the comments section.
 - B. A Comatose condition (see definition #3)
 - C. Management of severe pain (see definition #4) requiring frequent injections
- Direct assistance (see definition #1) from others is required with any of the following prescribed medical equipment/ interventions at least three (3) days per week:
 - A. Ventilator / Respirator (see definition #5)
 - B. Suctioning (see definition #6)
 - C. Tube feeding/Gastrostomy care (see definition #7 & #8)
 - D. Central venous access or I.V. (see definition #9)
- Direct assistance (see definition #1) from others is required for special routines or prescribed treatments that must be followed at least five (5) days per week:
 - A. Tracheostomy (see definition #10)
 - B. Acute rehabilitation condition (see definition #11) requiring Physical Therapy, Occupational Therapy, and/ or Speech Therapy. **General strengthening exercise programs are excluded.**
 - C. Administration of continuous oxygen (see definition #12) for a new or recent condition when the individual's overall condition requires the significant involvement of skilled nursing personnel.
- Direct assistance (see definition #1) from others is required to administer physician prescribed medicine (excluding vitamins) by intramuscular, intravenous, or subcutaneous injection (see definitions #9A, #14 & #15) more than one (1) time per day, other than insulin injections for an individual whose diabetes is under control.
- Medical observation and physician assessment due to a changing, unstable physical condition is required more often than every thirty (30) days.
Note: Assessor must document the specifics.
- Direct assistance (see definition #1) from others is required for the safe management of an uncontrolled Grand Mal seizure disorder (see definition #6) (i.e., at least weekly seizure activity)
- Nothing in Section 1 applies

If one (1) or more conditions exist in Section 1, then the applicant is eligible for Nursing Facility Admission and may be eligible for Medicaid Waiver Services under the Aged and Disabled, Medically Fragile Children's Waiver, or TBI Waiver.

To be eligible for CHOICE, there must also be (2) or more conditions existing in Sections 2A or 2C.

If no conditions exist in either of those sections, then applicant may be eligible for CHOICE if justification for at least 2 or more impaired age-appropriate daily activities is described in the Section 2A or 2C comments.

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Section 2A: Substantial Medical Conditions Including Activities of Daily Living - See Description

1. The person has experienced a significant deterioration in overall condition of health in the last six (6) months.
Note: Assessor must document the specifics, including time frames and dates.
2. The person requires daily recording of the kind and amounts of fluids and solids intake and output.
Note: Assessor must document reason this is required. (example: significant weight loss, unstable blood sugar, fluid restriction).
3. The person requires direct assistance (see definition #1) with the administration of oxygen (either continuous or as needed) for a chronic or stable condition.
4. The person requires supervision and direct assistance (see definition #1) on a daily basis to ensure that physician prescribed medications (see definition #13) is taken correctly.
5. The person requires 24 hours a day supervision and/or direct assistance (see definition #1) to maintain safety due to confusion and/or disorientation that is not related to or a result of mental illness.
6. The person requires direct assistance (see definition #1) with turning or repositioning every 2-4 hours to prevent skin breakdown per medical plan of care.
7. The person requires passive range of motion exercise (see definition #17) on a daily basis per medical plan of care.
8. To maintain a stable medical condition, the person requires monitoring of the health care plan on a 24 hour a day, seven day a week basis by a licensed nurse.
9. The person is unable to eat without direct assistance (see definition #1).
Note: This does not include meal preparation.
10. The person is unable to transfer from a bed or chair without direct assistance (see definition #1).
11. The person is unable to change clothes without direct assistance (see definition #1). This does not include needing help with tying their shoes or grooming.
Note: If the individual is able to perform this activity with adaptive equipment (i.e., velcro closures or stocking pullers), do not check.
12. The person is unable to bathe without direct assistance (see definition #1).
Note: This does not include needing help with washing back, feet, or grooming.
13. The person is unable to manage bowel and/or bladder function without direct assistance (see definition #1).
Note: If able to self catheterize or self apply and change an incontinency product, do not check.
14. The person is unable to ambulate or use a wheelchair without direct assistance (see definition #1). This includes the individual who is currently experiencing frequent falls despite the use of an assistive device (care or walker).
Note: If able to safely ambulate with an assistive device, or appropriately self propel a wheelchair, do not check.

Nothing in Section 2a applies

If three (3) or more conditions exist in Section 2A, then the applicant is eligible for Nursing Facility Admission or Medicaid waiver

Section 2A, then the applicant is eligible for CHOICE. If less than two (2) conditions exist in Section 2A, then proceed to Section 2B.

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Section 2B: Substantial Mental Health Condition

- 1. The person requires daily supervision and/or direct assistance (see definition #1) to maintain safety due to confusion, disorientation, and/or behaviour as a result of a mental illness.
- 2. The person has experienced a substantial mental health condition within the last six (6) months as evidenced by a least one (1) of the following:
 - Has a diagnosis of a major mental illness limited to schizophrenia, schizoaffective disorders, psychotic disorders not otherwise specified (formerly atypical psychosis), delusional (formerly paranoid) disorder, and mood (formerly affective) disorders of the bipolar and major depressive type; or
 - Required hospitalization for a psychiatric condition; or
 - Required outpatient treatment or partial hospitalization for a mental health condition.
- Nothing in Section 2b applies

If two (2) conditions exist in Sections 2A & 2B or 2B & 2C, then the applicant is eligible for CHOICE Program services only.

Section 3A: Informal Supports

- 1. The person has no friends or relatives who are able or willing to provide needed assistance, support, and personal or chore services.
- 2. Friends or relatives who have been providing needed assistance are no longer able or willing to continue to provide help.
- 3. Friends or relatives who have been providing needed assistance are not able or willing to increase the amount of help needed to meet changing conditions.
- Nothing in Section 3a applies

Section 3B: Instrumental Activities of Daily Living

Assistance is needed because the person is unable on a consistent basis to do the following tasks independently due to a serious physical, emotional, or mental health problem:

- A. Take care of nutrition, including preparing a light meal (e.g., snack or T.V. dinner)
- B. Light work around the house, such as washing dishes
- C. Shop for Groceries
- D. Travel in a van, taxi, bus, or car
- E. Take medicines
- F. Answer the telephone even with special equipment
- G. Call the telephone operator even with special equipment
- H. Take care of grooming and personal hygiene
- I. Financial management of basic necessities (e.g., food, clothing, shelter)
- Nothing in Section 3b applies

Sections 3A & 3B do not determine eligibility for CHOICE, Nursing Facility Admission, or Medicaid Waiver Services. However, if one (1) or more conditions exist in Section 3A and/or Section 3B, then the applicant may qualify for other state and federal programs.

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Applicant Eligibility Level:

- SECTION 1
- SECTION 2
- SECTION 3

Applicant's Preference for Care:

- INSTITUTIONAL CARE* No Preference
- HOME AND COMMUNITY-BASED CARE
- OTHER

Comments: Additional information on nature and extent of client impairment.
(Comments only may be continued on additional pages if needed.)

*Any individual with mental illness or a developmental disability applying for admission to a Medicaid certified Facility must also undergo a Level II Assessment prior to admission.

Case Manager Signature _____ Date _____