

State of Alaska • Department of Health and Social Service • Senior and Disabilities Services  
**DETERMINATION OF MATERIAL IMPROVEMENT FOR ALI/APDD WAIVERS**

**Client Name:**

**Medicaid Number:**

**DSDSID #**

**Date of Current review:**

**Name of Assessor:**

Skilled Level of Care Factors	EARLIEST Approved LOC prior to denial(s) Date/Yr	YES	NO	CURRENT Yr LOC Date/Yr	YES	NO	Material Improvement & Comments
24 hour observation and assessment of patient needs by registered nurse or licensed practical nurse.							
Intensive rehabilitative services as ordered by a physician and provided by a physical, occupational, respiratory or speech therapist five times per week or indicated by therapist.							
24 hour performance of direct services that require a registered nurse, a licensed practical nurse or other personnel working under direct supervision of a registered nurse or licensed practical nurse who is on the premises when services are rendered.							
Medications: Drugs requiring intravenous or naso-gastric tube administration.							
Colostomy-Ileostomy							
Gastrostomy							
Oxygen							
Tracheostomy							
Radiation therapy or cancer chemotherapy							

**DETERMINATION OF MATERIAL IMPROVEMENT FOR ALI/APDD WAIVERS**

<b>Skilled LOC Factors Continued:</b>	<b>EARLIEST Approved CAT prior to Denial(s) Date/Yr</b>	<b>YES</b>	<b>NO</b>	<b>CURRENT Yr LOC Date/Yr</b>	<b>YES</b>	<b>NO</b>	<b>Material Improvement &amp; Comments</b>
Sterile dressings requiring prescription medication							
Decubitus Ulcers							
Conditions that requires Skilled Nursing Facility (SNF) care until stabilization: New CVA, New fractured hip New amputation Comatose Terminal cancer New myocardial infarction Uncompensated congestive heart failure New paraplegic quadriplegic							
Conditions which alone may not justify placement at the Skilled Level: Diagnostic Procedures: Treatments: Behavioral Problems:							

**DETERMINATION OF MATERIAL IMPROVEMENT FOR ALI/APDD WAIVERS**

Intermediate Level of Care Factors	EARLIEST Approved CAT prior Date/Yr	YES	NO	CURRENT Yr LOC Date/Yr	YES	NO	Comments (if appropriate)
24 hour observation and assessment of patient requirements by licensed nurse							
Restorative services including encouraging patients to achieve independence in ADLs in self-care, transfer, ambulation, positioning and alignment, range of motion, use of handrails, positioning pillows, ambulation with or without assistive devices, assistance with or supervision of transfers							
Performance of services that require a licensed nurse							
Medications							
Assistance with ADLs, including maintenance of Foley catheters, ostomies, supervision of special diets, and proper skin care of incontinent patients							
Colostomy-Ileostomy							
Oxygen Therapy							
Radiation or Chemotherapy							
Skin Condition: decubitus ulcer or minor skin tears, abrasion, chronic skin conditions							
Diabetes: When daily observation of dietary intake and/or medication administration is required for proper physiological control.							
Behavioral problems: wandering, verbal disruptiveness, combativeness, verbal or physical abusiveness, inappropriate behavior							

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<b>CONSUMER ASSESSMENT TOOL ADL SCORES</b>			
<b>ADL</b>	<b>EARLIEST APPROVED CAT IMMEDIATELY PRIOR TO DENIAL(S)</b>	<b>CURRENT YEAR CAT</b>	<b>COMMENTS:</b>
	DATE:	DATE:	
BED MOBILITY			
TRANSFERS			
LOCOMOTION			
EATING			
TOILETING			

**Scoring code definitions:**

- 0. Independent - No help or oversight - or - Help/oversight provided only 1 or 2 times during last 7 days.
- 1. Supervision - Oversight, encouragement or cueing provided 3+ times during last 7 days - or - Supervision plus no weight-bearing physical assistance provided only 1 or 2 times during last 7 days.
- 2. Limited Assistance - Person highly involved in activity; received physical help in guided maneuvering of limbs, or other no weight-bearing assistance 3+ times - or - Limited assistance (as just described) plus weight-bearing 1 or 2 times during last 7 days.
- 3. Extensive Assistance - While person performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times:  
 Weight-bearing support  
 Full staff/caregiver performance during part (but not all) of last 7 days.
- 4. Total Dependence - Full staff/caregiver performance of activity during ENTIRE 7 days.
- 5. Cueing - Spoken instruction or physical guidance which serves as a signal to do an activity are required 7 days a week. Cueing is typically used when caring for individuals who are cognitively impaired.
- 8. Activity did not occur during the ENTIRE previous 7 days.

**Code for most support provided over each 24 hour period during last 7 days (24-48 hours if person is in hospital); code regardless of person's self performance classification using the following codes:**

- 0. No setup or physical help from staff
- 1. Setup help only
- 2. One-person physical assist
- 3. Two+ persons physical assist
- 5. Cueing - cueing support required 7 days a week
- 8. Activity did not occur during entire 7 days

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**Review Comments:**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Signature or Electronic Signature of RN Assessor)**

\_\_\_\_\_  
**(Printed Name of RN Assessor)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Signature of Reviewing Nurse)**

\_\_\_\_\_  
**(Printed Name of Reviewing Nurse)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Signature of Reviewing Nurse)**

\_\_\_\_\_  
**(Printed Name of Reviewing Nurse)**