

State of Alaska • Department of Health and Social Service • Senior and Disabilities Services
DETERMINATION OF MATERIAL IMPROVEMENT FOR CCMC WAIVERS

Client Name:

Medicaid Number:

DSDSID #

Date of Current review:

Name of Assessor:

Skilled Level of Care Factors	LAST Approved LOC Date/Yr		CURRENT Year LOC Date/Yr		Material Improvement & Comments	
	YES	NO	YES	NO	YES	NO
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						

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Skilled LOC Factors Continued:	LAST Approved LOC Date/Yr	YES	NO	CURRENT LOC Date/Yr	YES	NO	Material Improvement & Comments
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:							

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Intermediate Level of Care Factors	LAST Appr. LOC Date/Yr			CURRENT LOC Date/Yr			Comments (if appropriate)
		YES	NO		YES	NO	
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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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)