

NOTICE OF PROPOSED RULEMAKING
TITLE 9. HEALTH SERVICES
CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

PREAMBLE

- 1. Sections Affected** **Rulemaking Action**
- | | |
|-----------|-------|
| R9-28-301 | Amend |
| R9-28-303 | Amend |
| R9-28-305 | Amend |
- 2. The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**
- Authorizing statute: A.R.S. § 36-2932
Implementing statute: A.R.S. § 36-2936
- 3. A list of all previous notices appearing in the Register addressing the proposed rule:**
- Notice of Rulemaking Docket Opening: (to be entered by editor) (volume #) A.A.R. (page #), (date)
- 4. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**
- Name: Mariaelena Ugarte
Address: AHCCCS
Office of Administrative Legal Services
701 E. Jefferson, Mail Drop 6200
Phoenix, AZ 85034
Telephone: (602) 417-4693
Fax: (602) 253-9115
E-mail: AHCCCSRules@azahcccs.gov

- 5. An explanation of the rule, including the agency's reasons for initiating the rule:**
- The AHCCCS Administration has reviewed the validity of the PAS tools used to evaluate an individual's medical and functional eligibility for the ALTCS Program. In order to qualify for the ALTCS Program, individuals must require an institutional level of care. The PAS tools are intended to reflect the current consensus of the medical community and experts in developmental disability on best practices for reliably assessing the need for institutional care. As the opinion of those experts advance, the PAS tools should be updated to reflect the new consensus. A decision was made last year to update and revise the PAS tool used for children with developmental disabilities under age 6. The new tool has been developed and piloted and is now being finalized. The developmental evaluation in the tool has been expanded and updated. Developmental items on the tool are based on questions from several standardized, up to date and commonly accepted assessment tools. The tool has been piloted in-house and the analysis for a new scoring methodology has been completed. Because the current rules very specifically describe the elements and scoring routine of the current PAS tools, it is necessary to update the rules.

6. A reference to any study relevant to the rule that the agency reviewed and either proposes to rely on in its evaluation of or justification for the rule or proposes not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

AHCCCS/ALTCS retained a PAS consultant and convened a panel of experts to update and revise the PAS tool for children with developmental disabilities under six years of age. The standard for establishing medical and functional eligibility for ALTCS continues to be the immediate need for institutional level of care in a nursing home or intermediate care facility for the mentally retarded. The process for revision of the PAS tool for this population included data collection, reliability analysis and development of a scoring algorithm. The details of this process are described in development documents which can be made available upon request.

7. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:

Not applicable.

8. The preliminary summary of the economic, small business, and consumer impact:

Using the current PAS tool for this population, the Agency has costs associated with misclassified applicants, as there is a potential for approval of young children who do not require an institutional level of care. Average capitation for an ALTCS case is \$3682/month.

There are also costs associated with the number of cases requiring physician review to insure that children who require an institutional level of care are approved for ALTCS benefits. Because of improvements in classification using the new tool, it is projected that cases requiring physician review may be reduced by as much as 31%, resulting in a potential annual savings of \$31,950.

AHCCCS has spent \$ 242,435 for the development of the new PAS tool for children with developmental disabilities who are under age six. The tool was developed using an outside consultant as well as internal and external experts in child development and disability.

With the implementation of the revised PAS tools for this population, the integrity of the PAS eligibility process will be maintained. The increase in the number and quality of developmental questions on the tool, as compared to the current tool, gives a more thorough and accurate evaluation of a child with a developmental disability. Children applying for long term care benefits using the new PAS tool will receive a medical eligibility determination that corresponds to the current consensus of the medical community and expertise in the field. The State will potentially save money on capitation for children who do not require care at an institutional level. The PAS process will also be easier for families with children requiring care, as the new assessment is easier to understand and easier for staff to administer.

9. The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:

Name: Mariaelena Ugarte
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701 E. Jefferson, Mail Drop 6200
Phoenix, AZ 85034
Telephone: (602) 417-4693
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Proposed rule language will be available on the AHCCCS website www.azahcccs.gov the week of August 23, 2010. Please send written comments to the above address by 5:00 p.m., October 12, 2010. E-mail comments will also be accepted during this timeframe.

10. The time, place, and nature of the proceedings for the making, amendment, or repeal of the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:

Date: October 12, 2010
Time: 2:00 pm
Location: AHCCCS
701 East Jefferson
Phoenix, AZ 85034
Nature: Public Hearing

Date: October 12, 2010
Time: 2:00 pm
Location: ALTCS: Arizona Long-Term Care System
1010 N. Finance Center Dr, Suite 201
Tucson, AZ 85710
Nature: Public Hearing

Date: October 12, 2010
Time: 2:00 pm
Location: DAHL /Office of Special Investigations
2721 N. 4th street, Suite 23
Flagstaff, AZ 86004
Nature: Public Hearing

11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

None

12. Incorporations by reference and their location in the rules:

None

13. The full text of the rules follows:

TITLE 9. HEALTH SERVICES
CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
ARIZONA LONG-TERM CARE SYSTEM

ARTICLE 3. PREADMISSION SCREENING (PAS)

Section

R9-28-301. Definitions

R9-28-303. Preadmission Screening (PAS) Process

R9-28-305. Preadmission Screening Criteria for an Applicant or Member who is Developmentally Disabled (DD)

TITLE 9. HEALTH SERVICES

CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

ARIZONA LONG-TERM CARE SYSTEM

ARTICLE 3. PREADMISSION SCREENING (PAS)

R9-28-301. Definitions

- A. Common definitions. In addition to definitions contained in A.R.S. Title 36, Chapter 29, and 9 A.A.C. 28, Article 1, the words and phrases in this Article have the following meanings for an individual who is elderly or physically disabled (EPD) or developmentally disabled (DD) unless the context explicitly requires another meaning:

"Applicant" is defined in A.A.C. R9-22-101.

"Assessor" means a social worker as defined in this subsection or a licensed registered nurse (RN) who:

Is employed by the Administration to conduct PAS assessments,

Completes a minimum of 30 hours of classroom training in both EPD and DD PAS for a total of 60 hours,
and

Receives intensive oversight and monitoring by the Administration during the first 30 days of employment
and ongoing oversight by the Administration during all periods of employment.

"Current" means belonging to the present time.

"Disruptive behavior" means inappropriate behavior by the applicant or member including urinating or defecating in inappropriate places, sexual behavior inappropriate to time, place, or person or excessive whining, crying, or screaming that interferes with an applicant's or member's normal activities or the activities of others and requires intervention to stop or interrupt the behavior.

"Frequency" means the number of times a specific behavior occurs within a specified interval.

"Functional assessment" means an evaluation of information about an applicant's or member's ability to perform activities related to:

Developmental milestones,

Activities of daily living,

Communication, and

Behavior.

"Immediate risk of institutionalization" means the status of an applicant or member under A.R.S. § 36-2934(A)(5) and as specified in A.R.S. § 36-2936 and in the Administration's Section 1115 Waiver with Centers for Medicare and Medicaid Services (CMS).

"Intervention" means therapeutic treatment, including the use of medication, behavior modification, and physical restraints to control behavior. Intervention may be formal or informal and includes actions taken by friends or family to control the behavior.

~~"Limited or occasional" means a small portion of an entire task or assistance for the task if the assistance is required less than daily.~~

"Medical assessment" means an evaluation of an applicant's or member's medical condition and the applicant's or member's need for medical services.

"Medical or nursing services and treatments" or "services and treatments" means specific, ongoing medical, psychiatric, or nursing intervention used actively to resolve or prevent deterioration of a medical condition. Durable medical equipment and activities of daily living assistive devices are not treatment unless the equipment or device is used specifically and actively to resolve the existing medical condition.

~~"Physical participation" means an applicant's or member's active participation.~~

~~"Physically lift" means actively bearing some part of an applicant's or member's weight during movement or activity and excludes bracing or guiding activity.~~

"Physician consultant" means a physician who contracts with the Administration.

"Social worker" means an individual with two years of case management-related experience or a baccalaureate or master's degree in:

- Social work,
- Rehabilitation,
- Counseling,
- Education,
- Sociology,
- Psychology, or
- Other closely related field.

"Special diet" means a diet planned by a dietitian, nutritionist, or nurse that includes high fiber, low sodium, or pureed food.

"Toileting" means the process involved in an applicant's or member's managing of the elimination of urine and feces in an appropriate place.

"Vision" means the ability to perceive objects with the eyes.

B. EPD. In addition to definitions contained in subsection (A), the following also apply to an applicant or member who is EPD:

"Aggression" means physically attacking another, including:

- Throwing an object,
- Punching,
- Biting,
- Pushing,
- Pinching,

Pulling hair,
Scratching, and
Physically threatening behavior.

"Bathing" means the process of washing, rinsing, and drying all parts of the body, including an applicant's or member's ability to transfer to a tub or shower and to obtain bath water and equipment.

"Contenance" means the applicant's or member's ability to control the discharge of body waste from bladder and bowel.

"Dressing" means the physical process of choosing, putting on, securing fasteners, and removing clothing and footwear. Dressing includes choosing a weather-appropriate article of clothing but excludes aesthetic concerns. Dressing includes the applicant's or member's ability to put on artificial limbs, braces, and other appliances that are needed daily.

"Eating" means the process of putting food and fluids by any means into the digestive system.

~~"Elderly" means an applicant or member who is age 65 or older.~~

"Emotional and cognitive functioning" means an applicant's or member's orientation and mental state, as evidenced by aggressive, self-injurious, wandering, disruptive, and resistive behaviors.

"EPD" means an applicant or member who is elderly and physically disabled.

"Grooming" means an applicant's or member's process of tending to appearance. Grooming includes: combing or brushing hair; washing face and hands; shaving; oral hygiene (including denture care); and menstrual care. Grooming does not include aesthetics such as styling hair, skin care, nail care, and applying cosmetics.

"Mobility" means the extent of an applicant's or member's purposeful movement within a residential environment.

"Orientation" means an applicant's or member's awareness of self in relation to person, place, and time.

"Physically disabled" means an applicant or member who is determined physically impaired by the Administration through the PAS assessment as allowed under the Administration's Section 1115 Waiver with CMS.

"Resistiveness" means inappropriately obstinate and uncooperative behaviors, including passive or active obstinate behaviors, or refusing to participate in self-care or to take necessary medications. Resistiveness does not include difficulties with auditory processing or reasonable expressions of self-advocacy.

"Self-injurious behavior" means repeated self-induced, abusive behavior that is directed toward infliction of immediate physical harm to the body.

"Sensory" means of or relating to the senses.

"Transferring" means an applicant's or member's ability to move horizontally or vertically between two surfaces within a residential environment, excluding transfer for toileting or bathing.

"Wandering" means an applicant's or member's moving about with no rational purpose and with a tendency to go beyond the physical parameter of the residential environment.

C. DD. In addition to definitions contained in subsection (A), the following also apply to an applicant or member who is DD:

"Acute" means an active medical condition having a sudden onset, lasting a short time, and requiring immediate medical intervention.

"Aggression" means physically attacking another, including:

- Throwing objects,
- Punching,
- Biting,
- Pushing,
- Pinching,
- Pulling hair, and
- Scratching.

"Ambulation" means the ability to walk and includes quality of the walking and the degree of independence in walking.

~~"Associating time with an event and an action" means an applicant's or member's ability to associate a regular event with a specific time frame.~~

"Bathing or showering" means an applicant's or member's ability to complete the bathing process including drawing the bath water, washing, rinsing, and drying all parts of the body, and washing the hair.

~~"Caregiver training" means training received by a direct care staff person or caregiver for special health care procedures that are normally performed or monitored by a licensed professional, such as a registered nurse. These procedures may include ostomy care, positioning for medical necessity, use of an adaptive device, or respiratory services such as suctioning or a small volume nebulizer treatment.~~

~~"Chronic" means a medical condition that is always present, occurs periodically, or is marked by a long duration.~~

"Clarity of communication" means an ability to speak in recognizable language or use a formal symbolic substitution, such as American-Sign Language.

~~"Climbing stairs or a ramp" means an applicant's or member's ability to move up and down stairs or a ramp.~~

"Community mobility" means the applicant's or member's ability to move about a neighborhood or community independently, by any mode of transportation.

"Crawling and standing" means an applicant's or member's ability to crawl and stand with or without support.

"DD" means developmentally disabled.

"Developmental milestone" means a measure of an applicant's or member's functional abilities, including:

- ~~Fine and gross~~ motor skills,
- Gross motor skills,
- ~~Expressive and receptive language~~ Communication,
- ~~Social skills~~ Socialization,
- ~~Self help skills~~ Daily living skills, and

~~Emotional or affective development~~ Behaviors.

"Dressing" means the ability to put on and remove an article of clothing. Dressing does not include the ability to put on or remove braces nor does it reflect an applicant's or member's ability to match colors or choose clothing appropriate for the weather.

"Eating or drinking" means the process of putting food and fluid by any means into the digestive system.

"Expressive verbal communication" means an applicant's or member's ability to communicate thoughts with words or sounds.

"Food preparation" means the ability to prepare a simple meal including a sandwich, cereal, or a frozen meal.

"Hand use" means the applicant's or member's ability to use both hands, or one hand if an applicant or member has only one hand or has the use of only one hand.

"History" means a medical condition that occurred in the past, regardless of whether the medical condition required treatment in the past, and is not now active.

"Personal hygiene" means the process of tending to one's appearance. Personal hygiene may include: combing or brushing hair, washing face and hands, shaving, performing routine nail care, oral hygiene including denture care, and menstrual care. This does not include aesthetics such as styling hair, skin care, and applying cosmetics.

~~"Physical interruption" means immediate hands-on interaction to stop a behavior.~~

~~"Remembering an instruction and demonstration" means an applicant's or member's ability to recall an instruction or demonstration on how to complete a specific task.~~

~~"Resistiveness or rebelliousness" means an applicant's or member's inappropriate, stubborn, or uncooperative behavior. Resistiveness or rebelliousness does not include an applicant's or member's difficulty with processing information or reasonable expression of self-advocacy that includes an applicant's or member's expression of wants and needs.~~

"Rolling and sitting" means an applicant's or member's ability to roll and sit independently or with the physical support of another person or with a device such as a pillow or specially-designed chair.

"Running or wandering away" means an applicant or member leaving a physical environment without notifying or receiving permission from the appropriate individuals.

"Self-injurious behavior" means an applicant's or member's repeated behavior that causes injury to the applicant or member.

"Verbal or physical threatening" means any behavior in which an applicant or member uses words, sounds, or action to threaten harm to self, others, or an object.

"Wheelchair mobility" means an applicant's or member's mobility using a wheelchair and does not include the ability to transfer to the wheelchair.

R9-28-303. Preadmission Screening (PAS) Process

- A. The assessor shall use the PAS instrument to determine whether the following applicants or members are at immediate risk of institutionalization:

1. The assessor shall use the PAS instrument prescribed in R9-28-304 to assess an applicant or member who is EPD except as specified in subsection (A)(2) for a physically disabled applicant or member who is less than six years old. After assessing a physically disabled child age six years to less than 12 years, the assessor shall refer the child for physician consultant review under ~~R9-28-303~~ subsections (G) through (J).
 2. The assessor shall use the age-specific PAS instrument prescribed in R9-28-305 to assess an applicant or member who is physically disabled and less than six years old. After assessing the child, the assessor shall refer the child for physician consultant review under this Section.
 3. The assessor shall use the PAS instrument prescribed in R9-28-305 to assess an applicant or member who is DD, except as specified in subsection (A)(4) for an applicant or member who is DD and residing in a NF. After assessing a child who is DD and less than six months of age, the assessor shall refer the child for physician consultant review under subsections (G) through ~~(H)~~ (J).
 4. The assessor shall use the PAS instrument prescribed in R9-28-304 for an applicant or a member who is DD and residing in a NF.
 5. The assessor shall use the PAS instrument prescribed in R9-28-304 or R9-28-305, whichever is applicable, to assess an applicant or member who is classified as ventilator-dependent, under Section 1902(e)(9) of the Social Security Act.
- B.** For an initial assessment of an applicant who is in a hospital or other acute care setting:
1. A registered nurse assessor shall complete the PAS assessment, or
 2. In the event that a registered nurse assessor is not available, a social worker assessor shall complete the PAS assessment; and
 3. The assessor shall conduct the PAS assessment and determine medical eligibility when discharge is scheduled within seven days.
- C.** An assessor shall conduct a face-to-face PAS assessment with an applicant or member, except as provided in subsection (F). The assessor shall make reasonable efforts to obtain the applicant's or member's available medical records. The assessor may also obtain information for the PAS assessment from face-to-face interviews with the:
1. Applicant or member,
 2. Parent,
 3. Guardian,
 4. Caregiver, or
 5. Any person familiar with the applicant's or member's functional or medical condition.
- D.** Using the information described in subsection (C), an assessor shall complete the PAS assessment based on the assessor's education, experience, professional judgment, and training.
- E.** After the assessor completes the PAS assessment, the assessor shall calculate a PAS score. The assessor shall compare the PAS score to an established threshold score. The scoring methodology and threshold scores are specified in R9-28-304 and R9-28-305. Except as determined by physician consultant review as provided in

subsections (G) through (J), the threshold score is the point at which an applicant or member is determined to be at immediate risk of institutionalization.

- F.** Upon request, from a person acting on behalf of the applicant, the Administration shall conduct a PAS assessment to determine whether a deceased applicant who was residing in a NF or who received services in an ICF-MR any time during the time period covered by the application would have been eligible to receive ALTCS benefits for those months.
- G.** In the following circumstances, the Administration shall request that a physician consultant review the PAS assessment, the available medical records, and use professional judgment to make the determination that an applicant or member has a developmental disability or has a nonpsychiatric medical condition that, by itself or in combination with ~~a medical condition~~ other medical conditions, places an applicant or member at immediate risk of institutionalization:
1. The PAS score of an applicant or member who is EPD is less than the threshold specified in R9-28-304, but is at least 56;
 2. The PAS score of an applicant or member who is DD is less than the threshold specified in R9-28-305, but is at least 38;
 3. An applicant or member scores below the threshold specified in R9-28-304, but the Administration has reasonable cause to believe that the applicant's or member's unique functional abilities or medical condition may place the applicant or member at immediate risk of institutionalization;
 4. An applicant or member scores below the threshold specified in R9-28-304 and has a documented diagnosis of autism, autistic-like behavior, or pervasive developmental disorder;
 5. An applicant or member who is seriously mentally ill as defined in A.R.S. § 36-550 who scores at or above the threshold specified in R9-28-304, but may not meet the requirements of A.R.S. § 36-2936. When an applicant or member who is seriously mentally ill scores at or above the threshold, the physician consultant shall exercise professional judgment to determine whether the applicant or member meets the requirements of A.R.S. § 36-2936.
 6. An applicant is an AHCCCS acute care member and scores at or above the threshold specified in R9-28-304 but the Administration has reasonable cause to believe that the applicant's condition is convalescent and requires less than 90 days of institutional care;
 7. An applicant or member is a physically disabled child who is at least six but less than 12 years of age;
 8. An applicant or member is a physically disabled child under six years of age; and
 9. An applicant is under six months of age.
- H.** The physician consultant shall consider the following:
1. Activities of daily living dependence;
 2. Delay in development;
 3. Continence;
 4. Orientation;
 5. Behavior;

6. Any medical condition, including stability and prognosis of the condition;
 7. Any medical nursing treatment provided to the applicant or member including skilled monitoring, medication, and therapeutic regimens;
 8. The degree to which the applicant or member must be supervised;
 9. The skill and training required of the applicant or member's caregiver; and
 10. Any other factor of significance to the individual case.
- I.** If the physician consultant is unable to make the determination from the PAS assessment and the available medical records, the physician consultant may conduct a face-to-face review with the applicant or member or contact others familiar with the applicant's or member's needs, including a primary care physician or other caregiver, to make the determination.
- J.** The physician consultant shall state the reasons for the determination in the physician review comment section of the PAS instrument.

R9-28-305. Preadmission Screening Criteria for an Applicant or Member who is Developmentally Disabled (DD)

- A.** The Administration shall conduct a PAS assessment of an applicant or member who is DD using one of ~~four~~ three PAS instruments specifically designed to assess an applicant or member in the following age groups:
1. 12 years of age and older,
 2. ~~6 to~~ through 11 years of age, and
 3. Birth ~~3 to~~ through 5 years of age, ~~and.~~
 4. ~~Less than 3 years of age.~~
- B.** The PAS instruments for an applicant or member who is DD include three major categories:
1. Intake information category. The assessor solicits intake information category information on an applicant's or member's demographic background. The components of this category are not included in the calculated PAS score.
 2. Functional assessment category. The functional assessment category differs by age group as indicated in subsections (B)(2)(a) through (B)(2)(e):
 - a. For an applicant or member 12 years of age and older, the assessor solicits the functional assessment category information on an applicant's or member's:
 - i. Need for assistance with independent living skills, including hand use, ambulation, wheelchair mobility, transfer, eating or drinking, dressing, personal hygiene, bathing or showering, food preparation, community mobility, and toileting;
 - ii. Communication skills and cognitive abilities, including expressive verbal communication, clarity of communication, associating time with an event and action, and remembering an instruction and a demonstration; and
 - iii. Behavior, including aggression, verbal or physical threatening, self-injurious behavior, and resistive or rebellious behavior.

- b. For an applicant or member 6 through 11 years of age, the assessor solicits the functional assessment category information on an applicant's or member's:
 - i. Need for assistance with independent living skills, including rolling and sitting, crawling and standing, ambulation, climbing stairs or ramps, wheelchair mobility, dressing, personal hygiene, bathing or showering, toileting, level of bladder control, and orientation to familiar settings;
 - ii. Communication, including expressive verbal communication and clarity of communication; and
 - iii. Behavior, including aggression, verbal or physical threatening, self-injurious behavior, running or wandering away, and disruptive behavior.
 - c. For an applicant or member ~~3~~ 6 months through 5 years of age, the assessor solicits the functional assessment category information on an applicant's or member's:
 - ~~i. Performance~~ performance with respect to a series of developmental milestones that measure an applicant's or member's degree of functional growth;
 - ~~ii. Need for assistance with independent living skills, including toileting and dressing, and an applicant's or member's orientation to familiar settings;~~
 - ~~iii. Communication, including clarity of communication; and~~
 - ~~iv. Behavior, including aggression, verbal or physical threatening, and self-injurious behavior.~~
 - ~~d. For an applicant or member 6 months of age through 3 years of age, the assessor solicits the functional assessment category information on age-specific developmental milestones.~~
 - ~~e.~~ d. For an applicant or member less than 6 months of age, the assessor shall not complete a functional assessment. The assessor shall include a description of the applicant's or member's development in the PAS instrument narrative summary.
3. Medical assessment category. The assessor solicits medical assessment category information on an applicant's or member's:
- a. Medical condition;
 - b. Specific services and treatments the applicant or member receives or needs and the frequency of those services and treatments;
 - c. Current medication;
 - d. Medical stability;
 - e. Sensory functioning;
 - f. Physical measurements; and
 - g. Current placement, ventilator dependency and eligibility for DES Division of Developmental Disabilities program services.
- C. The assessor shall use the PAS instrument to assess an applicant or member who is DD. A copy of the PAS instrument is available from the Administration. The Administration uses the assessor's PAS instrument responses to calculate three scores: a functional score, a medical score, and a total score.
- 1. Functional score.

- a. The Administration calculates the functional score from responses to scored items in the functional assessment category. Each response is assigned a scored a number of points which is multiplied by a weighted numerical value, resulting in a weighted score for each response.
- b. The following items are scored as indicated in subsection (D), under the Functional Assessment matrix:
 - i. For an applicant or member 12 years of age and older, all items in the behavior section are scored. Designated items in the independent living skills, communication skills, and cognitive abilities sections are also scored;
 - ii. For an applicant or member 6 through 11 years of age, all items in the communication section are scored. Designated items in the independent living skills and behavior sections are scored;
 - iii. For an applicant or member ~~3~~ 6 months of age through 5 years of age, ~~all~~ items in the developmental milestones section ~~and behavior section are scored. Designated items in the independent living skills~~ are scored based on the age of the applicant. ~~and~~
 - iv. ~~For an applicant or member 6 months of age up to 3 years of age, all items regarding age specific milestones are scored.~~
- c. The sum of the weighted scores equals the functional score. The range of weighted score per item and maximum functional score for each age group is presented below:

AGE GROUP	RANGE FOR WEIGHTED SCORE PER ITEM	MAXIMUM FUNCTIONAL SCORE ATTAINABLE
12+	0 - 11.2	124.1
6-11	0 - 24	112.5
3 <u>0</u> -5	0 - 45.65 <u>0</u>	78.2 <u>106.02</u>
0-2	0 - 1.4	70

- d. No minimum functional score is required.
- 2. Medical score.
 - a. Items (i) through (iii) are scored as indicated in subsection (D), under the Medical Assessment matrix:
 - i. The assessor shall score designated items in the medical conditions for an applicant or member 12 years of age and older and 6 years of age through 11 years of age.
 - ii. The assessor shall score designated items in the medical conditions and medical stability sections for an applicant or member ~~3 years~~ 6 months of age through ~~6~~ 5 years of age.
 - iii. ~~The assessor shall score designated items in the medical conditions, services and treatments, and medical stability sections for an applicant or member 6 months of age through 3 years of age.~~

- iv- iii. The assessor shall complete only the medical assessment section of the PAS for an applicant or member less than 6 months of age. There is no weighted or calculated score assigned. The assessor shall refer the applicant or member for physician consultant review.
- b. The Administration calculates the medical score from information obtained in the medical assessment category. Each response to a scored item is assigned a number of points. The sum of the points equals the medical score. The range of points per item and the maximum medical score attainable by an applicant or member is presented below:

AGE GROUP	RANGE OF POINTS PER ITEM	MAXIMUM MEDICAL SCORE ATTAINABLE
12+	0 - 20.6	21.4
6-11	0 - 2.5	5
30-5	0 - 14.8 <u>10</u>	23 <u>60</u>
0-2	0-7	44.3

- c. No minimum medical score is required.
3. Total score.
- a. The sum of an applicant's or member's functional and medical scores equals the total score.
 - b. The total score is compared to an established threshold score in R9-28-304. For an applicant or member who is DD, the threshold score is 40. Based upon the PAS instrument an applicant or member with a total score equal to or greater than 40 is at immediate risk of institutionalization.
- D.** The following matrices represent the number of points available and the weight for each scored item.
1. Functional assessment points. Age group 0-5: The value is received for each failed response. For age groups 6-11 and 12+: the ~~The~~ lowest value in the range of points available per item in the functional assessment category indicates minimal to no impairment. Conversely, the highest value indicates severe impairment.
 2. Medical assessment points. The lowest value in the range of points available per item in the medical assessment category, 0, indicates that the applicant or member:
 - a. Does not have a medical condition specified in the following matrices.
 - b. Does not need medical or nursing ~~services~~ service as specified in the following matrices, or
 - c. Does not receive any medical or nursing ~~services~~ service as specified in the matrices.

AGE GROUP 12 AND OLDER	# of Points Available Per	Weight	Range of Possible Weighted Score Per
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FUNCTIONAL ASSESSMENT	Item (P)	(W)	Item (P) x (W)
Independent Living Skills Section			
Hand Use, Food Preparation	0-3	3.5	0-10.5
Ambulation, Toileting, Eating, Dressing, Personal Hygiene	0-4	2.8	0-11.2
Communicative Skills and Cognitive Abilities Section			
Associating Time, Remembering Instructions	0-3	0.5	0 - 1.5
Behavior Section			
Aggression, Threatening, Self Injurious	0-4	2.8	0-11.2
Resistive	0-3	3.5	0-10.5

AGE GROUP 12 AND OLDER MEDICAL ASSESSMENT	# of Points Available Per Item (P)	Weight (W)	Range of Possible Weighted Score Per Item (P) x (W)
Medical Conditions Section			
Cerebral Palsy, Epilepsy	0-1	0.4	0-.4
Moderate, Severe, Profound Mental Retardation	0-1	20.6	0-20.6

AGE GROUP 6-11 FUNCTIONAL ASSESSMENT	# of Points Available Per Item (P)	Weight (W)	Range of Possible Weighted Score Per Item (P) x (W)
Independent Living Skills Section			
Climbing Stairs, Wheelchair Mobility, Bladder Control	0-3	1.875	0-5.625
Ambulation, Dressing, Bathing, Toileting	0-4	1.5	0-6

Crawling or Standing	0-5	1.25	0-6.25
Rolling or Sitting	0-8	0.833	0-6.66
Communication Section			
Clarity	0-4	1.5	0-6
Expressive Communication	0-5	1.25	0-6.25
Behavior Section			
Wandering	0-4	6	0-24
Disruptive	0-3	7.5	0-22.5

AGE GROUP 6 - 11			
MEDICAL ASSESSMENT	# of Points Available Per Item (P)	Weight (W)	Range of Possible Weighted Score Per Item (P) x (W)
Medical Conditions Section			
Cerebral Palsy, Epilepsy	0-1	2.50	0-2.5

AGE GROUP 3-5	# of Points Available Per Item (P)	Weight (W)	Range of Possible Weighted Score Per Item (P) x (W)
FUNCTIONAL ASSESSMENT			
Developmental Milestones Section			
Factors Measuring an Individual's Degree of Functional Growth	0-1	0.70	0-7
Independent Living Skills Section			
Toileting, Dressing	0-4	3.90	0-15.6
Behavior Section			
Aggression, Threatening, Self Injurious	0-4	1.00	0-4

AGE GROUP 3-5	# of Points Available Per Item (P)	Weight (W)	Range of Possible Weighted Score Per Item (P) x (W)
MEDICAL			

ASSESSMENT			
Medical Conditions Section			
Moderate, Severe, Profound Mental Retardation	0-1	14.80	0-14.8
Medical Stability Section			
Direct Caregiver Required, Special Diet	0-1	4.10	0-4.1

AGE GROUP 0-2 FUNCTIONAL ASSESSMENT	# of Points Available Per Item (P)	Weight (W)	Range of Possible Weighted Score Per Item (P) x (W)
Developmental Milestones Section			
Factors Measuring an Individual's Degree of Functional Growth	0-1	1.40	0-1.4

AGE GROUP 0-2 MEDICAL ASSESSMENT	# of Points Available Per Item	Weight	Range of Possible Weighted Score Per Item (P) x (W)
Services and Treatments Section			
Non-Bladder or Bowel Ostomy, Tube Feeding, Oxygen	0-1	6.10	0-6.1
Medical Conditions Section			
Any Mental Retardation, Epilepsy, Cerebral Palsy	0-1	7.00	0-7
Medical Stability Section			
Services and Treatments Section			
Trained Direct Caregiver, Special Diet or a Minimum of Two Hospitalizations	0-1	5.00	0-5

AGE GROUP 0 - 5 FUNCTIONAL ASSESSMENT	Weight
6-9 Months	5.0
9-11 Months	4.1

<u>12-17 Months</u>	<u>2.9</u>
<u>18-23 Months</u>	<u>2.125</u>
<u>24-29 Months</u>	<u>1.75</u>
<u>30-35 Months</u>	<u>1.55</u>
<u>36-47 Months</u>	<u>1.34</u>
<u>48-59 Months</u>	<u>1.14</u>
<u>60 Months+</u>	<u>1.03</u>

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<u>AGE GROUP 0 - 5 MEDICAL ASSESSMENT</u>	<u>Weight</u>
<u>Cerebral Palsy</u>	<u>5.0</u>
<u>Epilepsy</u>	<u>5.0</u>
<u>Moderate, Severe, or Profound Mental Retardation (36 Months and older only)</u>	<u>15.0</u>
<u>Autism + M-CHAT* (18 Months and older only) Fails at least six M-CHAT based questions</u>	<u>7.0</u>
<u>Autism + Behaviors (30-35 Months only) Exhibits at least 3 of 4 specific behaviors</u>	<u>5.0</u>
<u>Autism + Behaviors (36 Months and older only) Exhibits at least 6 of 8 specific behaviors</u>	<u>10.0</u>
<u>Drug Regulation + Administration (6 Months to 35 Months)</u>	<u>1.0</u>
<u>Drug Regulation + Administration (36 Months and older)</u>	<u>1.5</u>
<u>Non-Bowel/Bladder Ostomy Care (6 Months to 35 Months)</u>	<u>7.0</u>
<u>Non-Bowel/Bladder Ostomy Care (36 Months and older)</u>	<u>5.0</u>
<u>Tube Feeding (6 Months to 35 Months)</u>	<u>7.0</u>
<u>Tube Feeding (36 Months and older)</u>	<u>5.0</u>
<u>Physical Therapy or Occupational Therapy (6 Months to 35 Months)</u>	<u>1.0</u>
<u>Physical Therapy or Occupational Therapy (36 Months and older)</u>	<u>1.5</u>
<u>Acute Hospital Admission (One)</u>	<u>1.0</u>
<u>Acute Hospital Admissions (Two or more)</u>	<u>2.0</u>
<u>Direct Care Staff Trained (6 Months to 11 Months)</u>	<u>0.5</u>
<u>Direct Care Staff Trained (12 Months and older)</u>	<u>1.0</u>
<u>Special Diet</u>	<u>2.0</u>