

# Long Term Services & Supports

Payer Source and Level of Care  
(LOC) 101



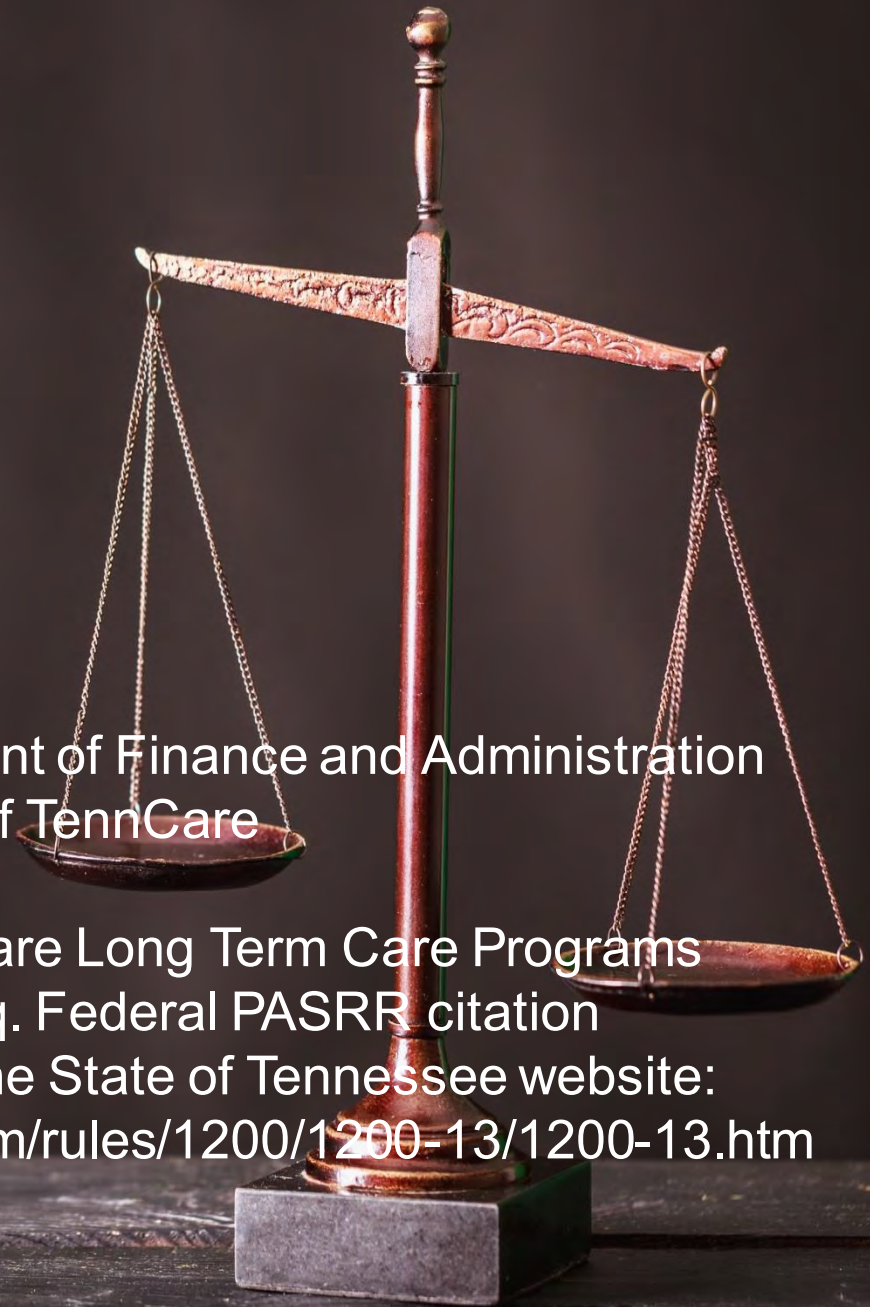
# Source of “Truth”

## Rules of Tennessee Department of Finance and Administration Division of TennCare

Rules of Tennessee Department of Finance and Administration  
Bureau of TennCare

Chapter 1200-13-01 TennCare Long Term Care Programs  
42 CFR 483.100 et. seq. Federal PASRR citation

The rules can be found on the State of Tennessee website:  
<https://publications.tnsosfiles.com/rules/1200/1200-13/1200-13.htm>



# Questions?



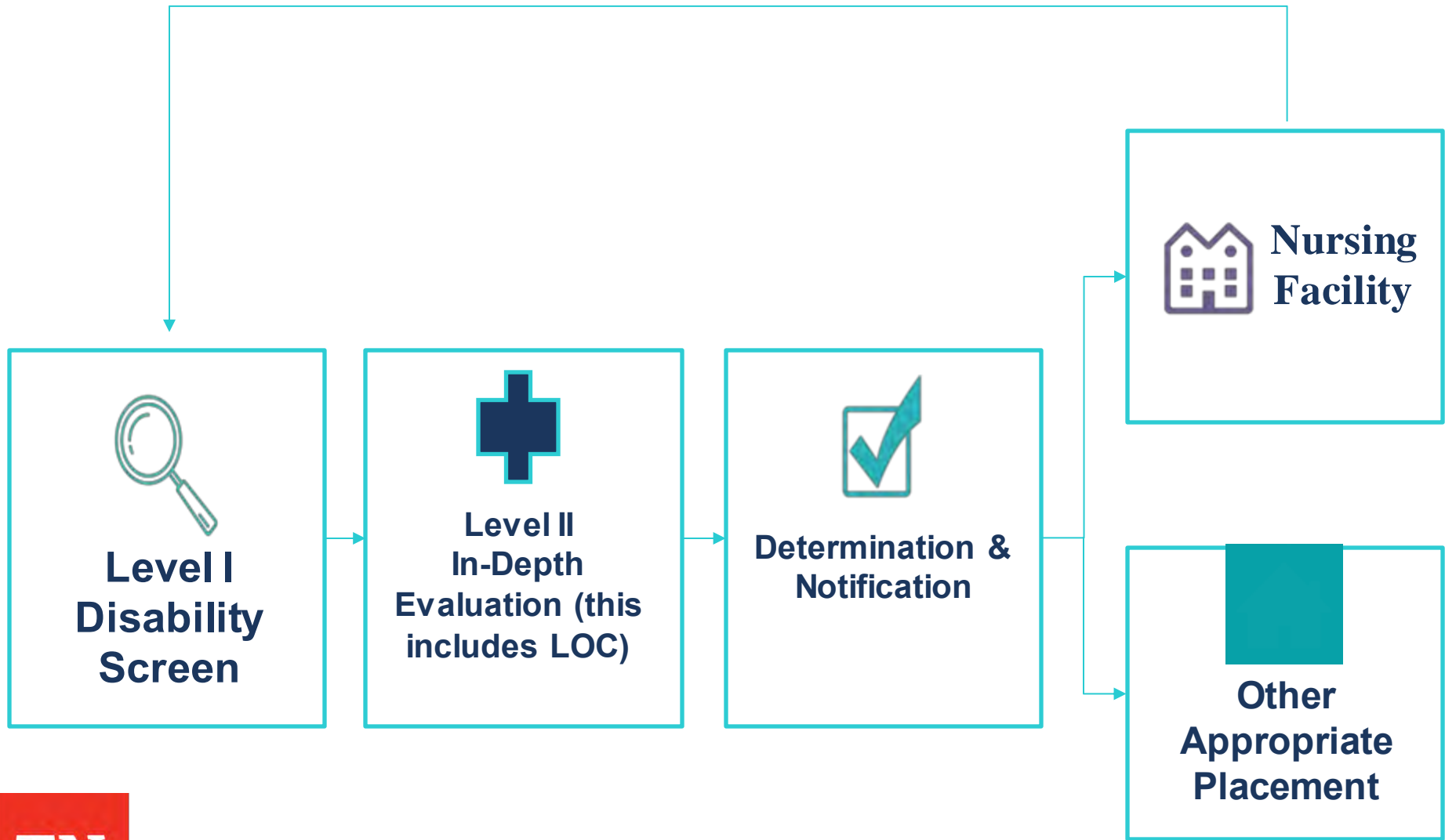
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# The Basics

# PASRR Process



# A Closer Look

- **Level I**

- The PASRR screen for severe mental illness, intellectual disability, developmental delay or related condition

- **Level II**

- The Comprehensive Evaluation for person with severe mental illness, intellectual disability, developmental delay or related condition

# A Closer Look

- LOC (Level of Care)
  - Part of the PASRR process and is equivalent to the PAE evaluation in PERLSS (medical eligibility)
- PAE (Pre Admission Evaluation)
  - Equivalent to the LOC into Maximus's system (medical eligibility)

# Level of Care

- If an individual is in PASRR population, Level of Care is done as part of the PASRR process.
- An applicant is in the PASRR population when there is a **Positive Level I** screen that results in a completed Level II assessment.



# Level of Care

- Level of Care threshold is different depending on whether the payer source at the time of the PASRR submission is Medicaid/Medicaid pending or Medicare/Private Pay...

# Level of Care

## **Nursing Facility LOC (Medicaid/Medicaid Pending):**

- Must have a total acuity score of at least 9 on the TennCare NF LOC Acuity Scale or
- Be At-Risk of NF placement and have an approved Safety Determination.

## **At-Risk LOC (Medicare/Private Insurance/Hospice):**

- Must have at least one significant deficit in an activity of daily living or related function on the TennCare NF LOC Acuity Scale.



# Level of Care & Payer Source

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# Level of Care: Why Is It Important?

- The primary reason LOC is important:
  - It determines whether or not it is appropriate for a person to be admitted or remain in a Nursing Facility.
- Ask: Do their needs meet the threshold for institutional care?

# Payer Source: Why Is It Important?

- Understanding the payer source will help you:
  - submit your Level I correctly and
  - have the correct level of care criteria applied when making a LOC determination.
- **Remember: There isn't a different "type" of PASRR submitted...**

# Level of Care Submission

- If an applicant is in the PASRR population:
  - The applicant has an SMI, ID and/or DD or RC
- Outcome: **Positive Level I** screen
  - Results in a referral for a full Level II evaluation;
- The Level of Care (LOC) must be submitted along with medical documentation to **Maximus** to start the Level II evaluation.

# Level of Care Submission

- When the Level I screen is submitted with a **Medicaid or Medicaid pending** payer source:
  - The LOC is submitted through the PASRR Level II process and will be used as the PAE for purposes of Medicaid Level of Care eligibility. (Medical Criteria)
  - Maximus determines the LOC
    - **PASRR LOC = PERLSS PAE**
  - The admission date is entered into PATH TRACKER. This serves as the MOPD for LOC determined by Maximus. (see slide 24)



# Payer Source Tips



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# Payer Source Tips

- TennCare determines the LOC requirements for PASRR regardless of payer source.
- Medicare/Private Pay LOC
  - Only one significant functional deficit (At-Risk LOC) is required.
  - Note: Submissions for Medicaid grandfathered members require only one significant functional deficit. These are members receiving CHOICES Group 1 reimbursed services continually since 7/1/2012.

# Payer Source Tips: Medicare or other payer source

- A PASRR submitted with:
  1. Medicare or other payer source
  2. In the PASRR population (**Level 1 positive**)
  3. The LOC must be submitted to Maximus

When Medicaid becomes the payer source

- **PAE must be submitted via PERLSS.**

# Payer Source Tips: Medicare or other payer source

- A PASRR submitted with:
  1. Medicare or other payer source
  2. Not in PASRR population (Level 1 negative),
  3. LOC submission via PERLSS

Maximus submission is NOT required.

# Payer Source Tips: Medicaid/Medicaid pending

- A PASRR submitted with:
  1. Medicaid/Medicaid pending payer source
  2. In the PASRR population (**Level 1 positive**)
  3. The LOC must be submitted to Maximus.

Must enter the admission date  
into Path Tracker

# Payer Source Tips

- A PASRR submitted with:
  1. Medicaid/Medicaid pending payer source
  2. Not in the PASRR population (**Level 1 negative**)
  3. A PAE must be submitted to PERLSS.

Be sure to submit the MOPD into PERLSS.

# Payer Source Tips

- **Path Tracker:**
  - Located in the PASRR system.
  - Only **Nursing Facilities** use Path Tracker
  - Must complete: (within 2 days)
    - Admission notice
    - Discharge notice or
    - Transfer

# Payer Source Tips

- **Path Tracker example**

## Admit-Discharge-Transfer Notices

Showing 1 to 13 of 13 entries

Type	Date	Admit/Trans/Discharge Date	Facility Name
Discharge	8/24/2021 3:18:53 PM	8/1/2021	Signature Healthcare of Rockwood Rehab and Wellness
Admission	4/6/2021 11:11:42 AM	4/1/2021	Signature Healthcare of Rockwood Rehab and Wellness
Admission	1/18/2021 12:55:52 PM	1/15/2021	Signature Healthcare of Rockwood Rehab and Wellness
Discharge	6/13/2018 11:08:12 AM	6/4/2018	Life Care Ctr of Morgan Co
Admission	5/15/2018 1:57:23 PM	5/14/2018	Life Care Ctr of Morgan Co
Discharge	1/29/2018 6:23:52 PM	1/28/2018	Life Care Ctr of Morgan Co
Admission	12/11/2017 10:37:27 AM	12/8/2017	Life Care Ctr of Morgan Co

**Remember:** The admission date entered into PATH TRACKER serves as the MOPD for LOC determined by Maximus.

# Payer Source Tips: MOPD

## Per Rule:

### **Medicaid Only Payer Date (MOPD).**

- The date a NF certifies that Medicaid reimbursement for NF services will begin because the Applicant has been admitted to the facility and all other primary sources of reimbursement (including Medicare and private pay) have been exhausted.
- (This does not preclude the Applicant's responsibility for payment of Patient Liability as described in these rules.)



# Payer Source Tips: MOPD

- The MOPD must be known (and not projected) as it will result in the determination of eligibility for Medicaid reimbursement of NF services and in many cases, eligibility for Medicaid, as well as a capitation payment and payments for Medicaid services received, including but not limited to LTSS.
- The PAE may be submitted without a MOPD date, in which case, the MOPD shall be submitted by the facility when it is known.

# Payer Source Tips: MOPD

- Enrollment into CHOICES Group 1 and eligibility for reimbursement of NF services shall be permitted only upon submission of a MOPD.
- The effective date of CHOICES enrollment and Medicaid reimbursement of NF services shall not be earlier than the MOPD.

# Payer Source Tips

- **Remember:**

- Every applicant admitted to a Medicaid Certified facility must have a **Level 1 PASRR** submitted.
  - **Level 1 Negative** = No PASRR condition
    - Can admit to NF
  - **Level 1 Positive** = Confirmed or suspected PASRR condition (Serious mental illness, ID/DD, or related condition)
    - **Required onsite Level 2 evaluation** (in-depth evaluation, which includes LOC).

# Hospice



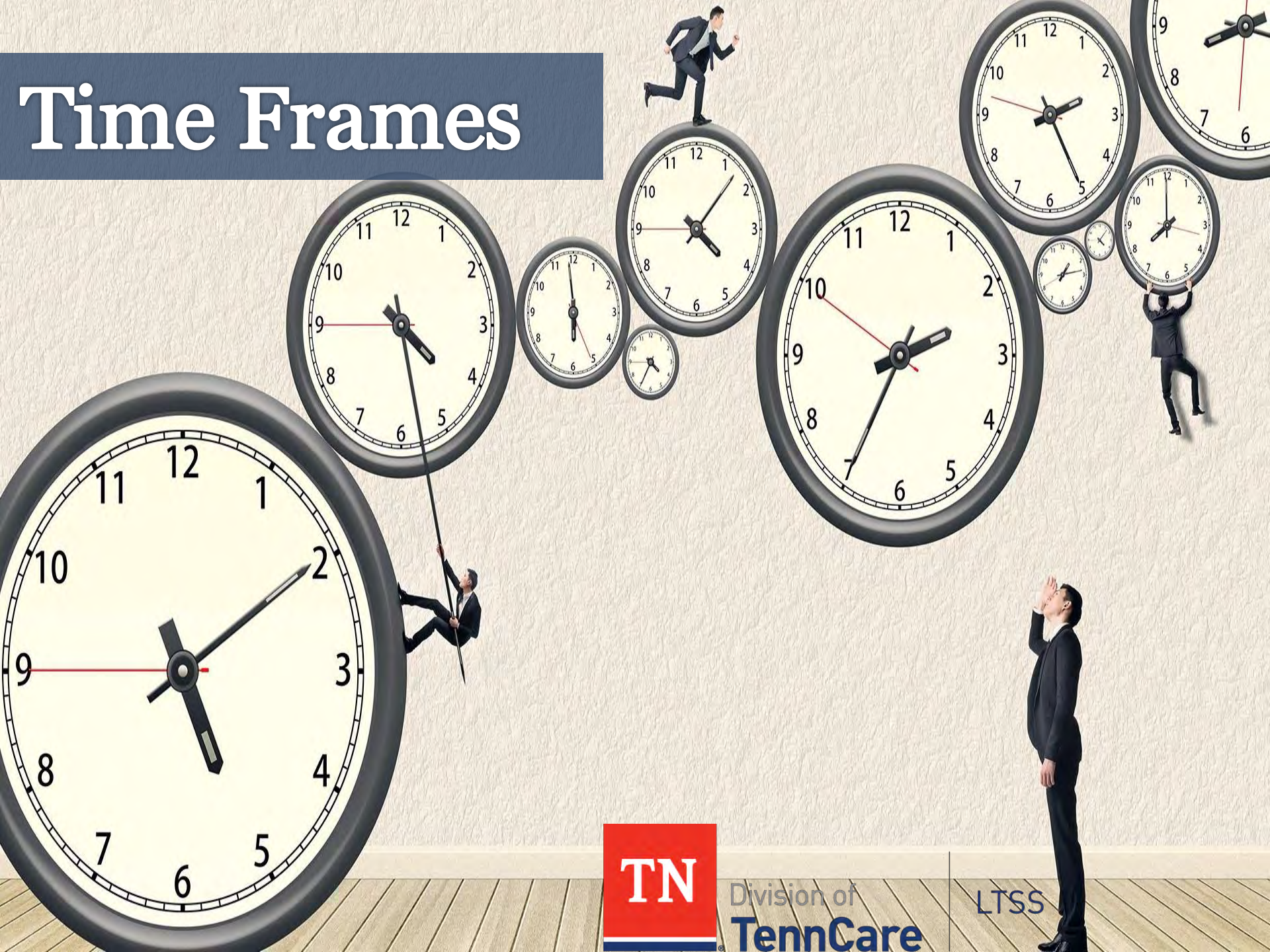
# Hospice

- Hospice is a TennCare benefit, not an LTSS CHOICES benefit, Therefore Medicaid is not the payer that should be selected.
- You will select **Hospice** as the payer source.

# Hospice

- Keep in mind, anyone admitting to a Medicaid certified facility must have an appropriate PASRR as defined previously.
- Level of Care for Hospice is at least one significant deficit in an activity of daily living or related function on the TennCare NF LOC Acuity Scale.

# Time Frames



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# Level II Time Frame

- If a Level I screen is referred for a Level II evaluation:
  - The submitter has up to 10 business days from the date of Maximus's request, to submit the required documentation.
- If required documentation is not submitted within 10 business days, the PASRR will be **canceled**.



# Maximus Time Frame

- When a Level I screen is referred for a Level II evaluation:
  - Maximus has up to 5 business days
    - From the date of submission of all required PASRR/LOC documentation to complete the Level II PASRR process.

# Keep in Mind

- Remember: The longer you wait to submit the requested documentation, the longer it will take the decision to be made.



**TIME FOR**

**REVIEW**

# Scenario 1

**Level I has been submitted and determined to need Level II?**

# Scenario 1: Answer

## **Level I has been submitted and determined to need Level II?**

- A notice will be sent by Maximus through their system asking you to provide LOC and supporting documentation for review, just as you would for a PAE submitted via PERLSS.

# Scenario 2

**You have received a notification that the Level II process has begun and you need to complete the LOC screen?**

## Scenario 2: Answer

**You have received a notification that the Level II process has begun and you need to complete the LOC screen?**

- You must complete the LOC screen and upload supporting documentation to the Maximus system just as you would for a PAE submitted via PERLSS.

## What is the Level I screen?



# PASRR Review: Answer

- **What is the Level I screen?**
- **Screen for Serious Mental Illness, Intellectual Disability, Developmental Delay or Related Condition**

## **What does a Negative screen signify?**

# PASRR Review : Answer

- **What does a Negative screen signify?**
- **No evidence of SMI, ID, DD or RC**

## **What is the Level II Comprehensive Evaluation?**

# PASRR Review : Answer

- **What is the Level II Comprehensive Evaluation?**
- Face-to-face assessment of an individual with suspected or known SMI, ID, DD or RC to determine the appropriateness of the NF and any specialized services required related to their disability

**What does a Positive screen signify?**

## **What does a Positive screen signify?**

- In PASSR Population with a known or suspected diagnosis of SMI, ID, DD or RC

# PAE and LOC Review

**Is the PAE submitted into PERLSS and LOC submitted into Maximus equivalent?**



# PAE and LOC Review : Answer

**Is the PAE submitted into PERLSS and LOC submitted into Maximus equivalent?**

- Yes, they are equivalent

# Payer Source Review

**PASRR submitted with Medicare payer source Level 1 positive (in PASRR population).  
Where do you submit the LOC?**

# Payer Source Review : Answer

**PASRR submitted with Medicare payer source (in PASRR population).  
Where do you submit the LOC?**

- Maximus
- Remember: A PAE submitted via PERLSS when Medicaid becomes the payer source

# Payer Source Review

**PASRR submitted with Medicare payer source (not in PASRR population).**

**Where do you submit the LOC?**

# Payer Source Review : Answer

**PASRR submitted with Medicare payer source (not in PASRR population).**

**Where do you submit the LOC?**

- PERLSS

# Payer Source Review

**PASRR submitted Medicaid/Medicaid pending payer source (in population).  
Where do you submit the LOC?**

# Payer Source Review: Answer

**PASRR submitted Medicaid/Medicaid pending payer source (in population).  
Where do you submit the LOC?**

- Maximus

# Payer Source Review

**PASRR submitted Medicaid/Medicaid  
pending payer source (not in population).  
Where do you submit the LOC?**



# Payer Source Review: Answer

**PASRR submitted Medicaid/Medicaid pending payer source (not in population).  
Where do you submit the LOC?**

- PERLSS



# Level of Care Review

# CHOICES Eligibility Overview

- **To qualify for CHOICES:**
  - The person must meet **medical eligibility** criteria i.e.,
    - Have an approved PAE (Pre-Admission Evaluation) **OR**
    - Have LOC approved as part of the PASRR Level II evaluation per Maximus.
  - The person **must qualify for Medicaid**, i.e.,
    - meet categorical and financial eligibility criteria (**determined by TennCare Member Services**)

# CHOICES Eligibility Overview

**TennCare:** Tennessee's managed care Medicaid program provides health insurance coverage to certain groups of low-income individuals such as pregnant women, children, older adults, and adults with physical disabilities.

Must meet **both** to qualify for MOPD

1. **Medical Criteria**
2. **Financial Eligibility**

# Determining Level of Care

- **Level of Care (LOC)** determinations are made by the Division of TennCare.
- **LOC determinations** include an assessment of certain functional needs:
  - the need for assistance with Activities of Daily Living (ADLs) and an assessment of certain clinical needs.
- The PAE is processed on an **8-business day** turnaround time

# Meeting Level of Care

- **NF LOC** for CHOICES Groups 1(NF) and 2 (HCBS):
  1. Have a total acuity score of at least 9 on the TennCare NF LOC Acuity Scale; or
  2. Meet **NF LOC Through Safety Determination**.
    1. Meet At-Risk LOC (Group 3)
    2. Have an approved safety request indicating that the applicant's needs cannot be safely met in CHOICES Group 3.
- **At Risk LOC** (Group 3):
  - Have at least one significant functional deficit on the TennCare NF LOC Acuity Scale and be determined by TennCare that needs **can** be safely met in the community

# Safety Determination Request

- If there is sufficient evidence to demonstrate that the necessary intervention and supervision needed by the applicant **cannot** be safely provided within the array of services and supports that would be available:
  - if the applicant was enrolled in Group 3,
  - including paid and unpaid support and services (e.g. home health, services through Medicare, family/other caregivers etc.)
- A Safety Determination Request may be submitted to TennCare along with the PAE.

# Safety Determination Request

- The Safety Determination Request should be completed at the time of initial PAE completion and submission by the submitting entity (when the above criteria is met).
- Any submitting entity of the PAE can submit the safety determination request with the PAE.
  - The process for submission of a Safety Determination request will be detailed in the “Safety Determinations, ERC, and Skilled Services” Training.



# CHOICES Documentation Requirements

- A recent medical history & physical, and/or other medical records including medical diagnosis supporting the functional deficits as indicated on the PAE application.
- Medical documentation supporting skilled nursing and/or rehabilitative services, including enhanced respiratory care, as applicable.
- Nurses notes, ADL flow sheets, MDS, BIMS, PT, RT, ST and OT notes, etc.

# CHOICES Documentation

These documents are not required but can be used to support the LOC/SDR if submitted.

## Recent:

1. Medical history & physical
2. Medical diagnoses that support the functional deficits as indicated on the PAE application.
3. Doctor's orders
4. Hospital admission records
5. Hospital discharge records
6. Progress notes
7. Nurses notes
8. ADL flowsheets
9. MAR's
10. Physical therapy notes
11. Occupational therapy notes
12. Speech therapy notes
13. Respiratory therapy notes

# Level of Care

## Acuity Scale

The acuity scale applies weighted values to the answer that you provide to each question on the functional assessment:

ADL (or related) Deficiencies		Weights					
Functional Measure	Condition	Always	Usually	Usually Not	Never	Max Individual Score	Max Acuity Score
Transfer	Highest value of two measures	0	1	3	4	4	4
Mobility		0	1	2	3	3	
Eating		0	1	3	4	4	4
Toileting	Highest value of three possible questions for the toileting measure	0	0	1	2	2	3
Incontinence care		0	1	2	3	3	
Catheter/ostomy care		0	1	2	3	3	
Orientation		0	1	3	4	4	4
Expressive communication	Highest value of two possible questions for the communication measure	0	0	0	1	1	1
Receptive communication		0	0	0	1	1	
Self-administration of medication	First question only (excludes SS Insulin)	0	0	1	2	2	2
Behavior		3	2	1	0	3	3
Maximum Possible ADL (or related) Acuity Score							21

# Skilled Services & Enhanced Respiratory Care

Skilled Services and/or Enhanced Respiratory Care (ERC) services are also taken into consideration if requested on the PAE

## **Skilled Services List**

- Ventilator (Does not include vent weaning services)
- Nasopharyngeal suctioning
- Infrequent tracheal suctioning
- Total Parenteral Nutrition
- Complex wound care (e.g., infected wounds, dehisced wounds, 3 or more stage 3 and/or stage 4 wounds)
- Wound care for stage 3 or 4 decubitus
- Peritoneal Dialysis
- Tube feeding, enteral
- Intravenous fluid administration
- Injections, sliding scale
- Injections, other IV, IM
- Isolation precautions
- PCA pump
- Occupational therapy by OT or OT assistant
- Physical therapy by PT or PT assistant
- Teaching catheter/ostomy care
- Teaching self injection

## **Enhanced Respiratory Care (ERC) List**

- Chronic Ventilator
- Secretion Management Tracheal Suctioning

A photograph showing a woman in a white lab coat, likely a healthcare professional, smiling and interacting with an elderly man seated in a wheelchair. The man is also smiling and looking towards the woman. The scene is brightly lit, suggesting an indoor setting like a clinic or home care office.

# Activities of Daily Living

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# Response Options

**TennCare definition and interpretation of response options from the functional assessment on the PAE application are as follows:**

**Always:** Always performs function independently

**Usually:** Requires assistance only 1-3 days per week

**Usually Not:** Requires assistance 4 or more days per week

**Never:** Never performs function independently

\* For the area of Behavior the definitions listed above are reversed

# Response Options: Behaviors

**TennCare definition and interpretation of the response options from the functional assessment on the PAE application are as follows: for Behaviors**

**Never:** Never has Behaviors

**Usually Not:** Exhibits behaviors 1-3 days per week

**Usually:** Exhibits behaviors 4 or more days per week

**Always:** Exhibits behaviors 7 days per week

# PAE Overview

- Please limit medical documentation to only what is pertinent to the submission. The TennCare Nurses will read every page of documentation.
- When signing the *Certification of Assessment* you attest to the applicant's level of care needs.
  - There is strong wording in this section that must be **read carefully**.



# Transfer

## Rule says...

The Applicant is incapable of transfer to and from bed, chair, or toilet unless physical assistance is provided by others on an ongoing basis (daily or at least four days per week).

Approval of this deficit shall require documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of transfer assistance required.

# What Does Transfer Mean?

- Transfer is the act of moving from one surface to another
- The surface may include the following: bed, chair or toilet

# Transfer Example

**Joe has trouble getting out of his chair while watching TV and requires hands on assistance in standing. Is Joe able to transfer?**

# Transfer Example

- **Joe has trouble getting out of his chair while watching TV and requires hands on assistance in standing. Is Joe able to transfer?**

Answer: NO

# Mobility

## Rule says...

The Applicant requires physical assistance from another person for mobility on an ongoing basis (daily or at least four days per week). Mobility is defined as the ability to walk, using mobility aids such as a walker, crutch, or cane if required, or the ability to use a wheelchair (manual or electric) if walking is not feasible. The need for a wheelchair, walker, crutch, cane, or other mobility aid shall not by itself be considered to meet this requirement.

Approval of this deficit shall require documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of mobility assistance required.

# What Does Mobility Mean?

- Mobility is ambulating without physical assistance from another person.
- If the person cannot ambulate, the wheelchair question must be answered.

# Mobility Example

**Joanne is not able to ambulate without physical assistance from another person. However she is able to self propel herself in a wheelchair. Is Joanne mobile?**

# Mobility Example

**Joanne is not able to ambulate without physical assistance from another person. However she is able to self propel herself in a wheelchair. Is Joanne mobile?**

- Answer: YES



# Eating

## Rule says...

The Applicant requires physical assistance with gastrostomy tube feedings or physical assistance or constant one-on-one observation and verbal assistance (reminding, encouraging) 4 or more days per week to consume prepared food and drink (or self-administer tube feedings, as applicable) or must be fed part or all of each meal. Food preparation, tray set-up, assistance in cutting up foods, and general supervision of multiple residents shall not be considered to meet this requirement.

Approval of this deficit shall require documentation which supports the need for such intervention, along with evidence that in the absence of such physical assistance or constant one-on-one observation and verbal assistance, the Applicant would be unable to self-perform this task. For PAEs submitted by the AAAD (or entity other than an MCO, NF, or PACE Organization), an eating or feeding plan specifying the type, frequency and duration of supports required by the Applicant for feeding, along with evidence that in the absence of such physical assistance or constant one-on-one observation and verbal assistance, the Applicant would be unable to self-perform this task shall be required.

# What Does Eating Mean?

- Eating is a person's ability to pick up food or drink, bring it to one's mouth, chew and/or swallow it.

# Eating Example

**Joe has Parkinson's Disease and is unable to successfully bring food to his mouth. Is Joe able to eat?**

# Eating Example

**Joe has Parkinson's Disease and is unable to successfully bring food to his mouth. Is Joe able to eat?**

- Answer: NO

# Toileting

## Rule says...

The Applicant requires physical assistance from another person to use the toilet or to perform incontinence care, ostomy care, or catheter care on an ongoing basis (daily or at least four days per week).

Approval of this deficit shall require documentation of the specific type and frequency of toileting assistance required.

# What Does Toileting Mean?

- Toileting is the ability to use the toilet or to perform incontinence care, ostomy care, or catheter care independently.
- This includes cleaning oneself and pulling up clothing.
- It does not include getting on and off the toilet.

# Toileting Example

**Joanna can utilize the toilet independently including cleaning oneself and pulling up clothing. Though she cannot get on and off the toilet without physical assistance from another person. Can Joanne toilet independently?**

# Toileting Example

**Joanna can utilize the toilet independently including cleaning oneself and pulling up clothing. Though she cannot get on and off the toilet without physical assistance from another person. Can Joanne toilet independently?**

- Answer: YES



# Orientation

## Rule says...

The Applicant is disoriented to person (e.g., fails to remember own name, or recognize immediate family members), place (e.g., does not know residence is a NF), or event/situation (e.g., is unaware of current circumstances in order to make decisions that prevent risk of harm) daily or at least four days per week.

Approval of this deficit shall require documentation of the specific orientation deficit(s), including the frequency of occurrence of such deficit(s), and the impact of such deficit(s) on the Applicant.

# What Does Orientation Mean?

- Orientation means a person is oriented to person, place OR event situation.
- Person means self and immediate family
- Place means the person's location
- Event is unaware of current circumstances in order to make decisions that prevent risk of harm

# Orientation Example

**Joe knows himself and his children however in his facility he needs consistent assistance finding his way back to his room. Is Joe orientated?**

# Orientation Example

**Joe knows himself and his children however in his facility he needs consistent assistance finding his way back to his room. Is Joe orientated?**

- Answer: NO

# Communication

## Rule says...

The Applicant is incapable of reliably communicating basic needs and wants (e.g., need for assistance with toileting; presence of pain) in a manner that can be understood by others, including through the use of assistive devices; or the Applicant is incapable of understanding and following very simple instructions and commands without continual intervention (daily or at least four days per week).

Approval of this deficit shall require documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of communication assistance required.

# What Does Communication Mean?

- Expressive communication is the ability to accurately convey basic needs and wants. The person may utilize a communication aid (IPAD, picture board).
- Receptive communication is the ability to understand and follow simple one step instructions. These instructions must be within their functional abilities.

# Communication Example

**Joanne cannot verbally communicate, but she can make her needs known with a picture board. Joanne is able to brush her teeth when given simple step by step instructions. Can Joanne effectively communicate and follow simple instructions?**

# Communication Example

**Joanne cannot verbally communicate, but she can make her needs known with a picture board. Joanne is able to brush her teeth when given simple step by step instructions. Can Joanne effectively communicate and follow simple instructions?**

- Answer: YES



# Medication

## Rule says...

The Applicant is not cognitively or physically capable (daily or at least four days per week) of self-administering prescribed medications at the prescribed schedule despite the availability of limited assistance from another person. Limited assistance includes, but is not limited to, reminding when to take medications, encouragement to take, reading medication labels, opening bottles, handing to Applicant, reassurance of the correct dose, and the use of assistive devices including a prepared medication box. An occasional lapse in adherence to a medication schedule shall not be sufficient for approval of this deficit; the Applicant must have physical or cognitive impairments which persistently inhibit his or her ability to self-administer medications.

Approval of this deficit shall require evidence that such interventions have been tried or would not be successful, and that in the absence of intervention, the Applicant's health would be at serious and imminent risk of harm.

# What Does Medication Mean?

- Medication administration is the ability to self administer prescribed long- term medication with limited assistance from another person.

# Medication Example

**Joe's medication is pre-packaged and his caregiver provides frequent reminders of medication times. Upon a family visit, it was discovered that Joe's medication was not taken. Can Joe take his medication?**

# Medication Example

**Joe's medication is pre-packaged and his caregiver provides frequent reminders of medication times. Upon a family visit, it was discovered that Joe's medication was not taken. Can Joe take his medication?**

- Answer: NO

# Behavior

## Rule says...

The Applicant requires persistent staff or caregiver intervention and supervision (daily or at least four days per week) due to an established and persistent pattern of behavioral problems which are not primarily related to a mental health condition (for which mental health treatment would be the most appropriate course of treatment) or a substance abuse disorder (for which substance abuse treatment would be the most appropriate course of treatment), and which, absent such continual intervention and supervision, place the Applicant or others at imminent and serious risk of harm. Such behaviors may include physical aggression (including assaultive or self-injurious behavior, destruction of property, resistive or combative to personal and other care, intimidating/threatening, or sexual acting out or exploitation) or inappropriate or unsafe behavior (including disrobing in public, eating non-edible substances, fire setting, unsafe cooking or smoking, wandering, elopement, or getting lost).

Approval of this deficit shall require documentation of the specific behaviors and the frequency of such behaviors.

# What Does Behavior Mean?

- Behavior is a consistent pattern of actions not related to mental illness or substance abuse that may result in harm to self or others.
- Due to this behavior, the person requires persistent intervention from staff members or caregivers.

# Behavior Example

**Joanna elopes from home 5 nights a week and cannot find her way back without intervention. Does Joanne have behaviors?**

# Behavior Example

**Joanna elopes from home 5 nights a week and cannot find her way back without intervention. Does Joanne have behaviors?**

- Answer: YES



# Questions

A group of people are seated in a meeting room, facing a man standing at the front. One person in the foreground has their hand raised, indicating they want to ask a question or make a point. The room has large windows in the background, and the overall atmosphere is professional and collaborative.

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**Thank you**  
**for your participation today!**



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