



## Acuity Level Determination Checklist

Number of Hours Requested \_\_\_\_\_  
(Hours 8, 16 or 24 only recognized for ICF)

Duration Requested: \_\_\_\_\_

**Person's Name:** \_\_\_\_\_

**Provider:** \_\_\_\_\_

Acuity Level – 1 Base	Acuity Level – 2 Moderate	Acuity Level – 3 Extensive - Behavioral	Acuity Level – 4 Extensive – Medical	Acuity Level – 5 Pervasive	Acuity Level – 6 Pervasive & Skilled Nursing
<p>Level of Need Assessment</p> <p>Recent ISP document including medical and psychological assessment</p> <p>Meets requirements of DCMR 4101.3 (a) for an acuity level 1 (base acuity) which represent the health, habilitation, and support needs of an individual whose level of care determination (LOC) reflects a need for ICF/IID services.</p>	<p>Items in Level 1 Included Requires moderate Levels of services in order to effectively support functional impairments, in a person having at least one of the following Characteristics:</p> <ul style="list-style-type: none"> <li>• Is unable to perform two (2) or more activities of daily living, Is non-ambulatory,</li> <li>• Is unable to evacuate self without assistance in the event of a fire or other emergency, situation,</li> <li>• Is assessed to lack life safety skills to ensure self-preservation,</li> <li>• Has a diagnosis of one of the following conditions:               <ol style="list-style-type: none"> <li>1. Blindness</li> <li>2. Deafness</li> <li>3. Autism spectrum disorder or</li> <li>4. epilepsy</li> </ol> </li> </ul>	<p>Items in Level 1 Included Dually diagnosed with an intellectual and developmental disability Requires service and interventions that address conditions associated with an extensive intellectual and developmental disability and significant behavioral challenges A concise statement that summarizes thirty (30) days of behavioral data prior to date of request and justification of the need for intensive staff intervention and additional staff resources to manage targeted behavior BSP addresses the targeted behaviors listed:</p> <ul style="list-style-type: none"> <li>• Assaultive,</li> <li>• Self-abusive, Including PICA or</li> <li>• Aggressive</li> </ul> <p>Written behavior plan based on current data, and which targets the identified behaviors</p>	<p>Items in Level 1 Included Requires services and intervention that can address conditions associated with a significant intellectual and developmental disability and significant medical and support challenges Requires an order for daily skilled nursing prescribed by the person's Primary Care Physician or Advanced Practice Registered Nurse (APRN) prescribing the type, frequency, scope and duration of the skilled nursing and extensive health and habilitation support services.</p>	<p>Items in Level 1 Included Requires services and interventions that can address conditions associated with a significant intellectual or developmental disability Exhibits dangerous behavior or conditions that require one to one (1:1) supervision for 24 hours per day or less, evidenced by one of the following:</p> <ul style="list-style-type: none"> <li>• A history of, or high risk for, elopement resulting in risk to the beneficiary or others;</li> <li>• Behavior that is life threatening to self and others;</li> <li>• Destructive behavior causing serious property damage, including fire setting;</li> <li>• Sexually predatory behavior; or</li> <li>• A history of, or high risk for, falls with injury, AND a primary care physician or APRN order for 1:1 supervision</li> </ul> <p>A concise statement that sets forth the presenting problem that requires the 1:1 supervision and the requested hours for the one-to-one service.</p> <p><input type="checkbox"/> BSP addressing the targeted behaviors listed (if acuity is for behavioral challenges);</p> <ul style="list-style-type: none"> <li>• Thirty (30) days of behavioral data prior to the date of the request in support of the targeted behavior</li> <li>• Job description of the 1:1 staff specific to the needs of the person.</li> </ul>	<p>Items in Level 1 Included Requires services and interventions that address conditions associated with a pervasive level of care to accommodate persons with dangerous behavior or medical conditions that requires at least one type of skilled nursing, one to one (1:1) care, provided, at a minimum, on an hourly basis; Requires an order for skilled nursing prescribed by the person's primary care physician or Advanced Practice Nurse (APRN), prescribing the type, frequency, scope and duration of the skilled nursing and health and habilitation support services. A concise statement that sets forth the presenting problem that requires the 1:1 supervision and skilled nursing</p> <p>Job description of the 1:1 specific to the need of the person</p>

(Acuity period: Levels 1 – 4 =>3 years; Levels 5 - 6 => 1 year)      Acuity period \_\_\_\_\_ to \_\_\_\_\_

**Notice: If Acuity Level has increased or decreased from the past submitted packet please give date of change: Previous Acuity Level: \_\_\_\_\_ Effective Date of Change \_\_\_\_\_**

**Contact Details of staff submitting Acuity Packet      Name: \_\_\_\_\_ Phone: \_\_\_\_\_**

**Email: \_\_\_\_\_**