

### Objectives of the workgroup:

- Develop single process for LOC determination for all HCBS and facility-based services for people with developmental disabilities
- Improve alignment between CB and waiver eligibility
- Incorporate BIPP core data set
- Design tool with triggers to identify individuals who may need further assessment for possible nursing-facility level of care

### Proposed criteria changes:

- 42 USC 15002 SEC 102 (Developmental Disabilities Assistance and Bill of Rights Act of 2000)
  - INFANTS AND YOUNG CHILDREN. -An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting 3 or more of the criteria described in clauses (i) through (v) of subparagraph (A) if the individual, without services and supports, has a high probability of meeting those criteria later in life.
- Language may have been updated in July to remove economic self-sufficiency. If so, workgroup proposes adding this to independent living section.

### Proposed process changes:

- Clinician's forms
- Annual attestation
- Documentation of annual notification that individual may receive services in a community-based setting
- Eliminating need to have new determination when moving from one setting to another
- Statement of no payment unless LOC determination but all other vendor payment language for ICFs to be moved to another rule
- No redeterminations at ages 6 and 16 for waivers
- Require individuals performing LOC assessments have initial and ongoing training
- Form used for CB eligibility one time, not annually

5101:3-3-07 **Developmental** disabilities level of care

- A. This rule describes the criteria for an individual to meet the level of intermediate care for individuals with developmental disabilities. The criteria set forth in this rule must be used when determining level of care for individuals seeking medicaid coverage of either home and community-based services(HCBS) waivers or facility-based long term care services.
- B. For individuals birth through age nine (9), inclusive, the criteria for intermediate care for individuals with developmental disabilities is met when:
  - 1. The individual has a substantial developmental delay or specific congenital or acquired condition; and
  - 2. In the absence of individually planned supports, the individual has a high probability of having substantial functional limitations in at least three major life areas described in paragraphs (C)(2)(a) through (C)(2)(g) later in life
- C. For individuals ages ten (10) and above, the criteria for intermediate care for individuals with developmental disabilities is met when the individual meets all the criteria identified in paragraphs (C)(1) through (C)(3) below:
  - 1. The individual has been diagnosed with a severe, chronic disability that:
    - a. Is attributable to a mental or physical impairment or combination of physical and mental impairments, other than an impairment caused solely by mental illness;
    - b. Is manifested before the individual is age twenty-two (22); and
    - c. Is likely to continue indefinitely.
  - 2. The condition described in paragraph (C)(1) results in substantial functional limitations in three or more of the following areas of major life activities, as determined through use of the standardized level of care assessment instrument approved by the Ohio department of job and family services, the single state Medicaid agency:
    - a. Self-care;
    - b. Receptive and expressive communication;
    - c. Learning;
    - d. Mobility;
    - e. Self-direction;
    - f. Capacity for independent living; and

g. Economic self-sufficiency

3. The condition described in paragraph (C)(1) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that is of lifelong or extended duration that are individually planned and coordinated.

## Developmental Disabilities (DD) Level of Care

### 1. Condition

- a. A medical or psychological evaluation from a qualified clinician must be on file.  
Submission of the standardized diagnosis form is required, including the clinician's license number, signature, and date.

- b. Children birth through age 9 (If yes to the following 3 questions, the individual has a DD level of care. No further assessment is required.)

☐ Yes ☐ No

Does the clinician's verification form indicate the individual has a substantial developmental delay or a specific diagnosed congenital/acquired condition?

☐ Yes ☐ No

Does the clinician's verification form indicate the diagnosed delay or condition is attributable to a mental or physical impairment or combination of mental/physical impairments **other than** an impairment solely caused by mental illness?

☐ Yes ☐ No

Does the clinician's verification form indicate that, without services and supports, the diagnosed condition is likely to result in at least three substantial functional limitations, as defined in section 2, later in life?

- c. Ages 10 and above

☐ Yes ☐ No

Does the clinician's verification form indicate the individual has a diagnosed severe, chronic disability?

☐ Yes ☐ No

Does the clinician's verification form indicate the diagnosed disability is attributable to a mental or physical condition or combination of mental/physical impairments **other than** a sole mental health condition?

☐ Yes ☐ No

Does the clinician's verification form indicate the diagnosed disability was manifested before the age of 22?

☐ Yes ☐ No

Does the clinician's verification form indicate the diagnosed disability is likely to continue indefinitely?

## 2. Areas of major life activity

### a. Self-care

1. The individual is able to cleanse one's body by bathing, showering, sponge bath, or other generally acceptable method. The assessor should not consider the individual's ability to transfer in/out of the tub/shower or how well the individual cleanses self during the toileting process. These areas are addressed in other sections.

☐ Yes ☐ No

Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance

☐ Yes ☐ No

Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders

☐ Yes ☐ No

With prompts to initiate or assistance to set-up from another person

☐ Yes ☐ No

With the assistance of another person to complete the task

☐ Yes ☐ No

The activity must be performed by another person on the individual's behalf

2. The individual is able to complete oral hygiene (tooth-brushing, denture care, etc.) tasks

☐ Yes ☐ No

Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance

☐ Yes ☐ No

Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders

☐ Yes ☐ No

With prompts to initiate or assistance to set-up from another person

☐ Yes ☐ No

With the assistance of another person to complete the task

☐ Yes ☐ No

The activity must be performed by another person on the individual's behalf

3. The individual is able to perform tasks related to hair care (brushing, styling, etc.)

- ☐ Yes ☐ No Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
- ☐ Yes ☐ No Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
- ☐ Yes ☐ No With prompts to initiate or assistance to set-up from another person
- ☐ Yes ☐ No With the assistance of another person to complete the task
- ☐ Yes ☐ No The activity must be performed by another person on the individual's behalf
- ☐ Yes ☐ No Not applicable

4. The individual is able to perform nail care tasks (cleaning, trimming, etc.)

- ☐ Yes ☐ No Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
- ☐ Yes ☐ No Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
- ☐ Yes ☐ No With prompts to initiate or assistance to set-up from another person
- ☐ Yes ☐ No With the assistance of another person to complete the task
- ☐ Yes ☐ No The activity must be performed by another person on the individual's behalf
- ☐ Yes ☐ No Not applicable

5. The individual is able to shave (facial hair, underarms, legs, etc.), if needed

- ☐ Yes ☐ No Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
- ☐ Yes ☐ No Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders

- ☐ Yes ☐ No With prompts to initiate or assistance to set-up from another person
- ☐ Yes ☐ No With the assistance of another person to complete the task
- ☐ Yes ☐ No The activity must be performed by another person on the individual's behalf
- ☐ Yes ☐ No Not applicable

6. The individual is able to apply deodorant

- ☐ Yes ☐ No Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
- ☐ Yes ☐ No Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
- ☐ Yes ☐ No With prompts to initiate or assistance to set-up from another person
- ☐ Yes ☐ No With the assistance of another person to complete the task
- ☐ Yes ☐ No The activity must be performed by another person on the individual's behalf
- ☐ Yes ☐ No Not applicable

7. The individual is able to complete activities necessary to eliminate and dispose of bodily waste by using a commode, bedpan or urinal; changing incontinence or feminine hygiene supplies; wiping; or managing an ostomy or catheter

- ☐ Yes ☐ No Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
- ☐ Yes ☐ No Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
- ☐ Yes ☐ No With prompts to initiate from another person
- ☐ Yes ☐ No With the assistance of another person to complete the task
- ☐ Yes ☐ No The activity must be performed by another person on the individual's behalf

8. The individual is able to put on and fasten AND unfasten and take off items of clothing. The assessor should not consider personal style or ability to match clothing.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	With prompts to initiate or set-up from another person
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	With the assistance of another person to complete the task
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	The activity must be performed by another person on the individual's behalf

9. The individual is able to feed oneself, including the processes of getting food into one's mouth, chewing and swallowing and/or managing a feeding tube

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	With prompts to initiate or assistance to set-up from another person
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	With the assistance of another person to complete the task
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	The activity must be performed by another person on the individual's behalf

**b. Receptive and expressive language**

1. The individual is able to express needs and wants in a manner that is understandable to people who do not know the individual using spoken, written, signed, electronic, or mechanical means

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
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- ☐ Yes ☐ No Independently with the use of assistive devices/equipment
- ☐ Yes ☐ No With the assistance of another person
- ☐ Yes ☐ No The activity must be performed by another person on the individual's behalf

2. The individual is able to understand people who communicate through spoken, written, signed, electronic, or mechanical means

- ☐ Yes ☐ No Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
- ☐ Yes ☐ No Independently with the use of assistive devices/equipment
- ☐ Yes ☐ No With the assistance of another person
- ☐ Yes ☐ No The activity must be performed by another person on the individual's behalf

### c. Learning/Cognition

Instructions will indicate that anyone diagnosed with an intellectual disability by a qualified clinician will automatically be determined to have a deficit in learning/cognition. OACBDD is providing input on questions that may be asked for children ages 10 – 15 who do not have a diagnosed intellectual disability.

1. The individual is able to complete activities within the home that require remembering, decision-making, or judgment.

- ☐ Yes ☐ No Independently - The person can be left alone without any supervision
- ☐ Yes ☐ No With assistive technology to obtain assistance, if needed
- ☐ Yes ☐ No With another person checking in daily.
- ☐ Yes ☐ No With another person present for at least half of the person's waking hours
- ☐ Yes ☐ No With the presence of another person for all waking hours

☐ Yes ☐ No

With the presence of another person throughout the day and night

**d. Mobility**

1. The individual is able to move between locations by ambulation or other means  
☐ Yes ☐ No Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance

☐ Yes ☐ No Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders

☐ Yes ☐ No With intermittent assistance from another person, such as for assistance with stairs, navigating curbs or traveling on uneven surfaces.

☐ Yes ☐ No With the routine assistance of another person to complete the task

2. The individual is able to position oneself when sitting or lying down.

☐ Yes ☐ No Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance

☐ Yes ☐ No Independently with the use of assistive devices/equipment,

☐ Yes ☐ No With prompts to initiate from another person

☐ Yes ☐ No With the assistance of another person to complete the task

☐ Yes ☐ No The activity must be performed by another person on the individual's behalf

3. The individual is able to transfer between surfaces, such as to/from bed, chair, tub, standing position

☐ Yes ☐ No Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance

☐ Yes ☐ No Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders

☐ Yes ☐ No

With prompts to initiate or assistance with set-up from another person

☐ Yes ☐ No

With the assistance of another person to complete the task , such as continual supervision, physical guidance or use of a gait belt.

☐ Yes ☐ No

The individual requires use of a mechanical lift for transfers with the assistance of one or more people.

4. The individual is able to cross streets safely by using crosswalks, following traffic signals, etc.

☐ Yes ☐ No

Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance

☐ Yes ☐ No

Independently with the use of assistive devices/equipment;

☐ Yes ☐ No

With the presence of another person, for prompting/assistance, in unfamiliar areas only.

☐ Yes ☐ No

With the presence of another person for prompting/assistance, in both familiar and unfamiliar areas.

**e. Self-direction**

1. The individual is able to make decisions about daily routines that are consistent with one's own lifestyle, values, and goals (For ages 16+ only)

☐ Yes ☐ No

Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance

☐ Yes ☐ No

With assistance of another person for new/unfamiliar situations

☐ Yes ☐ No

With assistance of another person for reminding, planning, or adjusting routine, even with familiar situations

☐ Yes ☐ No

With the assistance of another person most or all of the time.

2. The individual is able to ask for help, when needed, for physical, emotional, or practical needs

- ☐ Yes ☐ No Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
- ☐ Yes ☐ No Independently with the use of assistive devices/equipment,
- ☐ Yes ☐ No With prompts to initiate from another person
- ☐ Yes ☐ No The activity must be performed by another person on the individual's behalf

3. The individual is able to occupy self and follow rules for short periods of time

- ☐ Yes ☐ No Independently - The person can be left alone without any supervision (Under age 12 - able to be left alone for at least 2 hours with a responsible adult in another area of the house  
Ages 12 – 15 able to remain alone for at least two hours)
- ☐ Yes ☐ No With assistive technology to obtain assistance, if needed
- ☐ Yes ☐ No With another person checking in daily
- ☐ Yes ☐ No With another person present for at least half of the person's waking hours
- ☐ Yes ☐ No With the presence of another person for all waking hours
- ☐ Yes ☐ No With the presence of another person throughout the day and night

4. The individual is able to make informed choices that are unlikely to result in harm to self or others

- ☐ Yes ☐ No Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
- ☐ Yes ☐ No Independently - Within a structured environment only

- ☐ Yes ☐ No With supervision of another person within a structured/familiar environment
- ☐ Yes ☐ No With supervision of another person in public/community settings
- ☐ Yes ☐ No With the assistance of more than one person in public or unfamiliar settings
- ☐ Yes ☐ No Not applicable

5. Indicate frequency of support required by the individual within the past 12 months to prevent the following types of behaviors from occurring or to intervene when they occur. (May or may not factor into LOC determination, but is a BIPP core data element)

	Not Applicable	Less than monthly	Monthly	At least once weekly	Daily	2 or more times per day
Injury to self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wandering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual offending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**f. Capacity for independent living**

1. The individual is able to identify grocery, clothing, and household items needing purchased

- ☐ Yes ☐ No Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
- ☐ Yes ☐ No Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
- ☐ Yes ☐ No With prompts to initiate from another person
- ☐ Yes ☐ No With the assistance of another person to set-up or complete the task
- ☐ Yes ☐ No The activity must be performed by another person on the individual's behalf
- ☐ Yes ☐ No Not applicable (N/A for individuals under age 16)

2. The individual is able to obtain or purchase needed items, including groceries, clothing, and other household items

- ☐ Yes ☐ No Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
- ☐ Yes ☐ No Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
- ☐ Yes ☐ No With prompts to initiate from another person
- ☐ Yes ☐ No With the assistance of another person to set-up or complete the task
- ☐ Yes ☐ No The activity must be performed by another person on the individual's behalf
- ☐ Yes ☐ No Not applicable (N/A for individuals under age 16)

3. The individual is able to prepare or cook food for oneself (Individuals under age 16 – able to prepare a snack)

- ☐ Yes ☐ No Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
- ☐ Yes ☐ No Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
- ☐ Yes ☐ No With prompts to initiate from another person
- ☐ Yes ☐ No With the assistance of another person to set-up or complete the task
- ☐ Yes ☐ No The activity must be performed by another person on the individual's behalf

4. The individual is able to maintain cleanliness of the living environment by completing essential housework tasks (For individuals under age 16 – Able to participate in housework tasks)

- ☐ Yes ☐ No Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance

- ☐ Yes ☐ No Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
- ☐ Yes ☐ No With prompts to initiate from another person
- ☐ Yes ☐ No With the assistance of another person to set-up or complete the task
- ☐ Yes ☐ No The activity must be performed by another person on the individual's behalf

5. The individual is able to use technology to connect to community services and supports, including phones, computers, mobile devices, etc.

- ☐ Yes ☐ No Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
- ☐ Yes ☐ No Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
- ☐ Yes ☐ No With prompts to initiate from another person
- ☐ Yes ☐ No With the assistance of another person to set-up or complete the task
- ☐ Yes ☐ No The activity must be performed by another person on the individual's behalf

6. The individual is able to access and use transportation (For individuals under age 16 – Able to access neighborhood resources)

- ☐ Yes ☐ No Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
- ☐ Yes ☐ No Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
- ☐ Yes ☐ No With prompts to initiate from another person
- ☐ Yes ☐ No With the assistance of another person to set-up or complete the task
- ☐ Yes ☐ No The activity must be performed by another person on the individual's behalf

7. The individual is able to wash and dry one's clothing and household items by machine or by hand

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders        |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | With prompts to initiate from another person   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | With the assistance of another person to set-up or complete the task   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The activity must be performed by another person on the individual's behalf  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Not applicable (N/A for individuals under age 16)  |

g. **Economic Proficiency** (N/A for individuals under age 16)

1. The individual is able to maintain competitive community employment or self-employment earning at least minimum wage

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Independently with the use of assistive devices/equipment or other reasonable accommodations                                     |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | With intermittent supports, coaching, or follow-along by another person  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | With support/coaching by another person for the entire shift   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The individual is not able to maintain competitive community employment or self-employment.                                      |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Not applicable (N/A for individuals under age 16)  |



2. The individual is able to secure money in a safe location and to access it , when needed (Does not include assistance with transportation)

☐ Yes ☐ No

Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance

☐ Yes ☐ No

Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders

☐ Yes ☐ No

With prompts to initiate from another person

☐ Yes ☐ No

With the assistance of another person to complete the task

☐ Yes ☐ No

The activity must be performed by another person on the individual's behalf

☐ Yes ☐ No

Not applicable

3. The individual is able to make simple purchases (Does not include transportation to locations)

☐ Yes ☐ No

Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance

☐ Yes ☐ No

Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders

☐ Yes ☐ No

With prompts to initiate from another person

☐ Yes ☐ No

With the assistance of another person to complete the task

☐ Yes ☐ No

The activity must be performed by another person on the individual's behalf

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1. Frequency with which the individual requires assistance with medication administration .

[illegible]

2. Frequency with which the individual requires supports for any of the following:

	<u>Not Applicable</u>	<u>Less than monthly</u>	<u>At least once per month</u>	<u>At least once per week</u>	<u>Daily</u>	<u>Two or more times daily</u>
<u>Suctioning</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>
<u>Tracheostomy care</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>
<u>Ventilator/respirator</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>
<u>Continuous IV treatments</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>
<u>Total parenteral nutrition (TPN)</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>
<u>Decubitus (wound) care</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>
<u>Peritoneal or hemodialysis</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>
<u>Nasogastric (NG) feedings</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>	<u>?</u>

3. Frequency with which the individual requires supports from the following health care providers for monitoring, assessment, or treatment of diagnosed conditions. Include direct service to the individual or any supervision of that service by the clinical specialist. Also include services provided by other specialists or assistants under the direct and regular supervision of the clinical specialist listed.

[illegible]

