

8.2 Medical or Skilled Nursing Needs

Medical or Skilled Nursing Needs (Check all that Apply)	<input checked="" type="checkbox"/> Indicates that the item on the functional screen should be checked. <input type="checkbox"/> Indicates that the item on the functional screen should NOT be checked.
Rehabilitation program for brain injury or coma – minimum 15 hours/week	<input checked="" type="checkbox"/> Child has comprehensive home rehabilitation program to address physical, social, and psychological needs to follow recent discharge from a rehabilitation hospital. <input type="checkbox"/> Child has finished inpatient brain injury rehabilitation and is receiving therapies at home or school. <input type="checkbox"/> Child had a brain injury years ago and receives ongoing therapies at home and school.
Unable to turn self in bed or reposition self in wheelchair	<input checked="" type="checkbox"/> Child has quadriplegia and cannot turn self over in bed. (Would expect child to need help with ADLs as well.) <input checked="" type="checkbox"/> Child needs someone to reposition them in a wheelchair and in bed to prevent skin breakdown. <input type="checkbox"/> Child can reposition self somewhat in a wheelchair and can turn self in bed.
Recurrent Cancer	<input checked="" type="checkbox"/> “Recurrent cancer” is written in child’s records. <input checked="" type="checkbox"/> Parent can clearly state cancer is “recurrent,” or that cancer had gone away and has come back. <input checked="" type="checkbox"/> Child was in remission but now cancer is growing again regardless of how much time has passed. <input checked="" type="checkbox"/> Child completed chemotherapy last year, but the cancer has come back. <input checked="" type="checkbox"/> Child has had radiation therapy, but the cancer has spread to other parts of the body (“metastasized”). <input checked="" type="checkbox"/> A new kind of cancer has developed, regardless of how much time has passed since the last cancer was treated. <input type="checkbox"/> Child is still in first series of treatment. <input type="checkbox"/> Screener is not sure whether cancer is “recurrent” or still in first round of treatment.
Stage IV Cancer	Stage IV (“four”) Cancer is particularly life threatening. Typically with Stage IV Cancer, chemotherapy or radiation treatment is provided to reduce pain and suffering rather than as an anticipated cure. <input checked="" type="checkbox"/> Parents clearly state that M.D. told them the child has “Stage Four” cancer. <input checked="" type="checkbox"/> “Stage IV” is written in medical records. <input checked="" type="checkbox"/> A health care provider tells the screener that the child has Stage IV cancer. <input type="checkbox"/> Parent says child’s prognosis is poor, but has not heard of “Stage Four,” and the screener does not see it in records.
Tracheostomy	<input checked="" type="checkbox"/> Child has a current tracheostomy (“breathing hole” through front of throat). <input type="checkbox"/> Child had a tracheostomy in the past that is now almost healed closed.

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Ventilator (positive pressure)	<input checked="" type="checkbox"/> Child continually uses an invasive or mechanical volume ventilator, through their tracheostomy tube as the child is unable to breathe on their own. <input checked="" type="checkbox"/> Child uses a mechanical volume ventilator only while sleeping. <input type="checkbox"/> Child uses "C-PAP" or "BI-PAP" (See respiratory treatment below) <i>If ventilator is checked as a Medical Need, the criteria for Tracheostomy also needs to be met.</i>
PT, OT, OR SLP by therapist (does not include behavioral problems)	<input checked="" type="checkbox"/> Child receives PT (physical therapy), OT (occupational therapy), or SLP (speech language pathology) from a licensed therapist or an appropriately supervised therapy aide. <input checked="" type="checkbox"/> Child receives PT, OT, or SLP during the school year but not over the summer, because it is not provided by the school at that time. <input checked="" type="checkbox"/> PT, OT, or SLP has been recommended at a specific frequency but child has not received it yet. <input type="checkbox"/> In-home autism spectrum disorder program. <input type="checkbox"/> Behavioral therapies. <input type="checkbox"/> PT, OT, or SLP has been recommended by a physician but no evaluation of required frequency has been established. <input type="checkbox"/> Exercises done by someone other than a therapist or therapy aide. <input type="checkbox"/> Child sees a therapist less than once a month. "Less than 6 sessions/week" OR "6 or more sessions/week" Add all three therapy disciplines to count the number of sessions per week. A joint therapy session (e.g., PT and OT together at same time) can be counted as two sessions. Group therapy sessions can be counted as long as led by a qualified professional. Therapy can be provided at any location: home, school, or clinic. A session must be at least 15 minutes long to be counted.

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PT, OT, SLP therapy follow through: Exercises, sensory stim, stander, serial splinting/casting, braces, orthotics	<p>This item captures a mix of things, all of which should be established by a physician or licensed therapist. Follow the definitions provided below.</p> <p>“Exercises”</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Records indicate the exercises are “PT, OT, SLP therapy follow through.” <input checked="" type="checkbox"/> Exercises are part of an individualized treatment plan developed from a therapist’s full assessment, and therapist(s) taught caregivers what to do. <input checked="" type="checkbox"/> Parents continue to do therapy exercises with their child, as instructed by therapists, although they and child no longer require therapy oversight at this time. <input type="checkbox"/> The exercises are general things like taking a walk or riding a bike. <p>“Sensory stimulation”</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A therapist has taught the family or school staff to do sensory stim for a child with tactile sensitivity. <p>“Stander” (A special positioning device to place a child in an upright position for weight bearing)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Child is put into a stander for 30 minutes a day. <input type="checkbox"/> Child has a stander but doesn’t use it anymore. <p>“Serial splinting or serial casting”</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Child’s parents are doing “serial splinting,” applying specially adjusted splints or bi-valved casts to progressively stretch the child’s muscles to prevent contractures and facilitate treatment. <input type="checkbox"/> Child has worn the same splints (e.g., AFOs, KAFOs) for months to prevent contractures. This is not “serial splinting.” <input type="checkbox"/> Child is in a total body cast. <p>“Braces, orthotics”</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Child is unable and parents or caregivers must apply braces or orthotics and monitor for skin and nerve involvement.

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Wound, site care or special skin care	<p>“Wound care” (<i>Wound care must be required on a daily basis</i>)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Child has special gel dressing (such as algiderm, duoderm) that is changed every seven days. <input checked="" type="checkbox"/> Parents are changing gauze dressings two or three times a day. <input checked="" type="checkbox"/> Parents change dressings twice a day and nurse assesses wound weekly. <input type="checkbox"/> Parents are applying “Band-Aids.” <p>“Site or Special skin care” (<i>Site care must be required on a daily basis</i>)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Child requires more than routine site care of an ostomy, catheter, or central venous line (IV). <input checked="" type="checkbox"/> Child’s site is infected and requires daily dressing changes. <input checked="" type="checkbox"/> Child has a rare and severe skin disease that creates open skin, requiring medicine and wrapping. <input type="checkbox"/> Child receives lotions or ointments applied to intact skin.