



Katie Beckett Parts A and B Level of Care Criteria for Children

FINAL based on input from the Katie Beckett
Technical Advisory Group

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Part I – Institutional Level of Care

Tier 1 – Medical LOC

The child has a severe, lifelong chronic medical condition with high mortality and morbidity rates resulting in severe functional limitations and complex medical needs which are chronic, persistent and expected to last at least twelve (12) months from the date of review and that require high health care service needs and utilization (e.g., frequent ED visits and/or hospital admissions, multiple surgeries, multiple subspecialists); continuous observation by an awake trained care provider due to the constant potential for complications or rapid deterioration; frequent, direct, skilled medical interventions, whether provided by a licensed nurse or by a parent who has been trained to perform such care; and the use of medical equipment to sustain life and prevent life-threatening situations. The skilled care needs cannot be acute or of a short-term duration. The frequency and complexity of the required skilled medical interventions must be so substantial that without these direct, continuous skilled medical interventions, the child is at imminent risk of institutionalization within an in-patient medical hospital.

In order to meet Tier 1 – Medical LOC, a child must meet **ALL FIVE** criteria listed below:

1. The child has a **medical diagnosis** from a qualified treating medical professional of a **severe, lifelong chronic medical condition** with high mortality and morbidity rates resulting in severe functional limitations and complex medical needs; **AND**
2. The child’s medical needs are **chronic, persistent and expected to last at least twelve (12) months** from the date of review; **AND**
3. The child’s medical needs require **high health care service needs and utilization** (e.g., frequent ED visits and/or hospital admissions, multiple surgeries, multiple subspecialists); **AND**
4. The child’s overall health condition must present the **constant potential for complications or rapid deterioration**. As a result, the child requires **continuous (round the clock) observation by an awake trained care provider**—a professional nurse, parent, or others properly instructed to immediately detect potential life-threatening situations, respond promptly to render appropriate care, and perform emergency procedures to prevent hospitalization or death; **AND**
5. The child’s medical needs require **frequent, direct, skilled medical interventions** (whether provided by a licensed nurse or by a parent or other caregiver who has been trained to provide such care), **including** skilled medical tasks that are performed *multiple times* during each 8-hour period and **the use of medical equipment to sustain life** and prevent life-threatening situations. The complex skilled medical interventions must include (at least) **ONE** of the following items:
 - **Ventilator care or non-invasive positive pressure ventilation when required for at least 8 hours per day as a life-sustaining measure for chronic respiratory failure**
 - **Tracheostomy care requiring suctioning multiple times each 8-hour period**
 - **Oxygen administration for chronic hypoxia requiring at least 8 hours of oxygen use daily**, round the clock monitoring of O² saturation levels, and titration of O² levels administered
 - **Total Parenteral Nutrition (TPN)**
 - **Dialysis**: hemodialysis or peritoneal, in home or at clinic

NOTE: The interventions listed above DO NOT include site care, as that is not a skilled medical task. Tasks that are performed only when necessary (PRN) and are not continuously required do not meet this Criterion.

If Criteria 1-5 above are ALL met, the child meets Tier 1 – Medical LOC.

Tier 1 – Behavioral LOC

The child has 1) severe or profound deficits in intellectual and/or adaptive behavior functions, which must include significant communication deficits, OR has autism and a severe or profound communication disorder; AND 2) severe co-occurring behavioral health support needs which include persistent and dangerous behaviors that place the child or others at imminent and significant risk of serious physical harm. 3) Without continuous therapeutic support and intervention, the child will engage in severe self-injury or physical aggression and is imminently likely to require inpatient psychiatric treatment, even if a formal mental health diagnosis (other than I/DD or autism) has not been made. 4) In addition, the child is involved with services systems related to behavioral support needs, but those systems have not been sufficient to address the child's needs.

In order to meet Tier 1 – Behavioral LOC, a child must meet **ALL FOUR** of the criteria listed below:

1. The child has 1) **severe or profound deficits in intellectual and/or adaptive behavior functions, which must include significant communication deficits, OR has autism and a severe or profound communication disorder; AND**
2. The child also has **severe co-occurring behavioral health support needs** that have persisted for at least six (6) months and are expected to last at least twelve (12) months from the date of review, and which include **dangerous behaviors** as defined below that place the child or others at imminent and significant risk of serious physical harm; **AND**
3. The intensity and frequency of the dangerous behaviors as further defined below is such that **without continuous (round the clock) supervision and monitoring and direct, daily community-based therapeutic support and intervention**, the child will engage in severe self-injury or physical aggression toward others and is at imminent risk for institutionalization in an inpatient psychiatric hospital; **AND**
4. The child is **involved with service systems** related to behavioral support needs, but those systems have not been sufficient to address the child's severe behavioral support needs.

SEVERE CO-OCCURRING BEHAVIORAL HEALTH SUPPORT NEEDS

The child's severe co-occurring behavioral health support needs must include persistent and **dangerous behaviors** as defined below that place the child or others at imminent and significant risk of serious physical harm, and without continuous therapeutic support and intervention are imminently likely to require inpatient psychiatric treatment or other placement outside the home (e.g., residential treatment, State custody, incarceration), even if a formal mental health diagnosis (other than I/DD or autism) has not been made.

The **Dangerous Behaviors categories** as defined below are:

- **Self-Injurious Behaviors**
- **Physically Aggressive Behaviors toward Others**

To meet Tier 1 – Behavioral LOC, a child must demonstrate Dangerous Behaviors in **at least one** of the two **Dangerous Behaviors categories**.

Self-Injurious Behaviors

- **Self-Hitting, Cutting, Scratching, Burning, Pinching, or Picking:** Repeated and intentional hitting one's self; cutting, burning, scratching, pinching, picking or abrading one's skin (hard and frequently enough to break skin, or create a visible mark, burn or tissue damage). (Does not include piercing or tattooing.)
- **Severe Self-Biting:** Repeated, intentional and severe biting by child of child's own body parts, in attempt to rupture skin. (Does not include biting nails or cuticles or biting lip without intent to injure.)
- **Tearing At or Out Body Parts:** Repeated, intentional and severe picking or tearing at body parts in a manner and degree that is likely to cause severe injury. (Includes rectal digging. Does not include picking at a scab or scratches until a body part bleeds, or hair pulling.)
- **Inserting Harmful Objects into Body Orifices:** Repeated and intentional insertion into body orifices of harmful objects that can tear or puncture the skin.
- **Head-banging:** Repeated, intentional and severe banging one's head against hard surfaces.
- **Body Slamming or Dropping:** Making contact between the body and any object with enough force to make a visible mark or forcefully falling to the floor with no visible cause to fall, or.
- **Self-Gagging or Strangulation:** Any instance of using a hand or other object to induce gagging or vomiting, or strangulation involving the production of unconsciousness or near unconsciousness by restriction of the supply of oxygenated blood to the brain
- **Eating Disorders:** The effects of which must be **life threatening**, as determined by physician. In the case of Anorexia/ Bulimia, the child must have malnutrition, electrolyte imbalances or body weight/development below 20th percentile due to the eating disorder OR in the case of Pica or Prader Willi syndrome, must at least 4 days per week attempt to ingest non-edible substances or gorge self, as applicable, and require continuous (round-the-clock) "within arm's reach" supervision and immediate engagement of a paid or unpaid trained caregiver to prevent serious harm to the child.

Physically Aggressive Behavior toward Others

- A persistent pattern of physically aggressive behaviors not explained by the age or lack of maturity of the aggressor that results in serious harm to others, or that would result in serious harm without intervention or restraints. Includes targeting of violent behaviors against a parent, sibling or other that results in serious harm, or that was *intended* to inflict serious harm even if actual harm did not occur, or if the act was interrupted and not carried out. May include **hitting** (using a hand or arm with a closed or open fist to make forceful physical contact with another person), **hitting with objects** (whether held or thrown), **kicking** (with foot or leg), **headbutting** (using the head or face to make forceful physical contact with another person), **biting, scratching** that breaks skin, **pinching** when hard enough to cause severe pain, forceful **pushing**, or **hair pulling**.
- **Sexually Aggressive Behavior:** Attempts and/or successes at touching, groping, undressing others, or grabbing others in their private areas or making physical contact of a perceived sexual nature which is unwanted by the other person; sexual molestation or abuse of others.

Self-Injurious Behaviors and/or Physically Aggressive Behaviors must occur **at least four days a week**, and require 1) continuous (round-the-clock) "eyes on" observation, supervision and immediate engagement of a paid or unpaid trained caregiver to prevent serious harm to the child or others,

2) environmental or other restraints, and 3) engagement of behavioral health professionals for treatment and support;

OR

Self-Injurious Behaviors and/or Physically Aggressive Behaviors may occur *at least once a week* if the intensity of such behaviors routinely require engagement of crisis behavior supports, including behavior crisis teams, law enforcement, or emergency medical treatment to prevent or treat serious harm to the child or others.

INVOLVEMENT WITH SERVICE SYSTEMS

The child must meet **ONE** of the following:

- A. **Crisis Mental Health Services** - The child has an established pattern of utilization of crisis-related behavioral health services over the previous 6 months, which may include repeated mobile crisis calls, emergency department visits, psychiatric hospitalizations, and/or residential or intensive in-home treatment. The use of psychotropic medications (including PRN usage for purposes of chemical restraint in a behavioral crisis) is not considered a crisis-related behavioral health service. Nor is routine psychiatric care or outpatient therapy.

OR

- B. **Child Protective Services** – The child has formal ongoing involvement with the child welfare system specifically related to his or her severe behavioral health needs.

OR

- C. **Criminal Justice System** – The child has been engaged with the criminal justice system in the past 6 months specifically related to his or her severe behavioral health needs. Includes Juvenile and Adult Justice Systems, if applicable.

AND

Treatment and/or involvement with these service systems has not been effective in reducing the child’s behaviors, reducing the significant risk of serious physical harm to the child or others, or in increasing the family’s capacity to effectively manage the child’s behaviors.

If Criteria 1-4 above are ALL met, the child meets Tier 1 – Behavioral LOC.

Tier 2 LOC

In order to meet Tier 2 LOC, a child must meet **ONE** of the standards listed below:

1. The child has a **medical diagnosis** from a qualified treating medical professional of a **severe chronic medical condition expected to last at least twelve (12) months** and which significantly diminishes his/her functional capacity and interferes with the ability to perform age appropriate activities of daily living at home and in the community. The child **requires daily skilled nursing interventions and/or intensive therapy services AND has at least TWO (2) substantial functional limitations** in activities of daily living requiring an extraordinary (continuous or nearly continuous—NOT intermittent) level of hands on assistance from others throughout their day to complete everyday activities and supervision/intervention that is significantly beyond that which is routinely provided to other children of the same age.
2. The child has 1) **severe or profound deficits in intellectual or adaptive behavior functions, which must include significant communication deficits, OR has autism and a severe or profound communication disorder; AND 2) severe co-occurring behavioral health support needs** that have persisted for at least six (6) months and are **expected to last at least twelve (12) months** from the date of review, including self-injurious behaviors or physically aggressive behaviors toward others **AND at least TWO (2) substantial functional limitations** in activities of daily living requiring an extraordinary (continuous or nearly continuous—NOT intermittent) level of hands on assistance to complete everyday activities and supervision/intervention from others throughout their day that is significantly beyond that which is routinely provided to other children of the same age.
3. The child has an **I/DD and at least FOUR (4) substantial functional limitations** in activities of daily living requiring an extraordinary (continuous or nearly continuous—NOT intermittent) level of hands on assistance to complete everyday activities and supervision/intervention from others throughout their day that is significantly beyond that which is routinely provided to other children of the same age.

In each case, the substantial functional limitations and medical or behavioral support needs, as applicable, must be expected to last at least twelve (12) months. The intensity and frequency of required skilled and/or behavioral interventions, as applicable, and assistance with activities of daily living must be so substantial that it would require *at least* the level of direct, daily intervention that would be provided in a medical institution, i.e., a nursing facility or intermediate care facility for individuals with intellectual disabilities (ICF/IID).

Interpretive Guidance: For each standard above, the level of hands on assistance required (whether skilled, behavioral, and/or functional assistance with ADLs) must be *extraordinary (continuous or nearly continuous—NOT intermittent) and supervision/intervention from others throughout their day* must be *significantly beyond* that which is routinely provided to children of the same age.

Daily skilled nursing interventions may include any of the complex skilled medical interventions listed in Tier 1 – Medical above (ventilator care or NIPPV, tracheostomy care, O² administration, TPN, and dialysis), including daily ventilator care or NIPPV for less than 8 hours per day, tracheostomy care requiring daily suctioning but not multiple times per each 8 hours, or daily O² use less than 8 hours daily. PRN orders do not qualify as daily skilled nursing interventions.

Daily skilled nursing interventions may also include but are limited to the following:

- **Tube feedings:** G-tube, J-tube or NG-tubes

Interpretive Guidance: Tube feedings must account for at least 50% of the child's daily caloric intake.

- **Respiratory treatments for airway clearance:** chest PT, C-PAP, Bi-PAP, vest device or cough assist device, IPPB treatments. This does not include inhalers or nebulizers.
- **Ileostomy, colostomy, or appendicostomy (Malone procedure) care**
- **Need for urinary catheterization daily, or presence of vesicostomy or Mitrofanoff appendecovesicostomy**

NOTE: Site care, diabetes management, and medication administration, including topical or oral medication, eye drops, inhalers, nebulizers, growth hormone injections, insulin injections, or chemotherapy, shall **not** meet this criterion.

Intensive therapy services shall include *only* medically necessary **physical, occupational, or speech therapy provided by a licensed professional therapist** and shall apply only if the child is involved in six or more sessions per week combined with professional therapists.

Self-injurious behaviors and Physically aggressive behaviors toward others shall be as defined in Tier 1 – Behavioral LOC, including the intensity and frequency of the behaviors, except that an *extraordinary* (continuous or nearly continuous—NOT intermittent) level of hands on assistance shall be required to complete everyday activities and supervision/intervention from others throughout their day that is significantly beyond that which is routinely provided to other children of the same age.

Substantial functional limitations shall include *only* the following:

1. **Learning:** A 30% (25% if the child is under one year of age) or greater delay or a score of at least 2 (1.5 if the child is under one year of age) standard deviations below the mean based on valid, standardized and norm referenced measures of aggregate intellectual functioning.
2. **Communication:** A substantial functional limitation in communication is defined as a severe or profound delay in either expressive or receptive communication functioning as evidenced by no or extremely limited capacity to express basic wants and needs or to understand simple communication by others.
3. **Self-Care:** Refer to APPENDIX. This Appendix describes the degree of deficit required in activities of daily living (self-care) to meet a substantial functional limitation based on the child's age. Child must demonstrate a deficit in at least ONE of the following five areas of self-care:
 - i) Bathing
 - ii) Grooming
 - iii) Dressing
 - iv) Toileting
 - v) EatingIf a child exhibits deficits in multiple of the self-care activities of daily living identified above, this is still counted as (one) substantial functional limitation (in self-care).
4. **Mobility:** Refer to APPENDIX. This Appendix describes the degree of deficit required in mobility to meet a substantial functional limitation based on the child's age. The inability to run or to

move long distances or between environments related to stamina or ease of movement is NOT a mobility deficit.

Part II – At-Risk Level of Care

At-Risk LOC

In order to meet **At-Risk LOC**, a child must meet **ONE** of the standards listed below:

1. The child has an **intellectual or developmental disability as** defined in State law and regulation which significantly diminishes his/her functional capacity and interferes with the ability to perform age appropriate activities of daily living at home and in the community. This child requires daily intermittent (not continuous) assistance from others to complete everyday activities that is significantly beyond that which is routinely provided to children of that age.
OR
2. The child has a **medical diagnosis** from a qualified treating medical professional of a **severe chronic medical condition expected to last at least twelve (12) months** and which significantly diminishes his/her functional capacity and interferes with the ability to perform age appropriate activities of daily living at home and in the community. The child **requires daily skilled nursing interventions and/or intensive therapy services** as defined in Tier 2 LOC above **AND has at least ONE (1) substantial functional limitation** in activities of daily living requiring daily intermittent (not continuous) assistance from others to complete everyday activities that is significantly beyond that which is routinely provided to children of that age.

NOTES:

Determinations of ID or DD are made in accordance with State law and are not limited to ADL categories applicable to Katie Beckett level of care eligibility and specified herein.

Appendix: Activities in Daily Living - Substantial Functional Limitations

A **substantial functional limitation** is a child's inability to perform daily functions without extensive, hands-on assistance significantly beyond the age at which similar aged peers typically require such assistance. This assistance must be needed by the child to complete the task or function at all, rather than to complete the task better, more quickly, or to make the task easier.

In order for a limitation to be considered a substantial functional limitation, it must:

- be the direct result of the child's disability; and
- be exhibited most of the time; and
- result in the child needing extensive, direct, hands-on adult intervention and assistance beyond the level of intervention similar aged peers typically require in order to avoid institutionalization.

In addition, the child must:

- require this assistance consistently, and
- require this assistance for at least the *next 12 months*, and
- require this assistance to complete the function across all settings, including home, school and community.

A child has a substantial functional limitation in an activity of daily living category (e.g., Bathing, Grooming, etc.) if the child exhibits at least **ONE** of the specific substantial functional limitations listed under the category for the child's particular age group.

NOTE: Not all activity of daily living categories apply to every age group due to developmental milestone variations of typically developing children.

DEFINITIONS OF THE ACTIVITY OF DAILY LIVING CATEGORIES:

Bathing: The ability to shower, bathe or take sponge baths for the purpose of maintaining adequate hygiene (does not include hair care). For older children (over 12 years of age), this also includes the ability to get in and out of the bathtub, turn faucets on and off, regulate water temperature, wash and dry fully.

Grooming: The ability to brush teeth, and wash hands and face. Due to variations in hair care by culture, length of hair, etc., hair care is not to be considered.

Dressing: The ability to dress as necessary. This does not include the fine motor coordination for buttons and zippers.

Eating: The ability to eat and drink by finger feeding or the use of routine or adaptive utensils. The ability to swallow sufficiently to obtain adequate oral intake. This does not include cooking food or preparing it for consumption such as cutting food into bite size pieces or pureeing it.

Toileting: The ability to use a toilet or urinal, transferring on/off a toilet, changing menstrual pads (as applicable), and pulling pants up/down.

Mobility: The ability to move between locations in the individual's living environment. For children, this includes home and school. Mobility includes walking, crawling, or wheeling oneself around at home or

at school. For functional eligibility purposes, mobility does not include transporting oneself between buildings or moving long distances outdoors.

Transfers: The physical ability to move between surfaces: e.g., from bed/chair to wheelchair, walker or standing position. This excludes transfers into bathtub or shower or on and off the toilet, because those are captured in bathing and toileting category.

SUBSTANTIAL FUNCTIONAL LIMITATIONS BY AGE GROUPS WITHIN ACTIVITY OF DAILY LIVING CATEGORIES

Birth - 5 months old

Dressing

- Has physical characteristics that make dressing very difficult, such as contractures, extreme hypotonia or extreme hypertonia.

Eating

- Requires more than one hour per feeding.
- Receives tube feedings or TPN.
- Requires more than three hours per day for feeding or eating.

6 - 11 months old

Bathing

- Needs adaptive equipment.

Dressing

- Has physical characteristics that make dressing very difficult, such as contractures, extreme hypotonia or extreme hypertonia.

Eating

- Requires more than one hour per feeding.
- Receives tube feedings or TPN.
- Requires more than three hours per day for feeding or eating.

Mobility

- Unable to maintain a sitting position when placed.
- Unable to move self by rolling, crawling, or creeping.

12 - 17 months old

Bathing

- Needs adaptive equipment.
- Becomes agitated requiring alternative bathing methods.

Dressing

- Has physical characteristics that make dressing very difficult, such as contractures, extreme hypotonia or extreme hypertonia.

Eating

- Requires more than one hour per feeding.
- Receives tube feedings or TPN.
- Requires more than three hours per day for feeding or eating.

Mobility

- Unable to pull to stand.
- Unable to sit alone.
- Requires a stander or someone to support the child's weight in a standing position.

- Unable to crawl or creep.

18 - 23 months old

Bathing

- Needs adaptive equipment.
- Becomes agitated requiring alternative bathing methods.

Dressing

- Does not assist with dressing, such as helping to place arms in sleeves or legs into pants.

Eating

- Receives tube feedings or TPN.
- Requires more than three hours per day for feeding or eating.

Mobility

- Requires a stander or someone to support the child's weight in a standing position.
- Uses a wheelchair or other mobility device not including a single cane.
- Unable to take steps holding on to furniture.

24 - 35 months old

Bathing

- Needs adaptive equipment.
- Becomes agitated requiring alternative bathing methods.

Dressing

- Does not assist with dressing, such as helping to place arms in sleeves or legs into pants.
- Unable to pull off hats, socks, or mittens.

Eating

- Receives tube feedings or TPN.
- Requires more than three hours per day for feeding or eating.

Mobility

- Requires a stander or someone to support the child's weight in a standing position.
- Does not walk or needs physical help to walk.
- Uses a wheelchair or other mobility device not including a single cane.
- Transfers
- Needs to be transferred.

3 years old

Bathing

- Needs adaptive equipment.
- Is combative during bathing (e.g., flails, takes 2 caregivers to accomplish task).

Grooming (brushing teeth, washing hands and face only)

- Is combative during grooming (e.g., flails, takes 2 caregivers to accomplish task).

Dressing

- Does not assist with dressing, such as helping to place arms in sleeves or legs into pants.
- Unable to undress self independently.

Eating

- Receives tube feedings or TPN.
- Requires more than three hours per day for feeding or eating.
- Needs to be fed.
- Needs one-on-one monitoring to prevent choking, aspiration, or other serious complications.

Toileting

- Has no awareness of being wet or soiled.
- Does not use toilet/potty chair when placed there by a caregiver.

Mobility

- Does not walk or needs physical help to walk.
- Uses a wheelchair or other mobility device not including a single cane.

Transfers

- Needs physical help with transfers.
- Uses a mechanical lift.

4 - 5 years old

Bathing

- Needs adaptive equipment.
- Is combative during bathing (e.g., flails, takes 2 caregivers to accomplish task).
- Needs to be lifted in and out of bathtub or shower.

Grooming (brushing teeth, washing hands and face only)

- Is combative during grooming (e.g., flails, takes 2 caregivers to accomplish task).
- Unable to wash hands.

Dressing

- Needs physical assistance with getting clothing on. This does not include fasteners such as buttons, zippers, and snaps.

Eating

- Receives tube feedings or TPN.
- Requires more than three hours per day for feeding or eating.
- Needs to be fed.
- Needs one-on-one monitoring to prevent choking, aspiration, or other serious complications.

Toileting

- Incontinent during the day (of bowel and/or bladder).
- Needs physical help (other than wiping).

Mobility

- Does not walk or needs physical help to walk.
- Uses a wheelchair or other mobility device not including a single cane.

Transfers

- Needs physical help with transfers.
- Uses a mechanical lift.

6 - 8 years old

Bathing

- Needs adaptive equipment.
- Is combative during bathing (e.g., flails, takes 2 caregivers to accomplish task).
- Needs physical help with bathing tasks.
- Needs to be lifted in and out of bathtub or shower.
- Needs step-by-step cueing to complete the task.
- Lacks an understanding of risk and must be supervised for safety.

Grooming (brushing teeth, washing hands and face only)

- Is combative during grooming (e.g., flails, takes 2 caregivers to accomplish task).
- Unable to wash hands.
- Needs physical help with grooming tasks.
- Needs step-by-step cueing during grooming tasks.

Dressing

- Needs physical assistance with getting clothing on. This does not include fasteners such as buttons, zippers, and snaps.

Eating

- Needs help with tube feedings or TPN.
- Needs to be fed.
- Needs one-on-one monitoring to prevent choking, aspiration, or other serious complications.

Toileting

- Incontinent during the day (of bowel and/or bladder).
- Incontinent of bowel during the night.
- Needs physical help, step-by-step cues, or toileting schedule.

Mobility

- Does not walk or needs physical help to walk.
- Uses a wheelchair or other mobility device not including a single cane.

Transfers

- Needs physical help with transfers.
- Uses a mechanical lift.

9 - 11 years old

Bathing

- Needs adaptive equipment.
- Is combative during bathing (e.g., flails, takes 2 caregivers to accomplish task).
- Needs physical help with bathing tasks.
- Needs to be lifted in and out of bathtub or shower.
- Needs step-by-step cueing to complete the task.
- Lacks an understanding of risk and must be supervised for safety.

Grooming (brushing teeth, washing hands and face only)

- Is combative during grooming (e.g., flails, takes 2 caregivers to accomplish task).
- Needs physical help with grooming tasks.
- Needs step-by-step cueing during grooming tasks.

Dressing

- Needs physical assistance with getting clothing on. This does not include fasteners such as buttons, zippers, and snaps.

Eating

- Needs help with tube feedings or TPN.
- Needs to be fed.
- Needs one-on-one monitoring to prevent choking, aspiration, or other serious complications.

Toileting

- Incontinent of bowel and/or bladder.
- Needs physical help, step-by-step cues, or toileting schedule.

Mobility

- Does not walk or needs physical help to walk.
- Uses a wheelchair or other mobility device not including a single cane.

Transfers

- Needs physical help with transfers.
- Uses a mechanical lift.

12 - 18 years old

Bathing

- Needs adaptive equipment.
- Is combative during bathing (e.g., flails, takes 2 caregivers to accomplish task).
- Needs physical help with bathing tasks.
- Needs to be lifted in and out of bathtub or shower.
- Needs step-by-step cueing to complete the task.
- Lacks an understanding of risk and must be supervised for safety.
- Exhibits non-compliant behavior that is extreme to point that child does not perform bathing tasks for at least 5 or more consecutive days.

Grooming (brushing teeth, washing hands and face only)

- Is combative during grooming (e.g., flails, takes 2 caregivers to accomplish task).
- Needs physical help with grooming tasks.
- Needs step-by-step cueing during grooming tasks.
- Exhibits non-compliant behavior that is extreme to point that child does not brush their teeth for at least 5 or more consecutive days.