

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 4	Care and Treatment		
Section: 9	Health Care Management		
Topic: 18	Assigning Acuity Categories		
Page: 1 of 8	Supersedes Date: Pol: Proc: 8-24-10, 6-17-10	Approval Date: Pol: 6-17-10 Proc: 7-25-11	<hr style="border: 0; border-top: 1px solid black;"/> <i>Board Chairperson Signature</i> <hr style="border: 0; border-top: 1px solid black;"/> <i>Chief Executive Officer Signature</i>
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to maintain a quality assessment process of the persons we serve in: Specialized Residential Homes, Adult Foster Care (AFC) and Semi-Independent Apartments (SIPs) that will provide a systematic approach to the nursing care they receive.

Purpose

This policy and procedure is established to provide a system approach when assigning acuity categories that will assist in establishing levels of nursing care and time frames for health service visits for the people, we serve that are residing in: Specialized Residential Homes; AFCs and SIPs.

Education Applies to

- All BABHA Staff
- Selected BABHA Staff, as follows: Ancillary Care, Residential Nurses
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows: Specialized Residential Providers
 Policy Only Policy and Procedure
- Other:

Definitions

Acuity Category: Scoring system assigned to persons served in respect to their mental and medical health needs which personalizes their care needs and assigns the time frames for health service visits

Health Service Visit: Services provided for purposes of improving the beneficiary's overall health and ability to care for health-related needs. This includes nursing services (on a per-visit basis, not ongoing hourly care), dietary/nutritional services, maintenance of health and hygiene,

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teaching self-administration of medications, care of minor injuries or first aid, recognizing early symptoms of illness and teaching the beneficiary to seek assistance in case of emergencies. A registered nurse, nurse practitioner, physician's assistant, or dietician must provide the services, according to their scope of practice. Health services must be carefully coordinated with the beneficiary's health care plan so that the Community Mental Health (CMH) does not provide services that are the responsibility of the Medical Health Provider (MHP).

Procedure

1. Upon intake to a licensed Specialized Residential Home; (by request of the person responsible for the PCP for an AFC, or SIP placement), a nursing assessment shall be completed within 72 business hours by the assigned Registered Nurse.
2. With completion of the nursing assessment, the Acuity Scoring by Body Systems (see below) should be completed in conjunction with an Acuity Level Worksheet (see attachment) which will determine the Acuity Category.

ACUITY SCORING BY BODY SYSTEMS

Cardiac

- Hx of MI -3
- pacemaker, arrhythmias, angina -3
- hx of DVT's, PVD or CAD -2
- hx of CHF, enlarged heart - 2
- hyperlipidemia -2
- hypertension -3
- edema or diuretics -2
- electrolyte replacement -2
- blood thinners -2
- hypotension -2
- poor circulation - 2
- heart murmur, valve prolapse, regurgitation, stents etc -2

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Respiratory

- COPD -3
- hx URI's, Pneumonia, asthma, bronchitis -2
- breathing treatments -1
- hx of PE -2
- O2 tx -2
- smoker, smoking hx -2
- hx (+) TB skin test -2
- SOB, sleep apnea -2
- Pulmonary fibrosis -2

Neurological

- hx CVA w/ paralysis -3
- CVA w/ memory, speech deficits, hx TIA or Bell's Palsy -2
- CVA w/o deficits -1
- Seizures (active) -3
- Seizures (controlled) -1
- Cerebral Palsy, Autism, spinal Bifida, hydrocephalus -2
- Psychotic tendencies -2
- migraines, dementia (mild) -2
- dementia advanced -3
- swallowing difficulty -3
- chewing difficulty -3
- psych meds -2
- peripheral neuropathies, Parkinson's, MS, Polio hx dizziness, fainting 2
- difficulty sleeping -1

Urinary

- hx UTI's -2
- Renal Failure, dialysis -3
- supra pubic catheters, UTI prophylaxis -1
- brief dependent -3
- catheters, indwelling -2
- >65 w/ recurrent UTI's -3
- BPH, urinary retention, enlarged prostate -1
- removal of 1 kidney -2
- kidney disease, hx renal failure, kidney stones, gout -2

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Integumentary

- hx rashes, psoriasis, fungal, dermatitis, acne, dry skin -1
- < skin turgor -2
- stage 1 redness -2
- stage 2 blistering -3
- stage 3 open weeping -3
- continually moist skin -2
- extremely dry skin -2
- open wounds, self-injurious behavior -3
- surgical sites -3
- hx cellulites -2
- urine incontinence -2
- fragile/sensitive skin -2

EENT

- blindness bilateral -3
- blind 1 eye -2
- hx eye infections -2
- wears glasses -1
- refuses to wear glasses -2
- growths, erosions to throat/mouth -2
- glaucoma -2
- cataracts -2
- allergies -2
- hard of hearing, hearing aids -1
- deafness bilateral -2
- difficulty swallowing, hx choking - 3
- edentulous, gingivitis, - 2
- dentures - 1
- hx sinusitis, ear infections -2

Gastrointestinal

- GERD -2
- hiatal hernia -2
- chronic poor appetite, lactose intolerant -2
- hx of hemorrhoids/rectal prolapse, chronic constipation, chronic diarrhea -2
- Peg/J tube placement -2
- under or over weight -2
- regurgitation/vomiting, rapid eater -2
- colostomy/ileostomy -2
- daily use of bowel preps -2

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- prn use of bowel preps -1
- hx diverticulitis, PUD, GI bleeds, ulcers, IBS, obstruction -2
- Pica behavior 3

Musculoskeletal

- Use of wheelchair, walker/cane -2
- extremity amputation -3
- arthritis, joint replacements, braces, muscle spasms, hernias -2
- hx falls/injuries, unsteady gait, -3
- chronic pain -3
- contractures, spinal deformities, spasticity, single limb paralysis -2
- osteoporosis, osteopenia hx of fx bones -2

Endocrine

- NIDDM w/ oral medication - 2
- IDDM - 3
- diet controlled DM -1
- Hx hypoglycemic -2
- hypothyroid -2
- hyperthyroid -2
- hx pancreatitis -2
- morbid obesity -3
- Hx obesity -1

Hepatic

- hep B carrier - 2
- liver failure -3
- hx hepatitis -2
- cirrhosis, hx pancreatitis -2

Misc

- Hx cancer, remission, removal -2
- PSA elevated; fibrocystic breast dis -1
- leukocyte deficient -2
- Age 18-40 -1
 - 41-50 -2
 - 51-60 -3
 - 61 & over -4

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3. The acuity category (Category 1, 2, or 3) will determine the level of care and the number of health care visits to be made on a monthly basis. See the following acuity categories:

ACUITY CATEGORIES

Category 1

This individual may not have a medical diagnosis. This individual will have similar health care requirements as a person of the same age, race, gender and economic status of the general population. Criteria would be met by a score of **10 or below**.

THIS CRITERIA MAY REQUIRE A HEALTH SERVICE VISIT (HSV) EVERY 6 MONTHS BASED UPON MEDICAL NECESSITY AS DETERMINED BY THE NURSING PROFESSIONAL (e.g., stable angina would score a 3, but remains stable and unchanged and would not necessitate nursing services)

Category 2

This individual would have a chronic but stable medical condition(s) that would require medical/nursing intervention and/or treatment to prevent exacerbation of the condition. Criteria would be met by a score of **10 to 25**.

REQUIRES A HEALTH SERVICE VISIT (HSV) ON A QUARTERLY BASIS

Category 3

This individual would have multiple chronic and unstable medical diagnoses that require closer monitoring and frequent interventions by the Physician and/or Registered Nurse to prevent further deterioration. Criteria would be met by a score **above 25**.

REQUIRES A HEALTH SERVICE VISIT (HSV) ON A MONTHLY BASIS OR IF DETERMINED, 2 HSVs OR MORE PER MONTH. The Registered Nurse is to use his/her professional judgment and may add an additional 10 points to the score based on his/her assessment of the severity of the medical diagnosis.

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4. The acuity categorization process along with the nursing assessment will be completed annually thereafter or as the need arises.

5. At any time, based upon changes to either the medical or mental condition of the person served, or with the request of the case worker for re-evaluation, the acuity category can be reassigned.

6. If the application of the nursing acuity scoring results in a recommendation for reduction in services, the appropriate policies and procedures will be followed regarding proper notification to any Medicaid individuals impacted.

Attachments

Acuity Level Worksheet

Related Forms

N/A

Related Materials

N/A

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References/Legal Authority

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SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
M. Bartlett	MMPRC	04/20/10	Revision	Changed to meet current practice
M. Bartlett	MMPRC	08/20/10		
M. Bartlett	CLT	07/25/11		
K. Withrow M. Bartlett	M. Bartlett M. Swank	06/24/13	Revision	Triennial review: Updated with Person First Language
K. Amon	SLT	06/30/15	No changes	Policy review only
S. Van Paris	S. Van Paris	07/10/15	Revision	Procedure change for PIHP reference
S. Van Paris	S. Van Paris	2/7/18	No changes	Review only- no change
S. Van Paris	HPC	8/21/24	No changes	Triennial Review-no changes