

TECHNOLOGY ASSISTED WAIVER ADULT REFERRAL

Adults 21 years and older must meet criteria (group A) **or** (all criteria in group B) to qualify for the Technology Assisted Waiver.

**The completed assessment should be faxed with the screening forms to
DMAS Tech Waiver Services at: (804) 452-5468**

Applicant's Name _____ **Phone** _____ **Date** _____

Address _____ **Medicaid #** _____

Referral Source _____ **Phone #** _____

Form Completed By _____ **Phone #** _____

TECHNOLOGY / SKILLED CARE	YES	NO	Document Orders Below
Criteria Group A - Ventilator			
Ventilator Dependent at least a portion of the day			Ventilator Orders
Criteria Group B – Complex Tracheostomy			
Has a tracheostomy with the potential for weaning or documentation of the inability to wean			
Requires nebulizer treatments and chest physiotherapy (PT) at least four times per day OR nebulizer treatments at least four times a day provided by a licensed nurse or respiratory therapist			Treatment Orders
Requires pulse oximetry monitoring at least every shift due to demonstrated unstable oxygen saturation levels			Treatment Orders
Requires respiratory assessment and documentation every shift by a licensed nurse or respiratory therapist			
Has a physician's order for oxygen therapy with documented usage			Treatment Orders
Requires tracheostomy care at least daily			Treatment Orders
Has a physician's order for tracheal suctioning as needed			
Is deemed at risk of requiring subsequent mechanical ventilation			

DMAS RN COORDINATOR'S AUTHORIZATION	DMAS COMMENTS
DMAS has the final authority to determine authorized nursing hours.	_____
DMAS Criteria Group A (OR) B _____	_____
DMAS Approved Skilled PDN Hours/ Week _____	_____
DMAS HCC Signature / Date _____	_____

TECHNOLOGY ASSISTED WAIVER ADULT REFERRAL FORM INSTRUCTIONS

Adults 21 and older are eligible for the Technology Assisted Waiver if they meet the Facility Specialized Care criteria, Group A - Ventilator Dependence **(or) all complex tracheostomy criteria in Group B.** (Refer to Tech Waiver Adult Referral Form)

All individuals are assessed to determine Tech Waiver eligibility by the DMAS Health Care Coordinator (HCC) on admission, biannually and whenever there are major changes in the individual's medical or technical skilled needs.

When completing the adult referral form, check the technology needs of the individual and **document the physician's orders for care under the appropriate sections of the form.**

Criteria Group A - Ventilator

The ventilator dependent criteria are met when an individual is on a ventilator continuously or a portion of the day. Document physician's ventilator orders in the appropriate block in the right side column.

Criteria Group B – Complex Tracheostomy **(MUST MEET ALL CRITERIA IN THIS GROUP)**

Potential for weaning – Individuals who are unable to wean from a tracheostomy meet this criteria.

Nebulizer treatments are required at least four (4) times per day. Document treatment orders in the appropriate block on the right side of the form.

Pulse oximetry readings are required every nursing shift. Document physician's pulse ox orders in the appropriate block.

Skilled nursing or respiratory assessments are required every shift due to respiratory insufficiency.

Individuals meet oxygen use criteria when oxygen is needed continuously at least 8 hours per day. Document physician's oxygen orders in the appropriate box.

The Individual must require tracheal care at least daily. Document physician's trach care orders in the adjacent box.

A physician's order for tracheal suctioning as needed (PRN) is required. Suctioning is defined as tracheal suctioning requiring a suction machine and flexible catheter.

Individuals must be at risk of requiring ventilator support.