**Client Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Needs the level of care and services outlined in the area(s) checked off below, to ensure his/her mental health or rehabilitation in those areas improves and/or remains stable.

Client’s Primary Diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following services are medically necessary for Rehabilitation Level of Care (check ones that apply)**

* Assistance with establishing or regaining functional skills

 Assistance with self-understanding, crisis prevention and self-management.

 Assistance with socialization and leisure skill development.

 Assistance with development and enhancement of social roles (IE: community and at treatment facility).

 Assistance with activities connected with the rehabilitation goals and objective identified in the plan of care.

**The following services are medically necessary for Personal Care (check ones that apply)**

Assistance or supervision of activities of daily living as needed:

* Bathing Dressing

 Eating Toileting

 Ambulating Personal Hygiene Activities

 Grooming

 Performance of incidental household tasks essential to the activities of daily living and to the maintenance of resident

 health and safety

Supervision or assistance with:

* Administration of physician ordered medication

Personal supervision or being aware of resident’s general whereabouts

* Observing or monitoring the resident’s general whereabouts

 Observing or monitoring the resident while on the premises to ensure their health

 and safety

 Reminding the resident to carry out activities of daily living

 Assisting the resident in adjusting to their living environment

Transportation:

* Arranging transportation

Phone Calls:

* Making phone calls for appointments recommended by medical providers or as indicated in the recipient’s plan of care

 Reporting changes in behavior

* Observing and monitoring resident’s behavior and reporting changes in the resident’s normal appearance, behavior, or state of health to medical providers or supervisory personnel as appropriate

Arranging or providing motivational and diversionary activities (which focus on social interaction to reduce isolation or withdrawal and to enhance communication and social skills as described in the resident’s plan of care:

 \_\_\_\_ Individual

\_\_\_\_ Group

Below is the quoted MaineCare rule for Medical Necessity:

10-144 Chapter 101 Department of Health and Human Services MAINECARE BENEFITS MANUAL Chapter II

Section 97 PRIVATE NON-MEDICAL INSTITUTION SERVICES ESTABLISHED 1/1/85 LAST UPDATED: 7/1/13 (Emergency)

97.02-2 **Medical Necessity** Services in PNMIs must be medically necessary, as evidenced by meeting the medical eligibility criteria set forth in this section. A physician or primary care provider must also document in writing that this model of service is medically necessary for the member, and both the physician and the PNMI provider must keep this documentation in the member’s file. For all PNMI services, this documentation must be completed as part of the prior authorization process conducted by the Department and/or its Authorized Agent.