

WEA Trust Group Long Term Care Plan

WEA **trust**



Beginning the Long Term Care Claim Process

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Thank you for being a WEA Trust member! We realize how important long term care coverage is and we understand how the need for long term care can be stressful. This information is designed to overview the eligibility requirements and the claims process and educate you on what to expect if you are approved for benefits.

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Contact WEA Trust

To start the long term care (LTC) application process:

- Review the eligibility requirements on page 4, or
- Call the us at 800.279.4000.

Your privacy is important to us. We can speak to those members covered under the WEA Trust Long Term Care Plan or an authorized legal representative. If you would like to authorize us to speak with a designated person about your coverage, please submit the Designation of Insurance Representative form which can be found on our website at www.weatrust.org.

If you have a legal representative that is already authorized to make decisions on your behalf, please submit a copy of your Power of Attorney or Guardianship documentation.

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Review the Eligibility Requirements

You may be eligible to receive long term care benefits if a physician has certified that:

- You have a documented severe cognitive impairment, such as Alzheimer's, and you need substantial supervision from another person for safety;
- OR**
- You need substantial assistance from another person to perform three of six basic Activities of Daily Living (ADLs) and these limitations are expected to last at least 90 days.

Substantial Assistance means Hands-on Assistance or Standby Assistance.

- Hands-on Assistance means the physical assistance of another person without which the Chronically Ill individual would be unable to perform the Activities of Daily Living.
- Standby Assistance means the presence of another person within arm's reach of the Chronically Ill individual that is necessary to prevent, by physical intervention, injury to the Chronically Ill individual while he or she is performing an Activity of Daily Living.

What is a severe cognitive impairment?

Severe Cognitive Impairment is a loss or deterioration in intellectual capacity that has been demonstrated by clinical evidence and standardized tests that reliably measure impairment in short-term or long-term memory; deductive or abstract reasoning; and orientation as to people, places, or time; and that is comparable to Alzheimer's disease and similar forms of irreversible dementia.

Irreversible dementia is deterioration or loss of intellectual faculties, reasoning, power, memory, and will, due to organic brain disease characterized by confusion, disorientation, apathy, and stupor of varying degree which is not capable of being reversed and from which recovery is impossible.

In addition, you require Substantial Supervision to protect yourself from threats to health and/or safety.

Substantial Supervision means continual supervision (which may include cuing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect the Severely Cognitively Impaired individual from threats to his or her health or safety (such as may result from wandering).

What are the Activities of Daily Living (ADLs)?

If you need substantial assistance (hands-on assistance, which is physical help by another person, or standby assistance, which is the presence of another person within arm's reach to prevent injury by physical intervention or cueing) from another person to complete any of these activities, then you are dependent for that activity. Activities of daily living include:

<p>Bathing</p> <ul style="list-style-type: none">• washing yourself by sponge bath or in either a tub or shower• getting into or out of the tub or shower <p>Dressing</p> <ul style="list-style-type: none">• putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs• you will be considered able to dress yourself even if these tasks can only be performed by using modified clothing or adaptive devices such as tape fasteners or zipper pulls. <p>Continence</p> <ul style="list-style-type: none">• maintaining control of bowel and bladder function• when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag	<p>Toileting</p> <ul style="list-style-type: none">• getting to and from the toilet• getting on and off the toilet• performing associated personal hygiene <p>Eating</p> <ul style="list-style-type: none">• feeding yourself by getting food into the body from a receptacle (such as a plate, cup, or table)• when unable to feed yourself from a receptacle, feeding yourself by a feeding tube or intravenously <p>Transferring</p> <ul style="list-style-type: none">• getting into or out of a bed, chair, or wheelchair• you will be considered able to transfer even if you use or require equipment such as canes, quad canes, walkers, crutches, grab bars, or other support devices, including mechanical or motorized devices, in order to transfer or ambulate
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If you do not meet the above activities of daily living or the severe cognitive impairment criteria, it's likely that you do not meet the eligibility requirements and you do not need to complete any additional steps. If you have questions regarding your eligibility, please call us at 800.279.4000.

3

Complete and Return the Required Documents

To begin your application for long term care benefits, complete and return the information or forms listed below. You will find the same forms at the end of this document and on our website (www.weatrust.org) or you can always call us at **800.279.4000** and we can mail them to you.

Required Forms

Application for Long Term Care Benefits If you require assistance with completing this document, please call us at 800.279.4000.

Provider Certification form must be completed by your physician. Provided we approve your application for benefits, your 30-day elimination period starts when your provider has completed, signed, and dated, the Provider Certification form.

Medical Records. We require current medical documentation to align with your physician's certification of your condition and his/her recommendations for your long term care service needs. We accept dictated notes from recent clinic visits, rehabilitative therapy (physical, occupational or speech) notes, hospital discharge summaries, and facility/provider records. Please work with the medical records department at your clinic to coordinate release of these documents.

Optional Information (only one of the following two is necessary)

Power of Attorney or Guardianship documentation. We cannot discuss your personal plan benefits or your personal care with a loved one or family member unless you share Power of Attorney documentation granting someone to have the authority to speak on your behalf. We will accept appropriate copies of a Power of Attorney or Guardianship paperwork.

Designation of Insurance Representative for Disclosure of Health Information form. If you do not have a Power of Attorney in effect and you have **not** been diagnosed with a severe cognitive impairment such as Alzheimer's or dementia, you can use this form to provide us authorization to share your personal information with a representative you designate.

Return your completed forms to:

The forms and medical records you obtain should be sent to us in a way that works for you ...

Postal Service

Address your envelope to:

WEA Trust

PO Box 259537

Madison, WI 53725-9537

Fax

Include your name and Subscriber Number on the cover page of your fax and send to:

608.276.9119

Secure File Upload

Send scanned or electronically completed forms to us via our www.weatrust.org website at:

<https://weatrust.org/secure-file-upload-1>

Email

Attach your scanned or electronically completed forms to an email and send to us at:

customerservice@weatrust.org

4

Review Next Steps

Now that you have completed the initial application for long term care benefits, here's what you can expect next:

We may:

- contact you to request clarifying or additional information.
- conduct an on-site assessment at your residence by a registered nurse if we don't receive adequate medical records from your provider.

We will send you a letter confirming our eligibility decision within 10 business days after we receive all the required forms and medical information.

Application Approval

If your application is approved, the letter will confirm the first date you are eligible for reimbursement for covered services.

Application Denial

If your application is denied, the letter will confirm the reason for the denial. If you disagree with our decision, you may request a review of decision by sending a written request to us no later than 60 days after the date of the letter. After our review is complete, we'll send you a written notice of our decision. If we uphold the initial denial and you wish to pursue your request further, you may file an appeal at that time.

To obtain a written explanation of the procedures and requirements of our appeal procedure, including any necessary forms, write to our General Counsel at WEA Insurance Corporation, PO Box 259537, Madison, WI 53725-9537.

5 Track Your Progress

1

Contacted WEA Trust for Required Forms

_____ Date

2

Reviewed Eligibility Requirements

3

Completed and Returned Required Documents

_____ Date Mailed

- Application for Long Term Care Benefits
- Provider Certification
- Medical Records
- Power of Attorney, Guardianship, or Designation of Insurance Representative

4

Review Next Steps

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What Happens If My Application is Approved?

Now that your application for long term care benefits has been approved, we will send you the three forms below for you to complete and return to us:

Provider Service Report

The information on this form ensures your provider meets the appropriate licensure required by the plan and provides accurate information about your provider or facility, which helps eligible claims process more efficiently. This report is necessary when you are first approved for benefits or if you change care providers.

Long Term Care Claim Reimbursement ACH Authorization

You may elect to have your reimbursement for eligible claims deposited directly into your checking or savings account. If you do not complete this form a paper check will be mailed to you.

Long Term Care Claim Submission Form

You or your provider must complete and return this form with every request for claim reimbursement.

Submitting Claims for Reimbursement

To ensure prompt claim reimbursement:

1. You must pay the provider first, provide us proof of that payment, and then we will review your policy and reimburse for eligible expenses. We cannot review your coverage and reimburse for eligible expenses without proof of payment.
2. Work with your provider to determine who is responsible for submitting formal invoices to WEA Trust – you or your provider. Include the Long Term Care Claim Submission Form with every claim sent for reimbursement.
3. Either you or your provider must submit copies of paid invoices within 90 days of the occurrence to WEA Trust in order to be eligible for reimbursement. The invoice must show:
 - a. The provider's logo or the provider's letterhead.
 - b. The invoice has been paid in full and includes proof of payment by you.
 - c. Itemized charges on the invoice.

The benefits available under your LTC plan provide reimbursement for only a portion of the covered expenses you may incur. The percent portion that WEA Trust will reimburse for eligible charges is called coinsurance. That percentage can be found on your Benefit Summary along with your Daily Maximum and Respite Care benefit amounts. Your Lifetime Maximum will decrease as eligible claims are processed and reimbursed. Your current Lifetime Maximum will be on the Explanation of Benefits you receive with each processed claim.

Other than respite care, all services must be provided by a licensed facility or agency. Only Respite Care can be provided by a non-licensed provider or member of your immediate family. If you need the claim form for Respite Care, please call our office.

Bed Holds

If you have experienced a bed hold or have had an absence from a residential care facility, please make sure that information is included on the invoice.

Reimbursement Turnaround

On average we reimburse claims in less than 14 calendar days. Your policy requires that we pay benefits within 30 days after we receive a claim with the required proof of loss, which includes copies of the bills for long term care services you have received, the Explanation of Benefits forms from other insurers, and any other documentation we require. Note that we pay benefits after you receive covered services and provide us with proof that you have incurred a covered loss; we never pay benefits in advance of you receiving a service.

Independent Caregiver

Families seeking caregivers to care for their loved one in their home have two options: Getting the service through a licensed home care company—an agency caregiver for Home Health Care services like Home Instead, Brightstar, etc. —or directly hiring an independent caregiver who provides those services. This decision can be difficult and complex, as each option has its pros and cons. Please contact us if you are considering hiring an independent caregiver so that we may review the requirements and process with you and provide you with the required documents.

Changes in Level of Care

If you have experienced an increase or decrease in the service level of care you are receiving, we require a new Care Plan before we can process the claim.

Eligibility Reviews

Your eligibility for LTC services will be reviewed. We will notify you in writing and provide you with a listing of what we require and a date that the information must be submitted by.

1099-LTC

Your WEA Trust long term care plan is a tax-qualified plan. Since WEA Trust reimburses you for eligible long term care insurance benefits, we are required by the Internal Revenue Service (IRS) to provide you with a 1099-LTC. This form is used to report the payments made under a long term care insurance contract. WEA Trust will send you a 1099-LTC Form in January for the prior tax year.

The Form 1099-LTC reflects payments made directly to you as well as those payments made to third parties on your behalf. The 1099-LTC form is required simply to show the IRS that you received tax-free benefits from your long term care insurance policy. It does not necessarily mean that the amount is taxable income to you. We recommend you contact your tax adviser if you have any questions regarding the 1099-LTC form.

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Frequently Asked Questions

- 1. What is Long Term Care (LTC)?** Services you receive at home or in a facility, to help you:
 - do basic Activities of Daily Living (ADLs).
 - stay safe and health if you have a severe cognitive impairment, like Alzheimer's
- 2. How do I qualify for benefits?** There are 2 ways to qualify:
 - You need a lot of help for at least 90 days or more to do 3 of 6 basic ADLs:
 - bathing,
 - dressing,
 - toileting,
 - eating,
 - getting in and out of bed or a chair (also called transferring)
 - managing bowel and bladder continence (peeing and pooping)
 - You have a severe cognitive impairment (like Alzheimer's) and need constant supervision to be safe.
- 3. How do I apply for LTC benefits?** Contact us immediately. You will need to complete the Application and your doctor must complete and send us:
 - Provider Certification form, and
 - medical records that support your application and their forms.

Your elimination (waiting) period can only start after your doctor signs and returns these forms and records.

- 4. How long do I have to wait before I can receive benefits?** If approved, your benefits start 30 days after your doctor completes, signs, and sends to us:
 - Provider Certification form, and
 - Supporting medical records.
- 5. Does the plan cover rehabilitation such as after I have my hip replaced?** Not usually. You receive benefits if you need help for 90 days or more, **not** for short term recovery or rehab after a surgery or injury.
- 6. Can my spouse, son, or daughter call you about my coverage and claims?** Yes, but we need your permission first.
 - complete a **Designation of Insurance Representative** form
 - send us a copy of your **Power of Attorney** (if you have one).

7. **What if I have an address change? What about a death or divorce of a covered member?** You must call us at 800.279.4000.
8. **What is the Maximum Daily Benefit (MDB)?** Your Benefit Summary shows your Maximum Daily Benefit.
- We pay up to 75% of your covered charges (up to the Maximum Daily Benefit).
 - You pay 25% of your charges, charges that go over the MDB, and non-covered charges.
- Example:** If your MDB is \$339.34 and your daily charge is \$300 ... we will pay 75% (\$225) and you pay 25% (\$75).
- Example:** If your MDB is \$250.00 and your daily charge is \$500 ... we pay \$250 (75% of \$500 is more than the MDB) and you pay \$250.
9. **What is covered under the LTC Plan?** Your plan covers:
- Skilled Nursing Facility (Nursing Home)
 - Alternate Care Facility (Example: Assisted Living Facility)
 - Adult Day Care
 - Hospice
 - Home Care
 - Respite Care.
10. **Can my family members be paid to take care of me?** No, benefits can only pay family members for Respite Care, nothing else.
11. **What is the Respite Care Benefit?** If your primary caretaker needs a break, your plan pays another person (a friend, neighbor, adult child, etc.) to care for you temporarily. Your Benefit Summary shows your daily benefit for Respite Care.
12. **Does Medicare pay for LTC services?** Medicare payment for LTC services is **very** limited. Medicare does not pay:
- for custodial care (services to help you with your activities of daily living).
 - to help you maintain your current level of functioning, no matter where you receive these services.
13. **Does Medicaid (Medical Assistance, Title 19) pay for LTC services?** Medicaid can pay for some LTC services, **but** you must spend down most (or all) of your assets (money, property, etc.) before you qualify.
14. **Where can I get a copy of the LTC plan document?** Call 800.279.4000 to have a hard copy mailed to you. Otherwise you can find it at www.weatrust.org.

Read your **Benefit Summary** and **Plan Document** for complete information about your coverage.

Application For Long Term Care Benefits

Complete all sections of this form. Please complete electronically or print (use either black or blue ink) and return the completed form to WEA Trust at the address listed above.

Claimant's Name:	Phone No.:
	Date of Birth:
Claimant's Address:	Social Security No.:
	Subscriber No.:
	Marital Status: (Select One)
Covered Employee/Retiree Name (if different from above):	Phone No.:
Covered Employee/Retiree Address (if different from above):	Subscriber No.:
Contact Person Name:	Phone No.:
Contact Person Address:	Relationship to Claimant:

1. Medical condition/diagnosis:

2. How does your condition limit your physical or mental ability to perform the activities of daily living listed on the attached "Definitions" page? (Attach separate sheet if necessary)

3. Date symptoms began: _____

4. Date first treated for this condition: _____

5. Is your condition/injury the result of an accident? Yes No
 If yes, did the condition/injury arise out of your employment? Yes No

Please provide information regarding how, when, and where accident occurred.
 (Attach separate sheet if necessary and accident report if applicable)

6. Are you presently receiving any of the following? Please check the appropriate boxes and identify the provider(s).

	Provider Name	Telephone Number
<input type="checkbox"/> Skilled Nursing Care	_____	_____
<input type="checkbox"/> Home Health Care	_____	_____
<input type="checkbox"/> Adult Day Care	_____	_____
<input type="checkbox"/> Nursing Home Care	_____	_____
<input type="checkbox"/> Hospice	_____	_____
<input type="checkbox"/> Assisted Living	_____	_____

7. Indicate which medical equipment you currently use:

- Grab bars Raised toilet seat Cane (quad or white) Walker
 Hospital bed Trapeze Commode
 Wheelchair (specify manual, electric, or mechanized scooter) _____
 Other (please describe) _____

8. Are you covered under any other group health and/or group long term care insurance policies in addition to those with WEA Insurance? If so, please check which type and complete the requested information.

Group Health Insurance Yes No

Company Name: _____
Company Address: _____
Policyholder's Name: _____
Policy No.: _____ Effective Date: _____

Group Long Term Care Insurance Yes No

Company Name: _____
Company Address: _____
Policyholder's Name: _____
Policy No.: _____ Effective Date: _____

Medicare Yes No

Company Name: _____
Company Address: _____
Policyholder's Name: _____
Policy No.: _____ Effective Date: _____

Medicaid Yes No

Company Name: _____
Company Address: _____
Policyholder's Name: _____
Policy No.: _____ Effective Date: _____

9. Treating Physician's Name: _____
Office Address: _____ Telephone No.: _____
City: _____ State: _____ Zip Code: _____
(Attach separate sheet if necessary to report additional physicians and their addresses)

10. Do you have a Power of Attorney, Durable Power of Attorney, Conservator, or Guardian? Yes No
If yes, please provide:
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____

I declare that all of the above answers are complete and true to the best of my knowledge and belief. I understand that WEA Trust reserves the right to require further proof.

Signature of Claimant (or Claimant's Representative) _____
Date signed (Month, Day, Year)

Claimant (or Claimant's Representative) Name (Please Print)

If Representative, give relationship to Claimant

Return completed form to:
WEA Trust
P.O. BOX 259537
MADISON, WI 53725-9537

Definitions

Activities of Daily Living (ADLs) are Bathing, Continence, Dressing, Eating, Toileting, and Transferring as defined herein.

- Bathing means washing oneself by sponge bath or in either a tub or shower, including the task for getting into or out of the tub or shower, without Substantial Assistance from another person.
- Continence means the ability to maintain control of bowel and bladder function or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag, without Substantial Assistance from another person.
- Dressing means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs without Substantial Assistance from another person. An individual will be considered able to dress himself or herself even if these tasks can only be performed by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.
- Eating means feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously without Substantial Assistance from another person. An individual will be considered able to eat even if he or she requires assistance preparing or serving the food, such as cutting food or opening cartons.
- Toileting means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene without Substantial Assistance from another person.
- Transferring means the ability to move into or out of a bed, chair, or wheelchair without Substantial Assistance from another person. An individual will be considered able to transfer even if he or she uses or requires equipment such as canes, quad canes, walkers, crutches, grab bars, or other support devices, including mechanical or motorized devices, in order to transfer or ambulate.

Substantial Assistance means Hands-on Assistance or Standby Assistance.

- Hands-on Assistance means the physical assistance of another person without which the Chronically Ill individual would be unable to perform the Activities of Daily Living.
- Standby Assistance means the presence of another person within arm's reach of the Chronically Ill individual that is necessary to prevent, by physical intervention, injury to the Chronically Ill individual while he or she is performing an Activity of Daily Living.

Substantial Supervision means continual supervision (which may include cuing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect the Severely Cognitively Impaired individual from threats to his or her health or safety (such as may result from wandering).

Submitting Forms and Correspondence to WEA Trust

To make filling out forms easier, some of our forms are fillable PDFs which allow you to complete and then save the form on your computer or device. Depending on the browser you are using you may or may not be able to use this feature.

Fillable PDFs require Adobe Acrobat or Acrobat Reader/Acrobat DC to fill them out online or on your computer. Many browsers use a different PDF viewer by default that doesn't support fillable form fields.

If you are unable to complete the forms on your computer or device, you may be able to download and save them to your computer and then fill them out. If you are unable to complete the forms on your computer or device or are unable to download the forms, please feel free to call us at **800.279.4000** and we will be happy to mail you paper copies.

Don't forget to save your work to your computer or device often.

You can submit forms and correspondence to us in whatever way works best for you ...

Postal Service

Address your envelope to:

WEA Trust

PO Box 259537

Madison, WI 53725-9537

Fax

Include your name and Subscriber Number on the cover page of your fax and send to:

608.276.9119

Secure File Upload

Send scanned or electronically completed forms to us via our www.weatrust.org website at:

<https://weatrust.org/secure-file-upload-1>

Email

Attach your scanned or electronically completed forms to an email and send to us at:

customerservice@weatrust.org

Refer to your Benefit Summary and Plan Document for specific benefit information. If you have any questions, we encourage you to call us at **800.279.4000**.

CERTIFICATION OF ELIGIBILITY FOR LONG TERM CARE BENEFITS

Provider Certification

Claimant Name: _____	Social Security No.: _____
	Subscriber No.: _____
	Date of Birth: _____

I assessed the condition of the above-named person on _____ Date

He/She has a diagnosis of _____

I certify that the above-named person needs long term care services due to either functional incapacity or severe cognitive impairment as described below. Please place a check mark beside either A **or** B below and in the appropriate subset of boxes under either A **or** B.

****INCLUDE THE MEDICAL RECORDS WITH THIS FORM****

<input type="checkbox"/> A.	<input type="checkbox"/> Functional Incapacity: This individual is unable to perform the following Activities of Daily Living (ADLs), as defined on the reverse of this page, without substantial assistance from another individual. Please place a check mark in the appropriate boxes. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Bathing</td> <td style="width: 33%;"><input type="checkbox"/> Dressing</td> <td style="width: 33%;"><input type="checkbox"/> Toileting</td> </tr> <tr> <td><input type="checkbox"/> Standby</td> <td><input type="checkbox"/> Standby</td> <td><input type="checkbox"/> Standby</td> </tr> <tr> <td><input type="checkbox"/> Hands-on</td> <td><input type="checkbox"/> Hands-on</td> <td><input type="checkbox"/> Hands-on</td> </tr> <tr> <td><input type="checkbox"/> Continence</td> <td><input type="checkbox"/> Eating</td> <td><input type="checkbox"/> Transferring</td> </tr> <tr> <td><input type="checkbox"/> Standby</td> <td><input type="checkbox"/> Standby</td> <td><input type="checkbox"/> Standby</td> </tr> <tr> <td><input type="checkbox"/> Hands-on</td> <td><input type="checkbox"/> Hands-on</td> <td><input type="checkbox"/> Hands-on</td> </tr> </table> <p style="margin-top: 10px;">AND</p> <input type="checkbox"/> This patient's inability to perform the above-noted ADLs has continued and/or is reasonably expected to continue for at least 90 consecutive days. (The calculation of the anticipated 90-day period may include days of hospitalization following the incident causing the current incapacity.)	<input type="checkbox"/> Bathing	<input type="checkbox"/> Dressing	<input type="checkbox"/> Toileting	<input type="checkbox"/> Standby	<input type="checkbox"/> Standby	<input type="checkbox"/> Standby	<input type="checkbox"/> Hands-on	<input type="checkbox"/> Hands-on	<input type="checkbox"/> Hands-on	<input type="checkbox"/> Continence	<input type="checkbox"/> Eating	<input type="checkbox"/> Transferring	<input type="checkbox"/> Standby	<input type="checkbox"/> Standby	<input type="checkbox"/> Standby	<input type="checkbox"/> Hands-on	<input type="checkbox"/> Hands-on	<input type="checkbox"/> Hands-on
<input type="checkbox"/> Bathing	<input type="checkbox"/> Dressing	<input type="checkbox"/> Toileting																	
<input type="checkbox"/> Standby	<input type="checkbox"/> Standby	<input type="checkbox"/> Standby																	
<input type="checkbox"/> Hands-on	<input type="checkbox"/> Hands-on	<input type="checkbox"/> Hands-on																	
<input type="checkbox"/> Continence	<input type="checkbox"/> Eating	<input type="checkbox"/> Transferring																	
<input type="checkbox"/> Standby	<input type="checkbox"/> Standby	<input type="checkbox"/> Standby																	
<input type="checkbox"/> Hands-on	<input type="checkbox"/> Hands-on	<input type="checkbox"/> Hands-on																	

<input type="checkbox"/> B.	<input type="checkbox"/> Severe Cognitive Impairment: This individual has experienced a loss or deterioration in intellectual capacity which: <ol style="list-style-type: none"> 1) Has been demonstrated by clinical evidence and standardized tests in: <ol style="list-style-type: none"> a) short-term or long-term memory; b) orientation as to people, places, or time; and, c) deductive or abstract reasoning; and <p>Please note the test(s) and score(s) that document this individual's cognitive deficits:</p> <input type="checkbox"/> SPMSQ: (Date) _____ <input type="checkbox"/> MMSE: (Date) _____ <input type="checkbox"/> Other (specify): _____ <ol style="list-style-type: none"> 2) Is comparable to Alzheimer's disease and similar forms of irreversible dementia. <p>AND</p> <input type="checkbox"/> Requires Substantial Supervision to protect himself/herself or others from threats to health and safety.
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I certify that the above information is a true and accurate representation of the above-named individual's current capacity.

Provider's Name (please type or print): _____

Degree: M.D. Other: _____ Specialty: _____

Name of Clinic: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone No.: _____

Provider's Signature: _____ Date: _____

Definitions

Activities of Daily Living (ADLs) are Bathing, Contenance, Dressing, Eating, Toileting, and Transferring as defined herein.

- Bathing means washing oneself by sponge bath or in either a tub or shower, including the task for getting into or out of the tub or shower, without Substantial Assistance from another person.
- Contenance means the ability to maintain control of bowel and bladder function or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag, without Substantial Assistance from another person.
- Dressing means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs without Substantial Assistance from another person. An individual will be considered able to dress himself or herself even if these tasks can only be performed by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.
- Eating means feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously without Substantial Assistance from another person. An individual will be considered able to eat even if he or she requires assistance preparing or serving the food, such as cutting food or opening cartons.
- Toileting means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene without Substantial Assistance from another person.
- Transferring means the ability to move into or out of a bed, chair, or wheelchair without Substantial Assistance from another person. An individual will be considered able to transfer even if he or she uses or requires equipment such as canes, quad canes, walkers, crutches, grab bars, or other support devices, including mechanical or motorized devices, in order to transfer or ambulate.

Substantial Assistance means Hands-on Assistance or Standby Assistance.

- Hands-on Assistance means the physical assistance of another person without which the Chronically Ill individual would be unable to perform the Activities of Daily Living.
- Standby Assistance means the presence of another person within arm's reach of the Chronically Ill individual that is necessary to prevent, by physical intervention, injury to the Chronically Ill individual while he or she is performing an Activity of Daily Living.

Substantial Supervision means continual supervision (which may include cuing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect the Severely Cognitively Impaired individual from threats to his or her health or safety (such as may result from wandering).