

411-015-0010 Priority of Paid Services

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| 1 | Requires Full Assistance in Mobility, Eating, Elimination, and Cognition. | 7 | Requires Substantial Assistance with Mobility and Assistance with Elimination. | 13 | Requires Assistance with Elimination. <i>(13 is cutoff for Medicaid)</i> |
| 2 | Requires Full Assistance in Mobility, Eating, and Cognition. | 8 | Requires Minimal Assistance with Mobility and Assistance with Eating and Elimination. | 14 | Requires Assistance with Eating. |
| 3 | Requires Full Assistance in Mobility, or Cognition, or Eating. | 9 | Requires Assistance with Eating and Elimination. | 15 | Requires Minimal Assistance with Mobility. |
| 4 | Requires Full Assistance in Elimination. | 10 | Requires Substantial Assistance with Mobility. | 16 | Requires Full Assistance in Bathing or Dressing. |
| 5 | Requires Substantial Assistance with Mobility, Assistance with Elimination and Assistance with Eating. | 11 | Requires Minimal Assistance with Mobility and Assistance with Elimination. | 17 | Requires Assistance in Bathing or Dressing. |
| 6 | Requires Substantial Assistance with Mobility and Assistance with Eating. | 12 | Requires Minimal Assistance with Mobility and Assistance with Eating. | 18 | Independent in the above levels but requires structured living for supervision for complex medical problems or a complex medication regimen. |