



BRAIN AND SPINAL CORD INJURY PROGRAM MEDICAL ELIGIBILITY SCREENING

REFERRED INDIVIDUAL: _____

SSN: _____

- I. MEDICAL STABILITY:** Does the Patient have any of the following?
- | | | |
|---|------------------------------|-----------------------------|
| A. Active, life-threatening condition present, (e.g., sepsis, respiratory, or other condition requiring systemic therapeutic measures). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. IV drip to control or support blood pressure. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Intracranial pressure or arterial monitor. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Ventilatory support (does not disqualify SCI). The patient may have a tracheostomy for airway protection without ventilator, gastrostomy or feeding tube, or IV access for non-life-threatening illness. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

MEDICAL ELIGIBILITY

- II. SPINAL CORD INJURY (SCI)**
- | | | |
|--|------------------------------|-----------------------------|
| A. Did the injury result from trauma to the spinal cord or cauda equina? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Did the lesion result in significant involvement and functional limitation of two or more of the following? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. Motor Deficit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Sensory Deficit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Bowel/Bladder Dysfunction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. If SCI patient has also sustained a brain injury, functional level is at a Rancho Level IV. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

BRAIN INJURY (BI)

- | | | |
|--|------------------------------|-----------------------------|
| A. Did the injury occur from external trauma? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Which of the following were produced by the injury resulting in functional limitations: | | |
| 1. Altered State of Consciousness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Motor Deficit Present | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Sensory Deficit Present | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Cognitive/Behavioral Deficit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. RANCHO LEVEL: (Refer to attached Adult and Pediatric Rancho Los Amigos Guides) | | |

Adult: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

Pediatric: ☐1 ☐2 ☐3 ☐4 ☐5

Signature of Physician/Physician's Representative Completing Form (Title/Facility)

Date

CERTIFICATE OF ELIGIBILITY

FOR BSCIP USE ONLY: There is reasonable expectation that the individual will benefit from services based on the goal of community reintegration. The functional limitations imposed by the disability prevent reintegration into the community.

Signature of BSCIP Staff (Per P&P, D. Chapter 4, Section 2., a., 2, Rev 2024)

Date



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ADULT RANCHO LOS AMIGOS COGNITIVE SCALE

- Level I** *No response to pain, touch, sound or sight.*
- Level II** *Generalized reflex response to pain.*
- Level III** *Localized response. Blinks to strong light, turns toward/away from sound, responds to physical discomfort, inconsistent response to commands.*
- Level IV** *Confused – Agitated. Alert, very active, aggressive, or bizarre behaviors, performs motor activities but behavior is non-purposeful, extremely short attention span.*
- Level V** *Confused – Non-agitated. Gross attention to environment, highly distractible, requires continued redirection, difficulty learning new tasks, agitated by too much stimulation. May engage in social conversation but with inappropriate verbalizations.*
- Level VI** *Confused – Appropriate. Inconsistent orientation to time and place, retention span/recent memory impaired, begins to recall past, consistently follows simple directions, goal-directed behavior with assistance.*
- Level VII** *Automatic – Appropriate. Performs daily routine in highly familiar environment in a non-confused, but automatic robot-like manner. Skills noticeably deteriorate in unfamiliar environment. Lacks realistic planning for own future.*
- Level VIII** *Purposeful – Appropriate. Stand-by assistance.*
- Level IX** *Purposeful – Appropriate. Stand-by assistance upon request.*
- Level X** *Purposeful – Appropriate. Modified independent.*



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MEDICAL ELIGIBILITY SCREENING**

**PEDIATRIC RANCHO LOS AMIGOS
COGNITIVE SCALE**

Score	Infants 6-24 Months	Preschool 2-5 Years	School Age 5-12 Years
I	Interacts with environment	Oriented to self & surroundings	Oriented to time & place
II	Awareness of environment	Responsive to environment	Responsive to environment
III	Localized response	Localized response	Localized response
IV	Generalized response	Generalized response	Generalized response
V	No response	No response	No response