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| **BEHAVIORAL:** * Determine if the participant:
* Receives monitoring for Mental Condition
* Exhibits one of the following mood or behavior symptoms – wandering, verbal abuse, physical abuse, socially inappropriate or disruptive behavior, inappropriate public sexual behavior or public disrobing; resists care
* Exhibits one of the following psychiatric conditions –abnormal thoughts, delusions, hallucinations
 |
| **0 pts** | **3 pts** | **6 pts** | **9 pts** | **18 pts** |
| Stable Mental Condition **AND** No mood or behavior symptoms observed**AND** No reported psychiatric conditions | Stable Mental Condition monitored by a physician or licensed mental health professional at least monthly**OR**Behavior Symptoms exhibited in past, but not currently present**OR**Psychiatric Conditions exhibited in past, but not recently present | Unstable Mental Condition monitored by a physician or licensed mental health professional at least monthly**OR**Behavior Symptoms are currently exhibited**OR** Psychiatric conditions are recently exhibited | Unstable Mental Condition monitored by a physician or licensed mental health professional at least monthly**AND**Behavior Symptoms are currently exhibited**OR** Psychiatric conditions are currently exhibited |  |

Nursing Facility Level of Care (LOC) Determination Guide

Division of Senior and Disability Services (DSDS)

This document serves as a summary of the DRAFT LOC Algorithm 2.0 which determines a participant’s Nursing Facility Level of Care (LOC). The DRAFT LOC Algorithm 2.0 should be used to determine a participant’s LOC. However, this guide serves as a blueprint for stakeholders and participants to understand proposed LOC updates.

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| **COGNITION:** * Determine if the participant has an issue in one or more of the following areas:
* Cognitive skills for daily decision making
* Memory or recall ability (short-term, procedural, situational memory)
* Disorganized thinking/awareness – Mental function varies over the course of the day
* Ability to understand others or to be understood
 |
| **0 pts** | **3 pts** | **6 pts** | **9 pts** | **18 pts** |
| No issues with cognition**AND**No issues with memory, mental function, or ability to be understood/ understand others  | Displays difficulty making decisions in new situations or occasionally requires supervision in decision making**AND**Has issues with memory, mental function, or ability to be understood/ understand others | Displays consistent unsafe/poor decision making or requires total supervision**AND**Has issues with memory, mental function, or ability to be understood/ understand others | Rarely or never has the capability to make decisions**OR**Displays consistent unsafe/poor decision making or requires total supervision **AND** rarely or never understood/able to understand others | TRIGGER: Comatose state |

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| **MOBILITY:** * Determine the participant’s primary mode of locomotion
* Determine the amount of assistance the participant needs with:
* Walking – how moves between locations on the same floor
* Locomotion – how moves walking or wheeling, if wheeling how much assistance is needed once in the chair
* Bed Mobility – transition from lying to siting, turning, etc
 |
| **0 pts** | **3 pts** | **6 pts** | **9 pts** | **18 pts** |
| No assistance is needed**OR**Only supervision is needed | Participant requires limited or moderate assistance, i.e. performs more than 50% of task independently | Participant requires maximum assistance. Needs 2 or more helpers **OR**More than 50% of caregiver weight-bearing assistance | Participant is totally dependent on caregiver for walking, locomotion, or bed mobility | TRIGGER: Participant is bedbound |

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| **EATING:*** Determine the amount of assistance the participant needs with eating
* Determine if the participant requires a physician ordered therapeutic diet
 |
| **0 pts** | **3 pts** | **6 pts** | **9 pts** | **18 pts** |
| No assistance needed with eating **AND**No physician ordered diet | Physician ordered therapeutic diet**OR**Set up, supervision, or limited assistance needed with eating.Includes mostly independent tube feeding | Moderate assistance needed with eating, i.e. **participant**performs more than 50% of the task independently | Extensive/maximum assistance needed with eating, i.e.participant requires **caregiver** to perform more than 50% for assistance | TRIGGER: Unable to eat without full assistance |

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| **TOILETING:*** Determine the amount of assistance the participant needs with toileting. Toileting includes: using the toilet (bedpan, urinal, commode), changing incontinent episodes, managing catheters/ostomies, and adjusting clothing
* Determine the amount of assistance the participant needs with transferring on/off the toilet
 |
| **0 pts** | **3 pts** | **6 pts** | **9 pts** | **18 pts** |
| Participant is independent **OR**Needs only set up or supervision | Participant requires limited or moderate assistance, i.e. **participant** performs more than 50% of task independently | Participant requires maximum assistance. Needs 2 or more helpers **OR**More than 50% of caregiver weight-bearing assistance | Participant is totally dependent. Full performance of toilet use or toilet transfer by caregiver |  |

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| **BATHING:*** Determine the amount of assistance the participant needs with bathing. Bathing includes: taking a full body bath/shower and the transferring in and out of the bath/shower
 |
| **0 pts** | **3 pts** | **6 pts** | **9 pts** | **18 pts** |
| Participant is independent **OR**Needs only set up or supervision | Participant requires limited or moderate assistance, i.e. **participant** performs more than 50% of task independently | Participant requires maximum assistance or is totally dependent.Needs 2 or more helpers **OR**More than 50% of caregiver weight-bearing assistance |  |  |

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| **DRESSING AND GROOMING:*** Determine the amount of assistance the participant needs with:
* Personal Hygiene
* Dressing Upper Body
* Dressing Lower Body
 |
| **0 pts** |  **3 pts**  | **6 pts** | **9 pts** | **18 pts** |
| Participant is independent **OR**Needs only set up or supervision | Participant requires limited or moderate assistance, i.e. **participant** performs more than 50% of task independently | Participant requires maximum assistance or is totally dependent.Needs 2 or more helpers **OR**More than 50% of caregiver weight-bearing assistance |  |  |

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| **REHABILITATION:*** Determine if the participant has the following medically ordered therapeutic services:
* Physical therapy
* Occupational therapy
* Speech-language pathology and audiology services
* Cardiac rehabilitation
 |
| **0 pts** | **3 pts** | **6 pts** | **9 pts** | **18 pts** |
| None of the above therapies ordered | Any of the above therapies ordered, but less than daily | Any of the above therapies ordered daily | Any of the above therapies ordered more than once per day |  |

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| **TREATMENTS:*** Determine if the participant requires any of the following treatments:
* Ostomy care
* Alternate modes of nutrition (tube feeding, TPN)
* Suctioning
* Ventilator/respirator
* Wound care (skin must be broken)
 |
| **0 pts** | **3 pts** | **6 pts** | **9 pts** | **18 pts** |
| None of the above treatments needed |  | One or more of the above treatments are needed  |  |  |

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| **MEAL PREP:*** Determine the amount of assistance the participant needs to prepare a meal. This includes planning, assembling ingredients, cooking, and setting out the food and utensils.
 |
| **0 pts** | **3 pts** | **6 pts** | **9 pts** | **18 pts** |
| Participant prepares meals independently **OR**Needs only set up or supervision | Participant requires limited or moderate assistance, i.e. **participant** performs more than 50% of task | Participant requires maximum assistance or is totally dependent, i.e. **caregiver** performs more than 50% of task |  |  |

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| **MEDICATION MANAGEMENT:*** Determine the amount of assistance the participant needs to safely manage their medications. Assistance may be need due to a physical or mental disability.
 |
| **0 pts** | **3 pts** | **6 pts** | **9 pts** | **18 pts** |
| Participant manages medications independently**OR**Needs only set up or supervision | Participant requires limited or moderate assistance, i.e. **participant** performs more than 50% of task | Participant requires maximum assistance or is totally dependent, i.e. **caregiver** performs more than 50% of task |  |  |

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| **SAFETY:*** Determine if the participant needs assistance in one or more of the following areas:
* Vision
* Falling
* Balance – moving to standing position, turning to face the opposite direction, dizziness, or unsteady gait
 |
| **0 pts** | **3 pts** | **6 pts** | **9 pts** | **18 pts** |
| No difficulty or some difficulty with vision**AND**No falls in last 90 days**AND**No recent problems with balance | Severe difficulty with vision (sees only lights and shapes)**OR**Has fallen in last 90 days**OR**Has current problems with balance | No vision**OR**Has fallen in last 90 days **AND** Has current problems with balance |  |  |