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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 |  |  |