



#### INTRODUCTION

Individuals seeking Home and Community Based Services (HCBS) must meet nursing facility Level of Care (LOC). This measures the same eligibility criteria required for entry into a nursing facility as outlined in [19 CSR 30-81](#). LOC is determined during (re)assessments completed by Division of Senior and Disability Services (DSDS) staff or their designee.

#### PURPOSE

DSDS utilizes the InterRAI HC tool to conduct assessments. Based on the information gathered, algorithms within the electronic case record system determine the LOC score in individual categories. With an assessed LOC score of 18 points or higher, an individual is determined to be qualified for LOC and eligible for HCBS. If the individual does not meet LOC, they are determined to be ineligible and appropriate [adverse action](#) steps should be taken.

#### CATEGORIES

##### COGNITION

- Determine if the participant has an issue in one or more of the following areas:
  - Cognitive skills for daily decision making and ability to complete task in a sequence
  - 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 <b>AND</b> 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 <b>AND</b> Has issues with memory, mental function, or ability to be understood/understand others	Displays consistent unsafe/poor decision making or requires total supervision <b>AND</b> Has issues with memory mental function, or ability to be understood/understand others	Rarely or never has the capability to make decisions <b>OR</b> Displays consistent unsafe/poor decision making or requires total supervision <b>AND</b> Rarely or never understood/able to understand others	<b>TRIGGER:</b> Comatose state

EATING

- Determine the amount of assistance the participant needs with eating and drinking. Includes intake of nourishment by other means (e.g. tube feeding or TPN).
- Determine if the participant requires a physician ordered therapeutic diet.

0 pts	3 pts	6 pts	9 pts	18 pts
No assistance needed <b>AND</b> No physician ordered diet	Physician ordered therapeutic diet <b>OR</b> Set up, supervision, or limited assistance needed with eating	Moderate assistance needed with eating, i.e. participant performs more than 50% of the task independently	Maximum assistance needed with eating, i.e. participant requires caregiver to perform more than 50% for assistance	<b>TRIGGER:</b> Total dependence on others

BEHAVIORAL

- Determine if the participant:
  - Receives monitoring for a mental condition
  - Exhibits one of the following mood or behavior symptoms – wandering, 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 <b>AND</b> No mood or behavior symptoms observed <b>AND</b> No reported psychiatric conditions	Stable mental condition monitored by a physician or licensed mental health professional at least monthly <b>OR</b> Behavior symptoms exhibited in past, but not currently present <b>OR</b> Psychiatric conditions exhibited in past, but not recently present	Unstable mental condition monitored by a physician or licensed mental health professional at least monthly <b>OR</b> Behavior symptoms are currently exhibited <b>OR</b> Psychiatric conditions are recently exhibited	Unstable mental health condition monitored by a physician or licensed mental health professional at least monthly <b>AND</b> Behavior symptoms are currently exhibited <b>OR</b> Psychiatric conditions are currently exhibited	

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
No assistance needed <b>OR</b> Only set up or supervision needed	Limited or moderate assistance needed, i.e. participant performs more than 50% of task independently	Maximum assistance needed, i.e. participant needs 2 or more helpers or more than 50% of caregiver weight-bearing assistance	Total dependence on others	

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
No assistance needed <b>OR</b> Only set up or supervision needed	Limited or moderate assistance needed, i.e. participant performs more than 50% of task independently	Maximum assistance, i.e. participant needs 2 or more helpers or more than 50% of caregiver weight-bearing assistance <b>OR</b> Total dependence on others		

TREATMENTS

- Determine if the participant requires any of the following treatments:
  - Catheter/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		

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
No assistance needed <b>OR</b> Only set up or supervision needed	Limited or moderate assistance needed, i.e. participant performs more than 50% of task independently	Maximum assistance, i.e. participant needs 2 or more helpers or more than 50% of caregiver weight-bearing assistance <b>OR</b> Total dependence on others		

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, 1 time per week	Any of the above therapies ordered 2-3 times per week	Any of the above therapies ordered 4 or more times per week	

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
No assistance needed <b>OR</b> Only set up or supervision needed	Limited or moderate assistance needed, i.e. participant performs more than 50% of task	Maximum assistance, i.e. caregiver performs more than 50% of task <b>OR</b> Total dependence on others		

MEDICATION MANAGEMENT

- Determine the amount of assistance the participant needs to safely manage their medications. Assistance may be needed due to a physical or mental disability.

0 pts	3 pts	6 pts	9 pts	18 pts
No assistance needed	Setup help needed <b>OR</b> Supervision needed <b>OR</b> Limited or moderate assistance needed, i.e. participant performs more than 50% of task	Maximum assistance needed, i.e. caregiver performs more than 50% of task <b>OR</b> Total dependence on others		

MOBILITY

- Determine the participant's primary mode of locomotion
- Determine the amount of assistance the participant needs
  - Locomotion – how moves in the home, between locations on the same floor (walking or wheeling). If wheeling, how much assistance is needed once in the chair?
  - Bed Mobility – transition from lying to sitting, turning, etc. while in bed

0 pts	3 pts	6 pts	9 pts	18 pts
No assistance needed <b>OR</b> Only set up or supervision need	Limited or moderate assistance needed, i.e. participant performs more than 50% of task independently	Maximum assistance needed for locomotion or bed mobility, i.e. participant needs 2 or more helpers or more than 50% of caregiver weight-bearing assistance <b>OR</b> Total dependence for bed mobility		<b>TRIGGER:</b> Participant is bedbound <b>OR</b> Total dependence on others for locomotion

SAFETY

- Preliminary safety LOC score
  - Determine if the individual exhibits any of the following risk factors:
    - Vision Impairment
    - Falling
    - Balance – moving to standing position, turning to face the opposite direction, dizziness, or unsteady gait.
- After determination of preliminary score, history of institutionalization in the last 5 years and age will be considered to determine final score.
  - Institutionalization – long term care facility, RCF/ALF, mental health residence, psychiatric hospital, settings for persons with intellectual disabilities
  - Age – 75 years and over

0 pts	3 pts	6 pts	9 pts	18 pts
No difficulty or some difficulty with vision <b>AND</b> No falls in last 90 days <b>AND</b> No recent problems with balance	Severe difficulty with vision (sees only lights and shapes) <b>OR</b> Has fallen in last 90 days <b>OR</b> Has current problems with balance <b>OR</b> Preliminary score of 0 <b>AND</b> Age <b>or</b> Institutionalization	No vision <b>OR</b> Has fallen in last 90 days <b>AND</b> Has current problems with balance <b>OR</b> Preliminary score of 0 <b>AND</b> Age <b>AND</b> Institutionalization <b>OR</b> Preliminary score of 3 <b>AND</b> Age <b>or</b> Institutionalization	Preliminary score of 6 <b>AND</b> Institutionalization	<b>TRIGGER:</b> Preliminary score of 6 <b>AND</b> Age Preliminary score of 3 <b>AND</b> Age <b>AND</b> Institutionalization