

## Nursing Facility Level of Care (LOC) Transformation

### Frequently Asked Questions

1. How many points must someone score to meet the proposed LOC 2.2?
  - a. Currently the Division is proposing a score of 18 points to qualify an individual for nursing facility level of care. It is important to remember in the proposed LOC 2.2, scoring will continue to be in multiples of 3.
2. Do triggers allow participants with a certain diagnoses to automatically meet LOC?
  - a. Rather than determining automatic LOC eligibility based upon a diagnosis, specific questions have been identified in the InterRAI HC assessment that would indicate a significant dependence in order to perform essential daily tasks. The three proposed trigger questions are:
    - Question C1=5 No discernable consciousness, unable to make any decisions
    - Question G2j= 6 Total dependence to eat
    - Question G3a = 3 Bedbound
    - Age 75 or older with a safety score of 6
3. The proposed LOC 2.2 algorithm does not include treatments such as CPAP, nebulizers, or oxygen, but there are participants who need assistance with those tasks. Will the participant still be authorized for assistance with these tasks?
  - a. The LOC determination should not be confused with the authorization of tasks in a person centered care plan. An individual must meet the nursing facility LOC as a condition of eligibility for authorization of Home and Community Based Services (HCBS). The proposed LOC 2.2 algorithm changes will not affect the tasks available within the various HCBS. If a participant meets LOC and needs continued assistance with one of these treatments, the task would continue to be authorized.
4. Why is the maximum amount of points for Bathing, Dressing, Meal Preparation, and Medication Administration 6 points instead of 9 points like many other categories?
  - a. When evaluating the maximum points for each LOC category, the Division analyzed Activities of Daily Living skills (every day personal care activities) and Instrumental Activities of Daily Living skills (tasks necessary to live independently). It was determined that 'late loss' ADL's such as feeding oneself, toileting and mobility should be given a higher weight. The lack of independence in these 'late loss' tasks are most indicative of a need for nursing facility placement. Although bathing, dressing, and meal preparation have individually fewer available points, the total points available are higher in the proposed LOC 2.2 algorithm in comparison to the current algorithm.
5. Why doesn't the proposed LOC 2.2 algorithm include points for physical monitoring in addition to mental monitoring?
  - a. Monitoring is not always indicative of a need for nursing facility level of care. Many individuals are monitored for physical health conditions but still remain independent. The proposed LOC 2.2 algorithm now provides 45 available points related to physical limitations as opposed to the 27 points in the current algorithm. The additional ADL and IADLs will capture limitations related to physical health conditions.

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6. Why doesn't the proposed 2.2 LOC algorithm score symptoms such as pain, fatigue, and depression? These symptoms can affect one's ability to function daily.
  - a. The proposed LOC 2.2 algorithm is designed to capture an individual's deficits that indicate a need for nursing facility care. Symptoms can vary greatly from individual to individual and may not affect daily functioning. For those with daily functioning deficits as a result of those symptoms, the proposed LOC 2.2 algorithm will capture that information in the ADLs and IADLs categories.
7. Cancer and chemotherapy can lead to fatigue, nausea, and pain and affect one's ability to function independently. Why doesn't the proposed 2.2 LOC algorithm score chemotherapy in the treatment category?
  - a. Chemotherapy can produce adverse effects that range from mild to severe, depending on the type and extent of the treatment. Some individuals may experience few to no adverse effects. Some treatments are more symptomatic than others. For those with daily functioning deficits as a result of chemotherapy, the proposed LOC 2.2 algorithm will capture that information in the ADLs and IADLs categories. Treatments that require hands on assistance in the home or the least restrictive environment are the focus of the proposed LOC 2.2 algorithm.
8. Why doesn't the proposed LOC 2.2 algorithm score incontinence?
  - a. The proposed LOC 2.2 algorithm captures the need for hands on assistance with incontinence in the toileting category. If someone needs assistance with incontinent episodes, it would be reflected in the score in question G2h-Toilet Use. G2h states "how uses the toilet room (commode, bedpan, urinal), cleanses self after toilet use or **incontinent episode(s), changes pads, manages ostomy or catheter, and adjusts clothes.**"
9. Why doesn't the proposed 2.2 LOC algorithm include number and complexity of medications?
  - a. The proposed LOC 2.0 algorithm focuses on need for assistance with medications due to either a physical or mental limitation. Many individuals are able to manage their medications independently even when it is a large or complex drug regimen.
10. Will Skilled Nursing Facilities be required to use the InterRAI HC assessment?
  - a. No. Skilled Nursing Facilities are only being asked to use the InterRAI HC for testing the proposed LOC 2.2 algorithm. The Level of Care Determination Guide is also available in lieu of the InterRAI HC for testing purposes. Prior to implementation of a new LOC algorithm, a new appropriate form will be developed for individuals entering a Medicaid certified bed.
11. How do I score a participant who meets the criteria for more than one LOC score in a category?
  - a. Within each category, there are algorithms for each possible score. These algorithms represent the minimum criteria an individual must have in order to meet that LOC score. Because these are just the minimum criteria, it is possible an individual may meet the criteria for more than one score. In that case, score the individual at the highest LOC score they met for that category. For

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example, the behavior category has possible scores of 3, 6, or 9. If an individual meets the criteria for LOC=3 and for LOC=6, you would score this individual with a LOC=6 for the behavior category.

12. Which column should be used in Section N3 of the InterRAI HC, when scoring the Rehab category?
  - a. Use column A, days, when scoring the Rehab indicators.
  
13. Which column should be used in Section G1 of the InterRAI HC when scoring the Medication Management and Meal Preparation categories?
  - a. The InterRAI captures both a individual's performance and capacity in reference to the IADLs. For the purposes of calculating LOC, refer to the "**capacity**" column when scoring medication management and meal preparation.