Upon Medicaid eligibility determination, individuals seeking Home and Community Based Services (HCBS) must meet the next eligibility component termed Nursing Facility Level of Care (LOC). This component measures the same eligibility criteria required for entry into a nursing facility as outlined in 19 CSR 30-81.030.

LOC determination is completed during initial assessments and annual reassessments. The Division of Senior and Disability Services (DSDS) utilizes the InterRAI HC assessment with Missouri specific modifications to conduct an assessment. Based on the information gathered, algorithms within the HCBS Web Tool determine the LOC score in each of the individual categories.

Temporarily two sets of eligibility criteria are used to evaluate each individual being assessed; the standard and transformed. In order to meet LOC, the individual must meet the criteria outlined in at least one of the two sets of criteria. If the individual does not meet either the standard or transformed criteria, they are determined as ineligible and appropriate Adverse Action steps should be taken.

The following information, details the evaluated categories for both the standard and transformed eligibility criteria.

**Transformed Criteria**

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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 |

An applicant is determined to be qualified for LOC with an assessed cumulative score of 18 points or higher

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| **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 **AND**No physician ordered diet | Physician ordered therapeutic diet**OR**Set up, supervision, or limited assistance needed with eating | Moderate assistance needed with eating, i.e. participantperforms more than 50% of the task independently | Maximum assistance needed with eating, i.e.participant requires caregiverto perform more than 50% for assistance | **TRIGGER:** Total dependence on others |

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| **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 **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 |  |

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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** |
| No assistance needed**OR**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 |  |

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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** |
| No assistance needed**OR**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**OR**Total dependence on others |  |  |

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| **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  |  |  |

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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** |
| No assistance needed**OR**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**OR**Total dependence on others |  |  |
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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, 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 |  |

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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** |
| No assistance needed**OR**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**OR**Total dependence on others |  |  |

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| **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.

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| **0 pts** | **3 pts** | **6 pts** | **9 pts** | **18 pts** |
| No assistance needed | Setup help needed**OR**Supervision needed**OR**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**OR**Total dependence on others |  |  |

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| **MOBILITY:** * Determine the participant’s primary mode of locomotion
* Determine the amount of assistance the participant needs with:
* 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.
 |
| **0 pts** | **3 pts** | **6 pts** | **9 pts** | **18 pts** |
| No assistance needed**OR**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**OR**Total dependence for bed mobility |  | **TRIGGER:** Participant is bedbound**OR**Total dependence on others for locomotion |

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| **SAFETY:*** 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**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**OR**Preliminary score of 0**AND** Age **or** Institutionalization | No vision**OR**Has fallen in last 90 days **AND** Has current problems with balance**OR**Preliminary score of 0**AND** Age**AND**Institutionalization**OR**Preliminary score of 3**AND** Age **or** Institutionalization | Preliminary score of 6**AND**Institutionalization | **TRIGGER:**Preliminary score of 6**AND**Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preliminary score of 3**AND**Age**And**Institutionalization |

**Standard Criteria**

An applicant is determined to be qualified for LOC with an assessed cumulative score of 24 points or higher.

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| **MONITORING:**Defined as observation and assessment of the current or potential participant’s physical and/or mental condition. The assessor may obtain documentation that describes current medical supports (health care providers and physicians), health problems/condition (stable vs. unstable) being monitored, and related monitoring procedures. Points are assigned by the algorithms for the monitoring and assessment of a specific physical or mental condition by (or ordered by) a physician. Points assigned vary (0–9) according to the stability, frequency and degree of monitoring and assessment of the current or potential participant’s condition.Typical procedures, which may qualify for monitoring include, but are not limited to, assessment of the following: blood pressure; intake and output; weight; temperature; pulse and respiration; and routine lab tests such as blood glucose levels, urinalysis, digoxin level, or protime.

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| **0 pts** | **3 pts** | **6 pts** | **9 pts** |
| None or routine monitoringNurse visits: delivered PRN; or to check vitals as a preventive measure.Daily or PRN monitoring by neighbors or friends | Minimal monitoring and periodic assessment by a physician, nurse, or mental health professional no less than once per month to monitor and assess a specific mental or physical condition.This would include telemonitoring and telehealth systems. Monitoring is for a **stable** condition. | Moderate monitoring and recurring assessment by a physician, nurse, or mental health professional.Same conditions as 3 points, except monitoring and assessment are for an **unstable** condition. | Maximum monitoring.Same conditions as 3 and 6 points except monitoring is for an **unstable** condition that requires **intensive** monitoring by a licensed personnel. |

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**MEDICATIONS:**

Defined as the drug regimen of all physician-ordered prescription and/or over- the-counter medications. Points are assigned by the algorithms for physician ordered medications (prescription or over-the-counter) which the current or potential participant SHOULD be using. Points vary (0–9) according to the physician's orders, or the amount of assistance NEEDED to administer medications properly.

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| **0 pts** | **3 pts** | **6 pts** | **9 pts** |
| No medications have been prescribed by a physician.Irregular use of prescribed PRN medication (i.e., not taken within the thirty (30) days prior to the assessment). | Participant has prescription or physician ordered over-the-counter medications for a stable condition.Participant should be taking medications.Prescribed regular use of PRN medication (i.e., taken within the thirty (30) days prior to the assessment).NO assistance needed. | Participant has prescription or physician ordered over-the-counter medications for a stable condition and requires moderate supervision, requiring daily monitoring either by licensed personnel, certified medical technician, family, caregiver, etc.Daily or weekly med set-ups (or insulin draws). | Participant has prescription or physician ordered over-the-counter medications for an unstable condition and requires maximum supervision.Total assistance is needed.Complex drug regime (i.e., multiple prescriptions with various dosages and schedule or nine (9) or more prescribed medications).Drug regime requiring professional observation and assessment. |

**TREATMENTS:**

Defined as a systematized course of nursing procedures ordered by the physician and intended to treat a specific medical condition. Points are assigned by the algorithms for any systematic course of procedures, ordered by a physician, and have been received or required for a specific condition. Points vary (0–9) according to type and frequency of treatment and associated problems or complications. Treatments are usually prescribed for a certain localized condition or problem.

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| **0 pts** | **3 pts** | **6 pts** | **9 pts** |
| No treatments have been ordered. | Minimal physician ordered treatments.Non-routine, preventative measures (e.g., whirlpool baths; hot wax for arthritis; suppositories for constipation; TED hose or TENS unit).Caring for skin disorders requiring less than daily dressings (applied to protect an injured area, cover applied medication, or absorb drainage). | Moderate physician ordered treatments, requiring daily attention by licensed personnel, even if done by family, caregiver, etc.Caring for skin disorders (stasis or decubitus ulcers) requiring daily dressings (routine, non- critical or non-crisis in nature).Catheter or ostomy maintenance care.Oral suctioning.Stabilized dialysis Daily breathing treatments (i.e., CPAP, maxi-mist, nebulizer).PRN oxygen (i.e., used within the 30 days prior to the assessment). | Maximum physician ordered treatments, requiring direct supervision by licensed personnel, even if done by family, caregiver, etc. Dressing of deep wounds/lesions/ulcers (more than 1x/day).Intratracheal suctioning for ventilator/respirator care. Chemotherapy, Radiation, and unstable dialysis.Continuous oxygen.New or unregulated ostomy care.Maintenance of cystostomy (suprapubic catheter).Transfusions. |

**RESTORATIVE:**

Defined as specialized services provided by trained and supervised individuals to help current or potential participants obtain and/or maintain their optimal functioning potential. The current or potential participant must have an individualized overall plan of care with written goals and progress towards those goals documented which may include, but are not limited to, services outlined in a Person Centered Plan or Individualized Treatment Plan (PCP, ITP), usually developed by the Department of Mental Health (DMH). Include information regarding the programs designed to train/teach the current or potential participant, family, caregiver, etc. to do specific activities. PCP or ITP documentation must be sufficient to ascertain the goal of the program (maintenance or restorative), frequency of activities, what activities are performed, and who performs the activities. When the restorative points impact whether an individual meets LOC or not. The Assessor shall review a current copy of the PCP or ITP to assure it aligns with the standards of restorative pointing.

Restorative services include, but are not limited to: teaching passive range of motion; bowel or bladder training program; self-transfer; re-motivational or validation therapy; self-administration of medicine; patient/family programs; substance abuse management; teaching/coaching in daily living skills including cooking, budgeting, paying bills, personal grooming, and self-directing their own care. Restorative services have a goal to maintain the current level of functioning, or restore the current or potential participant to a higher level of functioning. The goal of the program is determined by the current or potential participant and the agency providing the specialized services.

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| --- | --- | --- | --- |
| **0 pts** | **3 pts** | **6 pts** | **9 pts** |
| No restorative services are being received. | Minimal training/ teaching activities.Goal is to maintain current functioning level, (e.g., teaching independent living skills, such as Person Centered Plan/ Individualized Treatment Plans (PCP/ITP). | Moderate training/teaching activities.Goal is to help restore the participant to a higher level of functioning, (e.g., teaching a stroke patient to use adaptive eating devices; a diabetic to fill syringes and give injections). | Maximum training/teaching activities.Goal is to restore participant to a higher level of functioning.Intensive activities requiring professional (licensed nurse or physician) supervision or direct service. |

**REHABILATIVE**:

Defined as restoration of a former or normal state of health through medically oriented therapeutic services. Points are assigned by the algorithms for physician ordered therapeutic services provided by (or under the supervision of) a qualified therapist to restore a former or normal state of functioning. Rehabilitative services are: Physical Therapy, including Cardiac Rehabilitation; Occupational Therapy; Speech Therapy; and Audiology. Physician orders may be verified through the physician, home health agencies, and/or caregivers. Points vary (0–9) solely on the frequency of the NEED for services (even if the current or potential participant is not receiving the services).

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| --- | --- | --- | --- |
| **0 pts** | **3 pts** | **6 pts** | **9 pts** |
| No physician ordered therapies. | Therapy is ordered 1 time weekly. | Therapy is ordered 2- 3 times weekly. | Therapy is ordered 4 times weekly or more. |

**PERSONAL CARE:**

Defined as activities of daily living regarding hygiene, personal grooming, and bowel and bladder functions including personal care activities such as: dressing, bathing, oral and personal hygiene, shaving, dental, mouth, hair and nail care, in addition to bowel and bladder functions. Points are assigned by the algorithms based on documented need for assistance with grooming, bathing, and/or problems associated with bowel and bladder functions. Points vary (0–9) based on the amount and frequency of assistance required (regardless of the assistance available to the current or potential participant), and/or degree of incontinence.

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| --- | --- | --- | --- |
| **0 pts** | **3 pts** | **6 pts** | **9 pts** |
| Requires no assistance with personal care needs and has bowel and bladder control.Participant refuses to bathe - but is ABLE.Participant is able, but prefers to have assistance with hair care. | Occasional or minimal assistance required for personal care needs including oversight and cuing.Infrequent incontinency: once a week or less. | Moderate assistance required with personal care needs. Requires close supervision in that someone must be present to assist constantly with grooming and bathing needs.Frequent incontinency: 2 to 3 times per week | Maximum assistance required in that another individual performs ALL personal care needs.Continuous incontinency. |

**DIETARY:**

Defined as the nutritional requirements and need for assistance or supervision with meals. Points are assigned by the algorithms based on the ability of the current or potential participant to eat, prepare meals or the type of physician orders for calculated diet. Points assigned for assistance are based on NEED, whether or not the assistance is available. Points vary (0–9) according to the amount of assistance required, type of special diet, and the stability of the physical condition.

Physician orders for special diets shall include specific amounts to increase substances (such as protein, fiber, etc.) and involves weighing, measuring, calculating and/or severe restrictions (such as calories or fats).

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| **0 pts** | **3 pts** | **6 pts** | **9 pts** |
| No assistance required to eat.Prepares meals independently.No physician ordered diet.Meals eaten at a nutrition site or prepared by a facility which the participant could have prepared.Minor modification: low fat; low sugar; limited desserts; low cholesterol; or low sodium.Mechanical alterations (including soft drinks or liquid supplements). | Minimum assistance required for dietary needs including oversight and cuing. Physician ordered calculated diet, prescribed for a specific stable condition. | Moderate assistance required for dietary needs.Someone must be present at all times to supervise or to actually feed the participant.Physician ordered calculated diet for an **unstable** condition. | Maximum assistance required for dietary needs.Participant is unable to participate in eating.Participant requires enteral feedings (tube feeding) or parenteral fluids (I.V.).(Not generally appropriate for RCF/ALF residents). |

**MOBILITY:**

Defined as the individual’s ability to move from place to place. Points are assigned by the algorithms based on the ability of the current or potential participant to move from place to place. Points vary (0–9) according to the amount of assistance NEEDED to ambulate. Any assistive device that the current or potential participant uses regularly (any type of cane, crutches, walker, wheelchair, braces or prosthesis) andthe required human assistance associated with such devices is taken into account.

**NOTE**: No points will be assigned for current or potential participants who are generally capable of leaving their home for routine or typical activities (shopping, doctor, church, etc.) or for assistive devices - unless human assistance is required.

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| **0 pts** | **3 pts** | **6 pts** | **9 pts** |
| The participant may use assistive devices, but is consistently capable of negotiating without human assistance. | Minimal assistance required.Needs periodic human assistance without which the participant could not get around.Participant independent in wheelchair after assistance given getting in and out of chair. | Moderate assistance required.Cannot ambulate without direct human assistance.Someone must be present to assist with ambulation – even with the use of assistive devices.(Generally not appropriate in RCF/ALF setting). | Maximum assistance required.Totally dependent on other persons to move – unable to ambulate or participate in the ambulation process.Persons who need turning or positioning.(Not appropriate in RCF/ALF setting). |

4.10

EXPLANATION OF LEVEL OF CARE DETERMINATION

**BEHAVIOR AND MENTAL CONDITION:**

Defined as the individual’s social or mental activities. Points are assigned by the algorithms according to the current or potential participant's condition regarding orientation, memory, and judgment. Points vary (0–9) based on the type and amount of assistance NEEDED (whether or not the assistance is received) by the current or potential participant due to behavior or mental problems.

|  |  |  |  |
| --- | --- | --- | --- |
| **0 pts** | **3 pts** | **6 pts** | **9 pts** |
| Participant is well oriented and requires little or no assistance from others.Memory intact. | Minimum behavioral assistance needed:Periodic supervision due to some memory lapse.Assistance required due to occasional forgetfulness.Generally relates well to others (positive or neutral), but needs occasional emotional support. | Moderate behavioral assistance and supervision required due to: disorientation; mental or developmental disabilities; uncooperative behavior. | Maximum behavioral assistance and extensive supervision required due to: psychological, developmental disabilities, or traumatic brain injuries resulting in confusion; incompetence; hyperactivity; severe depression; suicidal tendency; hallucinations; delusions; bizarre behavior.Verbally or physically combative.Incapable of self- direction.Danger to self or others. |