

## EXPLANATION OF LEVEL OF CARE DETERMINATION

An integral part of the PreScreen and Assessment process is the determination of a nursing facility Level of Care (LOC) score. Based on the information gathered during the PreScreen and Assessment process, a numeric score of 0, 3, 6, or 9 points is assigned to each of the nine LOC categories for current or potential participants who are entered into the MO HealthNet Division CyberAccess Home and Community Based Services Web Tool (HCBS Web Tool) system. Determination of LOC is an eligibility factor for authorization of Home and Community Based Services (HCBS). Regardless of an individual's living arrangement (i.e., their own home, Assisted Living Facility (ALF), Residential Care Facility (RCF), or living with others – temporarily or permanently), the LOC scores are determined based on the information entered in the PreScreen or InterRAI HC MO Version. This information documents the amount of assistance required and the participant's complexity of the care. An applicant is determined to be qualified for nursing facility LOC with an assessed cumulative score of 24 points or higher. The LOC score is determined by answers given during the Assessment process and are based on LOC regulation, 19 CSR 30-81.030.

The Assessor will utilize the InterRAI HC MO Version, and scan any attachments or documentation of any contacts that support the information entered into the InterRAI HC, which will assist in substantiating the final LOC score.

LOC scores are certified by the signature/typed in name of the individual completing the assessment.

The following information, based upon LOC regulation, is intended to provide background information regarding the decision making process associated with LOC scores.

I. *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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<b>0 points</b>	<b>3 points</b>	<b>6 points</b>	<b>9 points</b>
<p>None or routine monitoring <b>and</b> supervision for such things as monthly weights, temperatures, blood pressure, and other routine vital signs. No physician's orders exist.</p> <p>Nurse visits: delivered PRN; or to check vitals as a preventive measure.</p> <p>Daily or PRN monitoring by neighbors or friends.</p>	<p>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.</p> <p>This would include telemonitoring and telehealth systems.</p> <p>Monitoring is for a <b>STABLE</b> CONDITION.</p>	<p>Moderate monitoring and recurring assessment by a physician, nurse, or mental health professional.</p> <p>Same conditions as 3 points, except monitoring and assessment are for an <b>UNSTABLE</b> CONDITION.</p>	<p>Maximum monitoring.</p> <p>Same conditions as 3 and 6 points except monitoring is for an <b>UNSTABLE</b> CONDITION that requires <b>INTENSIVE</b> monitoring by licensed personnel.</p>

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II. *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.

<b>0 points</b>	<b>3 points</b>	<b>6 points</b>	<b>9 points</b>
<p>No medications have been prescribed by a physician.</p> <p>Irregular use of prescribed PRN medication (i.e., not taken within the thirty (30) days prior to the assessment).</p>	<p>Participant has prescription or physician ordered over-the-counter medications for a stable condition.</p> <p>Participant SHOULD be taking medications.</p> <p>Prescribed regular use of PRN medication (i.e., taken within the thirty (30) days prior to the assessment).</p> <p>NO assistance needed.</p>	<p>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.</p> <p>Daily or weekly med set-ups (or insulin draws).</p>	<p>Participant has prescription or physician ordered over-the-counter medications for an unstable condition and requires maximum supervision.</p> <p>Total assistance is needed.</p> <p>Complex drug regime (i.e., multiple prescriptions with various dosages and schedule or nine (9) or more prescribed medications).</p> <p>Drug regime requiring professional observation and assessment.</p>

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III. *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.

<b>0 points</b>	<b>3 points</b>	<b>6 points</b>	<b>9 points</b>
<p>No treatments have been ordered.</p>	<p>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).</p>	<p>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 (even if not daily). Daily breathing treatments (i.e., CPAP, maxi-mist, nebulizer). PRN oxygen (i.e., used within the 30 days prior to the assessment).</p>	<p>Maximum physician ordered treatments, requiring direct supervision by licensed personnel, even if done by family, caregiver, etc. Dressing of a deep draining lesion (more than 1 X day). Caring for extensive skin disorders (advanced decubiti or necrotic lesions). Intratracheal suctioning for ventilator /respirator care. Chemotherapy, Radiation, and unstable dialysis. Continuous oxygen. New or unregulated ostomy care. Maintenance of cystostomy (suprapubic catheter). Transfusions.</p>

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IV. *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.

**Note:** The Assessor shall obtain a current copy of the PCP or ITP for the case record from either the participant or DMH (see Appendix 7); this is necessary to assure the goals listed in the PCP or ITP are specialized services to qualify for Restorative points.

Restorative services include, but are not limited to: teaching passive range of motion; bowel or bladder training program; self-transfer; remotivational 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.

<b>0 points</b>	<b>3 points</b>	<b>6 points</b>	<b>9 points</b>
No restorative services are being received.	Minimal training/teaching activities. Goal is to <b>maintain</b> 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 <b>restore</b> 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 <b>restore participant to a higher level</b> of functioning. Intensive activities requiring professional (licensed nurse or physician, not family member) supervision or direct service. (Generally ordered after an acute medical episode).

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V. *Rehabilitative*: 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).

<b>0 points</b>	<b>3 points</b>	<b>6 points</b>	<b>9 points</b>
No physician ordered therapies.	Therapy is ordered 1 X weekly.	Therapy is ordered 2-3 X weekly.	Therapy is ordered 4 X weekly or more.

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VI. *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.

<b>0 points</b>	<b>3 points</b>	<b>6 points</b>	<b>9 points</b>
<p>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.</p>	<p>Occasional or minimal assistance required. Less than daily (e.g., help in/out of the tub, someone present, reminders/encouragement). Participant requires assistance with hair care. Participant can no longer do nail care, requires periodic assistance. Infrequent incontinency – once a week or less.</p>	<p>Moderate assistance required. Daily assistance with grooming. Substantial assistance with bathing required. Requires close supervision in that someone must be present to assist constantly with grooming and bathing needs. Frequent incontinency – incontinent of bladder daily but has some control or incontinent of bowel two (2) or three (3) times per week, or a combination of these.</p>	<p>Maximum assistance required in that another individual performs ALL personal care needs. Continuous incontinency.</p>

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VII. *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).

<b>0 points</b>	<b>3 points</b>	<b>6 points</b>	<b>9 points</b>
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. (e.g., light supervision and encouragement, or minimal help such as cutting food, opening or pouring). 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).



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VIII. *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) **and** the 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.

<b>0 points</b>	<b>3 points</b>	<b>6 points</b>	<b>9 points</b>
<p>The participant may use assistive devices, but is consistently capable of negotiating without human assistance.</p>	<p>Minimal assistance required. Needs periodic human assistance without which the participant could not get around (such as help on stairs). Participant independent in wheelchair after assistance given getting in and out of chair.</p>	<p>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).</p>	<p>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).</p>

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IX. *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.

<b>0 points</b>	<b>3 points</b>	<b>6 points</b>	<b>9 points</b>
<p>Participant is well oriented and requires little or no assistance from others. Memory intact.</p>	<p>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.</p>	<p>Moderate behavioral assistance and supervision required due to: disorientation; mental or developmental disabilities; uncooperative behavior.</p>	<p>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.</p>