

Technical Assistance Report to

The State of Missouri Department of Health and Senior
Services on the Nursing Facility (NF)
Level of Care (LOC) Transformation



December 2018

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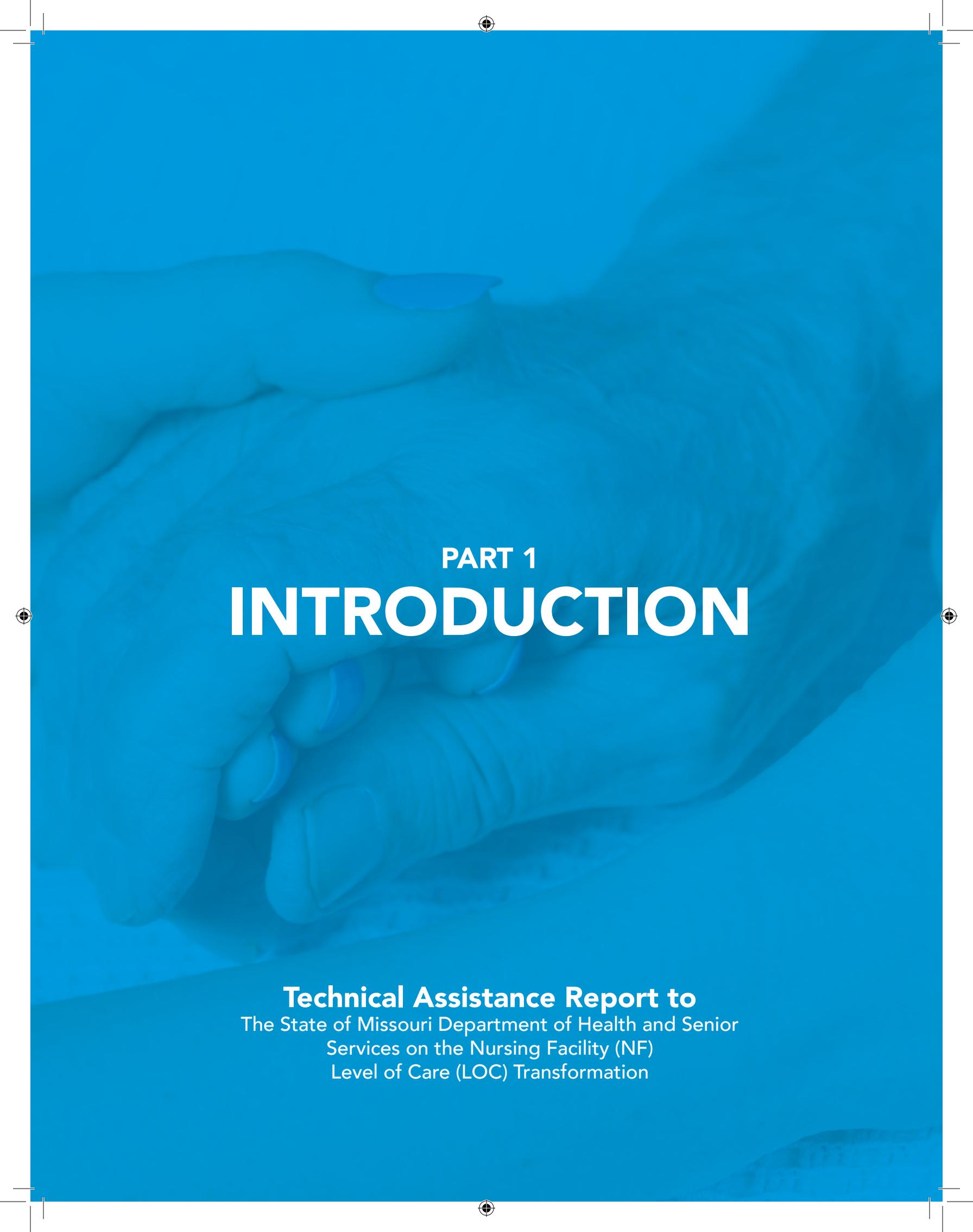
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PART 1
INTRODUCTION

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Background

Go Long Consulting was engaged by Princeton University's State Health and Value Strategies (SHVS) team to assist the Missouri Department of Health and Social Services (DHSS) in creating a new Level of Care (LOC) model. This report summarizes the technical assistance provided by Go Long Consulting to the Missouri Department of Health and Social Services (DHSS) and the Division of Seniors and Disability Services leadership teams under its agreement with Princeton University, with support from the Robert Wood Johnson Foundation.

The Missouri Department of Health and Senior Services (DHSS) operates Home and Community Based Services (HCBS), including state plan personal care and four 1915(c) waivers which use a nursing facility (NF) level of care (LOC) standard. Eligible HCBS participants must be older than 18, Medicaid eligible and meet the state's NF LOC standard. The program serves approximately 60,000 participants.

The LOC standard has not been substantively updated since 1982, although the points needed to qualify increased in both 2001 and 2017. Agency staff, HCBS providers, and stakeholders were questioning the validity and effectiveness of the eligibility standard to identify those most in need of services. Additionally, the American Association of Retired Persons (AARP) Long-Term Services and Supports Scorecard indicated Missouri has the highest percentage of individuals with the lowest needs in nursing facilities.

At the project's outset, Missouri intended to use the research obtained through the technical assistance (TA) to determine the most effective level of care standard to meet the following three objectives:

1. Ensure access to care for those most in need of HCBS, allowing these individuals to remain in the least restrictive community setting as long as safely possible.
2. Ensure limited budget resources are expended on those most in need of HCBS as an alternative to more costly facility placement.
3. Ensure those individuals able to live in the community are not inappropriately placed in a more restrictive setting.

The goal of the TA is to develop stakeholder consensus for the future of the level of care model, in support of the three stated objectives.



The Go Long Consulting scope of work and its related deliverables were established in various steps, as described below:

Scope of Work	Anticipated Deliverables	Timeline for Completion
STEP ONE		March 15, 2018
Conduct national scan of existing Level of Care (LOC) research	Annotated list of existing research	
Perform national scan of the LOC scoring process	Completed chart with key comparison criterion for vast majority of 50 states	
Compare other state models to those in Missouri	Identification of states with models worth in-depth exploration for possible replication/ modification in Missouri	
STEP TWO		March 31, 2018
Benchmark dissemination and discussion with key stakeholders	Meeting with Missouri DHSS leadership team to discuss findings	
	Facilitate meeting with key stakeholders in state on results of state LOC comparison data, need for future revisions	
STEP THREE		May 15, 2018
Conduct deep dive interviews with key representatives from identified states with models worthy of replication	Gap analysis report with findings and recommendations for MO adoption	
STEP FOUR		August 30, 2018
Facilitate stakeholder engagement public forums to share research, solicit input, and gather reactions to proposed framework for adoption	Conduct three facilitated sessions, one a month during June, July and August, with key stakeholders.	
	Synthesize stakeholder homework assignments following each meeting and provide written feedback to MO DHSS team	
STEP FIVE		September 30, 2018
Based on work above, co-create new Level of Care model alongside MO DHSS leadership team	Proposed LOC framework for vetting and adoption	
STEP SIX		October 30, 2018
Summarize key learnings and best practices	Prepare final TA report to guide future activity	

At the request of the Missouri DHSS, the timeline established in January 2018 was revised to allow for additional consideration of stakeholder feedback. The August 2018 final stakeholder feedback sessions was rescheduled to November 2018. Step Five began in August 2018 and continued through most of December 2018, with the proposed LOC algorithm being released on December 26, 2018. Step Six was completed upon the release of the algorithm.

National Landscape

The first step in the technical assistance process was to conduct a national scan of existing NF LOC research along with assessment tools and scoring criteria and to then summarize the findings for Missouri's DHSS leadership team. The annotated bibliography is provided in Appendix A.

The Centers for Medicare & Medicaid Services (CMS) is the single largest payer for health care in the United States. Medicaid, the publicly-financed health insurance for the low-income elderly, disabled, and children, is the largest payer of healthcare for states. As the steward for health care services for these individuals, many of whom are the nation's most vulnerable residents, CMS must ensure that these individuals have access to high quality care. This role becomes even more critical as the projected rate of growth in health care costs climbs at an unsustainable rate. (CMS Roadmaps Overview, 2016) With a large segment of the population aging into Medicaid along with projected cuts in funding, states are trying to figure out how to streamline processes to save money and still provide access to services for the most vulnerable.

Under long term services and supports (LTSS), Medicaid pays 63% of all institutional care for the state of Missouri and the age group that is most likely to need long-term care services (those 85+) will increase by almost 50% in the next 15 years. (STL Post-Dispatch, 2017) LTSS helps older adults and people with disabilities to accomplish everyday tasks. This is covered through either placement in skilled nursing facilities (NF) or through home and community based services (HCBS).

The nursing facility level of care (NF LOC), often called medical eligibility, is the standard mandated by the Centers for Medicare and Medicaid Services in order to determine if an individual is eligible and for what services and supports the individual qualifies. No specific formula or standard is provided by CMS, so it is up to the individual states to decide what the specific eligibility criteria should be based on their unique state needs.

The current national trend is to allocate more state LTSS funding towards HCBS because it allows greater independence and is more cost effective. To illustrate this cost discrepancy, in 2015, the median annual cost for nursing facility care was \$91,250 while the median cost for one year of HCBS (in home) services was almost \$45,800 (at \$20/hour, 44 hours/week) and adult day care was almost \$18,000 (at \$69/day, 5 days/week). (KFF, 2015) Missouri spends around 58% of its Medicaid long-term care dollars on the elderly and adults with disabilities to support them in a home and community based setting. (Truven Health Analytics Report, 2017)

As noted earlier, some in NF may not need this level of care. Missouri was ranked 49th in the nation for having the highest percentage of current nursing home residents with low care needs. Transitioning these residents out of institutions to less restrictive settings could reallocate funds to HCBS, in addition to ensuring the proper placement of residents that indeed require nursing home care. (AARP Scorecard, 2017)

These national trends and localized state concerns are the general basis for DSDS's rationale to request technical assistance for pursuing an updated LOC model.

National Scan Summary

The main purpose of the national scan was to identify each states' NF LOC and review the approach, tools, and processes used to determine eligibility requirements that lead to the qualification for and procurement of services for those in need.

The State of Missouri requested the national scan focus on four key criteria:

- Current NF LOC eligibility criteria;
- Types of functional assessments used;
- Relevant aspects of the assessment process; and
- Specific eligibility criteria used.

The methodology used to collect the data for the national scan was an initial, intensive internet search, review of previously released reports and documents, and calls/emails to state agencies. Gaps in available data persist; therefore the information is only as good as the transparency of the information provided by state agencies and the accuracy of state websites. The collected data is provided in Appendix B.

Once this data collection was complete and reviewed by the State of Missouri, five states were identified for more extensive research. This "deep dive" research was collected through the use of primary resources including surveys and interviews with staff employees in those states. This data collection process focused on a revised set of criteria, specified by the State of Missouri.

NF LOC eligibility criteria: In general, this material was relatively difficult to locate. Although CMS mandates there be a NF LOC definition, it leaves wide discretion to each state to identify what factors into the eligibility criteria and there is no formality regarding where the eligibility criteria should be transparently posted and shared with the public. Further, after exhaustive searches, calls, and emails to CMS, it has been determined a central repository housing this information for each state does not exist at the national level or was not publicly available upon written request.

The length and depth of the eligibility criteria varied significantly among the states. Some are long and detailed while others are short and somewhat incomplete, to the point of subjectivity. Further, the number of deficiencies, as measured by a person's inability to perform an activity, required in each criteria area, such as activities of daily living (ADLs), instrumental activities of daily living (IADLs), clinical, medical, cognitive, and safety, for individuals to have access to services varied greatly. Some states required one deficiency while others required up to six deficiencies to access services. Most states identified ADLs and IADLs as the main indicators while other states went further and included clinical, medical, and cognitive needs in the criteria. Typically, states either identified the number of deficiencies individuals needed to qualify for services, required a certain diagnosis to qualify for services (for example, a primary or secondary diagnosis of Alzheimer's disease or related dementia), or a customized blending of both.

Types of functional assessments used: The assessment instruments used by each state were similar for the type of information requested but differed significantly in the level of detail and the format used to collect the requested information. Many, if not most, were homegrown tools often called level of need (LON) assessments, or some version, that have been adapted from an existing commercially-available assessment tool and then customized to the state's needs. Some were validated

by outside entities and some were not. Over time, other waiver assessments have been added to create a patchwork of assessments typically called legacy systems.

Many states have moved to using nationally known assessments or some version of them. For example the interRAI Home Care (HC) Assessment is marketed as a user-friendly, reliable, person-centered assessment system that informs and guides comprehensive care and service planning in community-based settings around the world. It is a web-based, algorithm driven, robust assessment system that covers different applicable domains and includes functional, health, and environmental factors. The assessment works in conjunction with interRAI-designed decision support tools such as:

- Scales for ADLs, cognition, communication, pain, depression, and medical instability.
- Clinical Assessment Protocols that contain strategies to address problem conditions as triggered by one or more HC item responses.
- Screening systems to identify appropriate outreach and care pathways for prospective consumers.
- A quality monitoring system providing outcome indicators for services over time.
- A case-mix system that creates distinct service-use intensity categories (RUG-III/HC).
(<http://www.interrai.org/home-care.html>)

The interRAI tools are designed to collect minimum data sets to which states will add additional items and domains to meet their administrative and policy objectives. Arkansas, for example, uses their own version of the interRAI called the ArPath.

This interRAI-tool is being either used, piloted or at some point considered in 25 states including:

- | | | | |
|---------------|---------------|------------------|----------------|
| • Arkansas | • Louisiana | • Mississippi | • South Dakota |
| • California | • Mississippi | • New Jersey | • Tennessee |
| • Connecticut | • Indiana | • New York | • Texas |
| • Georgia | • Kansas | • North Carolina | • Utah |
| • Hawaii | • Maryland | • Massachusetts | |
| • Iowa | • Michigan | • Pennsylvania | |
| • Illinois | • Missouri | • Rhode Island | |

The functional assessments mainly focus on activities of daily living (ADLs), instrumental activities of daily living (IADs), clinical, medical and cognitive information to make level of care (LOC) determinations to ultimately provide appropriate services. Information typically falls into three sections: demographic & personal information, functional information (ADLs, IADs, clinical, medical, and increasingly safety and cognition evaluations), and service planning recommendations. However, states continually modify these assessments based on new processes and information, fueling a trend toward automation and away from paper-based systems of data collection. (Rutgers)

Much of the information gathered for this section was collected from the respective state agency websites, calls to state agencies, and the Medicaid and CHIP Payment and Access Commission spreadsheet (MACPAC). MACPAC is a non-partisan legislative branch agency that provides policy and data analysis and makes recommendations to Congress, the Secretary of the U.S. Department of Health and Human Services, and the states on a wide array of issues affecting Medicaid and the State Children's Health Insurance Program (CHIP). **Table 1** summarizes the specific assessments used by each state and the District of Columbia.

Table 1: Functional Assessments Used by State

States Using Assessment	Name of Assessment
Alabama	Admissions and Evaluation Data (Form 161)
Alaska	Consumer Assessment Tool (CAT)
Arizona	The Arizona Standardized Client Assessment Plan (ASCAP) and Service Eligibility Matrix
Arkansas, Georgia, Hawaii, Maryland, Mississippi, Missouri, South Dakota	ArPath Web-based Information System using interRAI home care tool
California	interRAI-Community Health Assessment
Colorado	ULTC 100.2 Long Term Care Eligibility Assessment Form
Connecticut	The Level of Need Assessment (LON)
Delaware, Tennessee	PAE (Pre Admissions Evaluation)
District of Columbia	LOC determination sheet
Florida	701B Comprehensive Assessment
Idaho	Uniform Assessment Instrument (UAI)
Illinois	DON (Determination of Need)
Indiana	LTC Services Eligibility Screen
Iowa	LOC Certification
Kansas	Functional Assessment Instrument (FAI) Form
Kentucky	Medicaid Waiver Assessment MAP 351
Louisiana	Level of Care Eligibility Tool (LOCET)
Maine, New Hampshire	MED-Medical Eligibility Determination
Massachusetts	Comprehensive Data Set (CDS)
Michigan	The LOCD must be conducted in CHAMPS via MILogin
Minnesota	MnCHOICES Comprehensive Assessment
Missouri	interRAI-Community Health Assessment
Montana	Mountain Pacific Quality Health Assessment
Nebraska	14AD Part B, Nursing Facility Level of Care (NFLOC) form
Nevada	Level of Care Assessment Form for Nursing Facilities
New Jersey	NJ Choice HC assessment
New Mexico	Client Individual Assessment (CIA) Instruction Manual (MAD 099)
New York	Uniform Assessment System (UAS-NY)

North Carolina	SET (MDS) - Version 3.0. RESIDENT ASSESSMENT AND CARE SCREENING. Nursing Home Comprehensive (NC)
North Dakota	Level of Care (LOC) (Form ND 300-100)
Ohio	Level of Care Assessment
Oklahoma	Uniform Comprehensive Assessment Tool (UCAT)
Oregon	Oregon Client Assessment and Planning System (CAPS)
Pennsylvania	Level of Care Determination Form
Rhode Island	Case Management Assessment (CMA)
South Carolina	Long-Term Care Assessment Form (Form 1718)
Tennessee	Pre-Assessment Evaluation (PAE)
Texas	Medical Necessity and Level of Care Assessment
Utah	MINIMUM DATA SET - HOME CARE (MDS-HC)
Vermont	Independent Living Assessment (ILA)
Virginia	Uniform Assessment Instrument (UAI)
Washington	Comprehensive Assessment Tool (CARE)
West Virginia	Pre-Admission Screening (PAS)
Wisconsin	Wisconsin LTC Functional Tool
Wyoming	Form LT101

Aspects of the assessment process: For the most part, assessments are given by trained staff and may include Area Agencies on Aging (AAA) employees, managed care organizations (MCOs) employees, case managers, state employees, independent contractors, and sometimes certified assessors. Less often a social worker will be involved in the process of administering an assessment. The determinations for services based off the results of these assessments are typically completed by clinical positions such as physicians, registered nurses, or certified assessors. Unfortunately, information on the time taken to complete the assessment including an estimation of how many staff and who the staff might be was not readily available. (Rutgers, 2015)

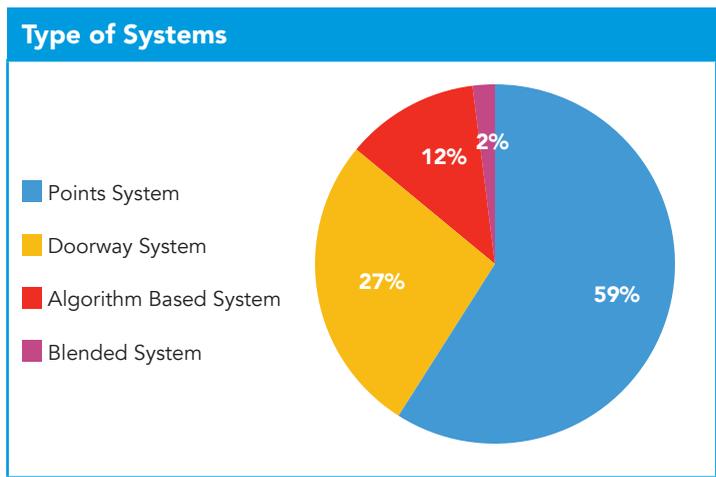
When considering the various access points to supports for those seeking services, the points or weighted points system is used by almost 60% of the states in this sample while the doorway or levels system is used by almost 30% of the states in this sample.

The expectation is the algorithm-based system will only become more popular with the increased adoption of web-based, national assessment tools. Based on how states self-described LOC models, only one state, Arizona, had a blended system with ADLs scores and Qualifiers. The points, doorway, blended, and algorithm systems are summarized below in **Table 2** and the breakdown is summarized below in **Chart 1**.

Table 2: Type of Systems by States and the District of Columbia

Type of System	Total	States
Points system	30	Alaska, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Mississippi, Missouri, Nevada, New Jersey, New Mexico, North Carolina, Oklahoma, South Dakota, Tennessee, Vermont, Virginia, Wyoming
Doorway system	14	Alabama, Louisiana, Michigan, Nebraska, New Hampshire, North Dakota, Ohio, Oregon, Rhode Island, South Carolina, Texas, Utah, West Virginia, Wisconsin
Algorithm based system	6	Arkansas, Minnesota, Montana, New York, Pennsylvania, Washington
Blended system	1	Arizona

Chart 1: Breakdown of Types of Systems by States and District of Columbia



Specific assessment criteria used: Demographics, functional criteria such as ADLs and IADLs, and clinical, medical, safety, and cognitive needs were the main criteria used in the assessment tools. **Table 3** provides some typical criteria collected. States with more automated, complex systems collected a more exhaustive list of eligibility criteria than those states with more basic, electronic or paper assessments.

Table 3: Typical Examples of Information Collected on LOC Assessment Forms

Demographic/Personal Information	ADLs	IADLs	Clinical/Medical	Safety	Cognitive
Name, sex, date of birth, address, contact person and/or legal representative, dependence, income, financial assets, employment status, primary caregiver, living arrangement, Medicare/Medicaid eligibility – other insurance, attending physician, referral source, primary language	Transfers, locomotion, bed mobility, dressing, eating, toileting, personal care, bathing, meal prep	Grocery shopping, laundry, light housework, meal preparation, medication management, money management, personal hygiene, transportation, using the telephone to take care of essential tasks, bill paying, scheduling medical appointments, shopping	Medical history, mental health status, vital signs, medications, treatments and procedures, medical condition, diagnoses, special treatments or diets, assistive devices, wound care, rehabilitative services (e.g., tube feeding, wound care, occupational therapy, ventilator care)	Environmental problems, living environment, risk evidence	Behavior, communication, Sensory orientation, assessment of social situation, expression

This national scan was provided to the state of Missouri as a high-level overview of the NF LOC assessment process for all 50 states and the District of Columbia. A detailed listing of the information collected is listed in **Appendix B**.

One of the next steps after this data collection phase of the project was to identify several states to perform “deep dives.” The Missouri leadership team identified five (5) states for Go Long Consulting to then perform these “deep dives” to gather more detailed information on their NF LOC and assessment processes through surveys and interviews with the staff in those respective states. Arkansas, Indiana, Louisiana, North Carolina, and Wisconsin were chosen as specific states of interest for their progressive NF LOC eligibility criteria, innovative assessment tools, and/or best systematic assessment processes.

Five-State Deep Dives

This step gathered more individualized and detailed information through primary research. Surveys and interviews with key LTSS state employees for each respective state were conducted. The NF LOC eligibility requirements model and processes for these states was further explored for both their successes and lessons learned. The following information was collected and then verified by the key LTSS contacts for each state prior to sharing with the state of Missouri.

Arkansas (AR) NF LOC Eligibility Requirements/Process

NF contact:	HCBS contact:
<p>Lori Rose R.N. Office of Long Term Care-Medical Needs Department of Human Services Division of Provider Services and Quality Assurance</p>	<p>Stephanie Blocker Assistant Director Department of Human Services Division of Aging and Adult Services</p>

Service Setting	Attendant Care (Institutional)	Personal Care (HCBS)
State Statute for NF LOC Eligibility	http://humanservices.arkansas.gov/about-dhs/dms/long-term-care-information-for-providers/regulations	
Functional Definition	<p>30-year-old policy, county office for financial eligibility then medical eligibility. ADLs include transfers/mobility, eating, toileting.</p> <p>Eligibility Criteria for HCBS waiver assessments completed by using the interRAI assessment. To be determined an individual with a functional need; an individual must meet at least one of the following three criteria, as determined by a licensed medical professional:</p> <ol style="list-style-type: none"> 1. The individual is unable to perform either of the following: <ol style="list-style-type: none"> a. At least 1 of the 3 activities of daily living (ADLs) of transferring/locomotion, eating or toileting without extensive assistance from, or total dependence upon another person; or b. At least 2 or the 3 ADLs of transferring/locomotion, eating, or toileting without limited assistance from another person; or 2. Functional assessment results in a score of three or more on Cognitive Performance Scale; or 3. Functional assessments result in a Change in Health, End-Stage Disease and Signs and Symptoms (CHESS) score of three or more. <p>Note: Levels of Direct Assistance include: Limited, Extensive, and Total.</p>	
Points of Entry	Working towards a single point of entry for NF placement. Right now it is doctor's office referral or nursing facility through a social worker.	AAAs (Area Agency on Aging), ADRCs (Aging and Disability Resource Centers), local DHS county offices.

Assessment Tool(s)	<p>Form 703 must be filled out. Paper-based so handwritten. Functional level of care assessment.</p> <p>Form 787 (level I) to screen for MI/ID/DD. PAS-RR (level II) to assess for appropriate placement and is contracted out to third party vendor.</p> <p>Form 780 for diagnosis of dementia.</p> <p>Completed forms sent to Medical Needs Determination unit.</p>	<p>ARpath is an adjusted tool from the interRAI (much like the MDS (minimum data set) used for procurement of HCBS services and supports. Considers formal and informal supports, ADLs, medical, and cognitive. Groups into SCALES, CAPS, RUGS levels and has an eligibility algorithm. Does pick up those without good decision making skills.</p>
Scoring Systems	<p>Considered Doorway system, but with substantial documentation. Diagnosis alone does not automatically allow for admittance.</p>	
Who Assesses	<p>District Planner in hospital, nursing faculty such as Director of Nursing (Nursing Home Association). After first pass, send back if questionable (upwards of about 50%). Can provide documentation to use in appeal such as MDS (Minimum Data Set form) that all nursing facilities fill out, nurse's notes, and HMPs that covers history and physical.</p>	<p>Waiver nurses through interview at home.</p>
Who Determines	<p>Physician must sign, registered nurses review.</p>	<p>Registered nurses. The algorithm created to align with AR's LOC determines eligibility based on the responses to the questions during the assessment.</p>
Case Mix	<p>N/A</p>	<p>Used in HCBS for waivers program, specifically AR Choices in Homecare. Case mix helps allocate hours when more home attendant care time is requested. Helps with attendant care time, helps with consistency, assigning of hours, plan of care. Claims data is tabulated and averaged for classification using 23 InterRAI RUGs (Resource Utilization Groups). Brant Fries and Mary James from the University of Michigan to develop the algorithm.</p>
Points of Interest	<p>Blended system with managed care with MCOs (NF not) and fee-for-service. Programs include PACE, self-directed model, and PATH (coming soon for higher care needs). Depends on population and programs.</p>	
Strengths	<p>Quality checks through state surveyors for audit checks of 704s checking for discrepancies, exit interviews give feedback to nursing facilities. Takes away subjectivity, what the person is saying versus what seeing.</p>	
Challenges	<p>N/A</p>	
Notes	<p>Criteria and domains assessed are a mix of subjective and objective measurements as intended.</p> <p>Moving away from interRAI algorithm model to Minnesota Choices assessment (Mn-CHOICES), a comprehensive assessment and support planning online application for long-term services and supports as an independent assessor for higher cost populations.</p>	
Key Resources	<p>Determination of Medical Need for NF Services Arkansas DMS-703 Form ArPath MnCHOICES</p>	

Indiana (IN) NF LOC Eligibility Requirements/Process

NF contact:

Vanessa Convard
 PASRR Manager
 Division of Aging
 Indiana Family & Social Services Administration

Service Setting	Attendant Care (Institutional)
State Statute for NF LOC Eligibility	Unstable complex condition requiring formal or informal supports for 24 hour nursing or intermediate care, and requiring direct, extensive assistance to complete at least a third of the Activities of Daily Living (ADLs). Office of the Secretary of Family and Social Services, Rule 3. Criteria Level of Care in Long Term Care Facilities, pages 23-28.
Functional Definition	The following eligibility criteria are assessed: <ul style="list-style-type: none"> • Functional Status: <ul style="list-style-type: none"> • ADLs are eating, bathing, personal hygiene, dressing, walking, locomotion, transfer to toilet, toilet use, bed mobility, • Managing Medications • Continence • Cognition • Communication and Vision • Disease Diagnosis • Health Conditions • Treatments and Procedures/Rehabilitative Services Note: Levels of Direct Assistance include: Supervision, Limited, Extensive, and Total Dependence
Points of Entry	AAAs (Area Agency on Aging), state website, nursing facility, physician referral, "no wrong door" type of theory.
Assessment Tool(s)	Have moved away from ADLs and skilled needs eligibility criteria listed above. Now use interRAI algorithm assessment (but this will be changing) with supplements to provide holistic look at individual. Also consider current support systems, existing diagnoses, and understanding treatments and lifestyle to make a determination. PASRR administered entering nursing facility (federal mandate).
Scoring Systems	Point system, but struggle with that term. Was trying to get away from because not as accurate as want it to be.
Who Assesses	AAAs (Area Agency on Aging) if individual moving into nursing facility from home and community-based setting, case or social worker if in hospital, and nursing facility if individual in one already for continued care.
Who Determines	Ascend is an assessment platform that determines services and through certified assessors (not considered managed care and 7 other states use it). AAAs for waivers.
Case Mix	N/A
Points of Interest	N/A
Strengths	Aging is a priority in Indiana, lots of time and resources is invested in taking it seriously to meet the needs of individuals in the least restrictive environments.
Challenges	Have been developing system the last few years by changing and trying to link to the bigger picture. Want to make improvements and little tweaks to be consistent and smoother along with an open door policy. Consider it a culture change. Finding the balance between subjective and objective decision making as both are crucial to being a person-centered system.
Notes	Consistency is key to changing systems.
Key Resources	IN Provider Manual-Ascend Management Innovations

Louisiana (LA) NF LOC Eligibility Requirements/Process

NF contact:

Tara DeLee, LCSW

Medical Certification Manager, Policy & Development
Louisiana Department of Health (LDH)
Office of Aging and Adult Services (OAAS)

Service Setting	Attendant Care (Institutional)
State Statute for NF LOC Eligibility	Louisiana Medicaid Eligibility Manual: MEDICAL CERTIFICATION http://ldh.la.gov/assets/medicaid/MedicaidEligibilityPolicy/l-1000.pdf and https://fns.dhh.la.gov/Documents/142BH.pdf
Functional Definition	When specific eligibility criteria are met within a pathway/doorway, that pathway/doorway is said to have triggered. There are seven different pathways: <ol style="list-style-type: none"> 1. Activities of Daily Living (ADLs) 2. Cognitive Performance 3. Behavior 4. Service Dependency 5. Physician Involvement 6. Treatments and Conditions 7. Skilled Rehabilitation Therapies Louisiana has a Level of Care Eligibility Manual. When specific eligibility criteria are met within a pathway, that pathway is said to have triggered. The Medicaid program defines Nursing Facility Level of Care for Medicaid eligible individuals as the care required by individuals who meet any one of the established level of care pathways as described in this manual. In order to meet the nursing facility level of care criteria, an individual must meet eligibility requirements in only one of the pathways described in this Section.
Points of Entry	The Single Point Of Entry (SPOE) concept
Assessment Tool(s)	NF: Level of Care Eligibility Tool (LOCET), developed own tool based off of the MDS (Minimum Data Set) by State Medicaid Agency Staff HCBS: InterRAI, lowest level of RUG-III system
Scoring Systems	Doorway system
Who Assesses	Primarily administered over the telephone by trained SPOE staff to individuals calling for admission to OAAS operated HCBS, or nursing facility services.
Who Determines	OAAS trained SPOE staff determine.
Case Mix	Reimbursement methodology is based on using the Medicare Minimum Data Set to determine the level of needs of Medicaid recipients in nursing facilities and to ensure that nursing facilities receive a level of reimbursement commensurate with the level of services needed for each resident. It requires that nursing facilities expend a set amount of funding received for the provision of direct care services. If expenditures for direct care are not at an acceptable level, the nursing facility must reimburse the department for a portion of the funding received. This methodology assures reasonable access to care for persons needing high levels of nursing facility care.
Points of Interest	N/A
Strengths	N/A
Challenges	N/A
Notes	N/A
Key Resources	Level of Care Eligibility Tool (LOCET) Minimum Data Set (MDS) Functional Definition Louisiana OAAS LEVEL OF CARE ELIBILITY MANUAL Nursing Home Case Mix Rates Nursing Facility Medicaid Case Mix Rate Training CASE MIX INDEX REPORT USER GUIDE RUG-III 34-GROUPER

North Carolina (NC) NF LOC Eligibility Requirements/Process

NF contact:

Beverly Bell, MA, LPC

Long-Term Care Operations Manager
 Division of Medical Assistance, Long-Term Services and Supports
 North Carolina Department of Health and Human Services

Service Setting	Attendant Care (Institutional)
State Statute for NF LOC Eligibility	See NF DMA Nursing Facilities policy 2B-1, Section 3.2.2 a-c Nursing Facility LOC Criteria. https://files.nc.gov/ncdma/documents/files/2B1.pdf
Functional Definition	<p>The following eligibility criteria are assessed: These services benefit individuals who require assistance with activities of daily living (ADLs), including:</p> <ol style="list-style-type: none"> 1. Eating 2. Dressing 3. Bathing 4. Toileting 5. Mobility <p>To qualify for PCS, an individual must have a medical condition, disability or cognitive impairment, and demonstrates unmet needs for:</p> <ul style="list-style-type: none"> • Three of the five ADLs with limited hands-on assistance • Two ADLs, one of which requires extensive assistance • Two ADLs, one of which requires assistance at the full dependence level <p>ABD category assesses the individuals age, blindness, disability.</p>
Points of Entry	Nursing facility: department of social services in county through a social worker, admission to nursing facility from hospital (80% of NF admissions are after 3-day stay)
Assessment Tool(s)	<p>NC DMA Long Term Care FL2 is screening form and must be signed by a physician. Once NH level of care is approved and the individual is admitted a MDS is completed and a plan of care developed.</p> <p>Applicant must also have screening for SMI or SPMI called Pre-Admission Screening and Resident Review (PASRR).</p> <p>HCBS: uses the interRAI assessment tool to pay providers.</p>
Scoring Systems	<p>LOC approval is scored by vendor. Prior approval completed by CSRA.</p> <p>https://dma.ncdohhs.gov/providers/programs-services/prior-approval-and-due-process</p>
Who Assesses	North Carolina DMA (Division of Medical Assistance) Utilization Review Vendor, CSR
Who Determines	<p>NF: Registered nurses, the development of care plans is the responsibility of the nursing facilities. HCBS: CAP program through Care Solutions</p>
Case Mix	<p>Used on individual's post-admission to nursing facility. Data is converted to RUGs levels and algorithm is determined by MDS (minimum data set) and developed for per diem rate to NF providers.</p> <p>MDS Assessment data is used to calculate each facility's Case Mix Index (CMI) by measuring the acuity and the associated Resource Utilization Group (RUG) III Category. Facility reimbursement rates are based on the acuity of their residents. Nursing Facilities upload MDS information to the Centers for Medicare and Medicaid Services (CMS) QIES System. The information from the CMS QIES System is downloaded into the State of NC Database maintained by DHSR. The NC Validation Review Vendor uses the MDS Assessment data to conduct validation reviews, ensuring the quality and accuracy of MDS information. The vendor reviews medical records for supportive documentation as required by the MDS Validation Review Supportive Documentation Guidelines. The threshold for being unsupported is >25%. When an MDS Validation Review results in >25% unsupported, a new RUG III classification is assigned to each unsupported assessment. A new facility average CMI is calculated and the facility's reimbursement rate is affected.</p>

Points of Interest	<p>HCBS program has 3 options: Meet NF LOC for waiver, fill out service request form</p> <p>State plan: 3051 form for primary care with third party vendor</p> <p>All-inclusive for elderly (PACE), FL2 used to establish care</p> <p>Moving from fee for service to manage care (MCOs) by July 2018.</p> <p>Transition in 3-5 years all dual enrolled Medicare/Medicaid individuals to 1915c waivers.</p>
Strengths	Positive relationships with vendors/providers, more dollars being allocated to HCBS than nursing facilities, moving in the right direction.
Challenges	Transition from fee-for-service to managed care (MCOs), state with aging demographics, lack of front line workers available for LTSS.
Notes	NF LOC is based on both objective (methodology and algorithm) and subjective (background and history) through practice of medicine which is inherent. NC used data submitted in the MDS which is a mix of subjective and objective criteria. Healthcare practice is about assessing and nursing facilities have ongoing assessments through daily observations. Uses CMS data and NC is beginning to develop Dashboards to measure effectiveness of program.
Key Resources	<p>Pre-Admission Screening and Resident Review (PASRR)</p> <p>NC DMA Long Term Care FL2</p> <p>North Carolina's Vision for Long Term Services and Supports Under Managed Care</p>

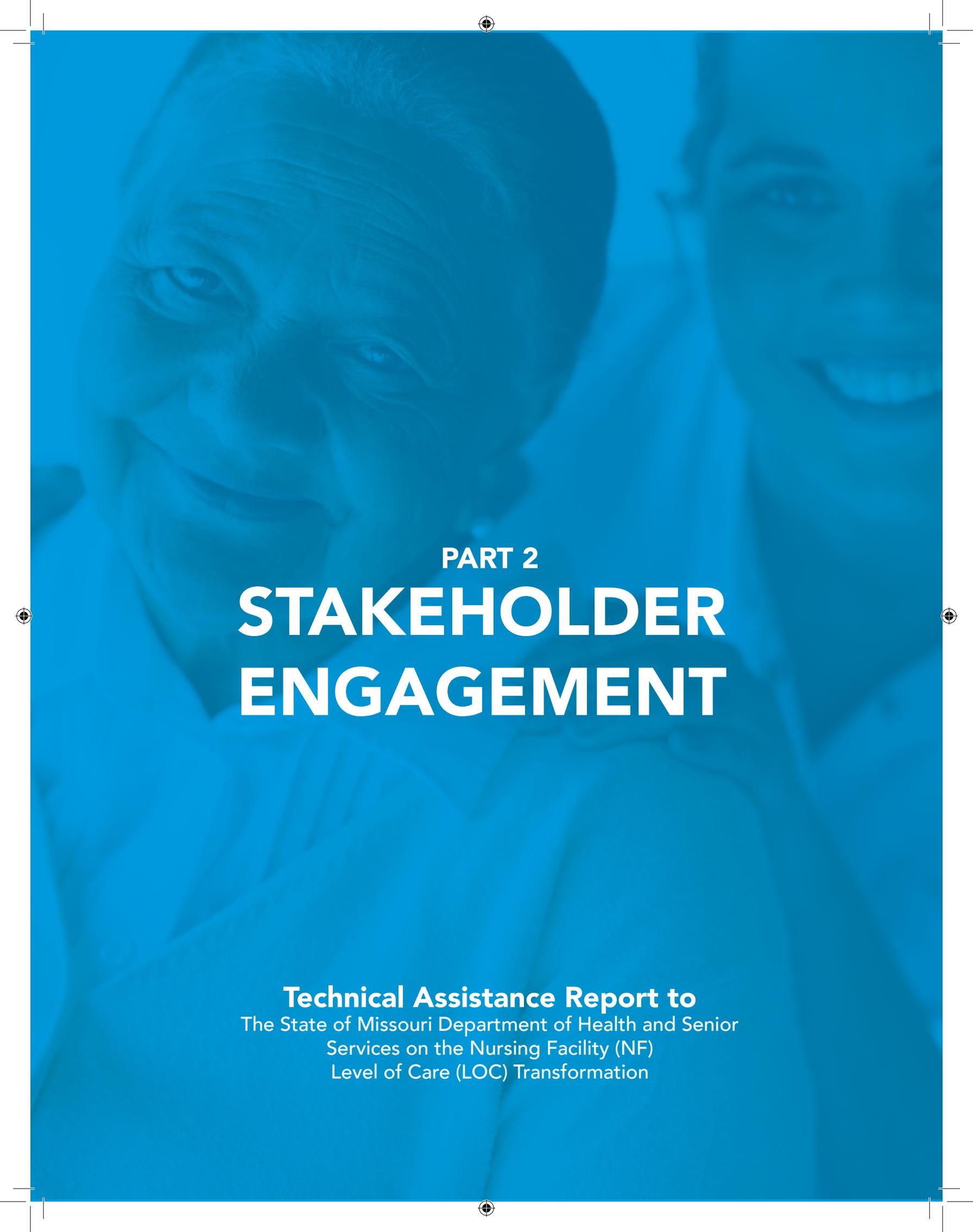
Wisconsin (WI) NF LOC Eligibility Requirements/Process

NF contact:	HCBS contact:
Rene Eastman Section Chief, Nursing Home Policy & Rate Setting Department of Health Services	Sandy Blakeney Program & Policy Chief Legacy Waivers and Adult Functional Screen WI DHS/Bureau of Adult Long Term Care Services

Service Setting	Institutional Care	Home and Community Based Services (HCBS)
State Statute for NF LOC Eligibility	Family Care Benefit Regulation	
Functional Definition	ADLs/IADLs <ul style="list-style-type: none"> • Bathing • Dressing • Eating • Toileting • Mobility • Transferring • Incontinence, bladder • Meal preparation • Money management • Telephone use Transportation and employment Cognition <ul style="list-style-type: none"> • Communication • Resistance to care • Long term memory • Short term memory Behaviors/Symptoms Wandering <ul style="list-style-type: none"> • Self-injurious • Violent/offensive • Mental health • Substance abuse 	
Points of Entry	Admission to nursing facility, Aging & Disability Resource Centers (ADRCs) by county	ADRCs (Aging and Disability Resource Centers)
Assessment Tool(s)	Uses homegrown tool adjusted interRAI LTC functional screen based on MDS (minimum data set) with algorithm logic. 12 domains assessed. Two options for services and supports: <ul style="list-style-type: none"> • MCOs for family care • IRIS is a self determination • PASRR administered entering nursing facility (federal mandate). 	
Scoring Systems	Algorithm, not doorway	
Who Assesses	Hospital staff (case workers), Aging and Disability Resource Centers (ADRCs) at the county level	Screeener conducts interview in individual's home
Who Determines	Certified screeners	Certified screeners
Case Mix	N/A	
Points of Interest	Managed care (MCOs), Family Care replacing waivers/fee-for-service by July 2018. This program will have no waiting lists, is a person-centered program (PCP), and is available in all WI counties except two remaining.	
Strengths	Ranked high because considered established based on the length of time managed care programs have existed and matured. Nursing facilities services covered and HCBS and more acute then stay in managed care. Functional screen does a good job of being accurate, keep stakeholders updated with instructions and latest information.	

Challenges	Rural areas with limited providers, aging population with front line worker crisis, transportation, consistency of support between rural, urban, and suburban areas. If not eligible, question if the assumptions were correct.
Notes	Medical is necessary because want to be objective. Consider dementia and mental illness but not directly, dual target group.
Key Resources	Wisconsin Functional Screen, Long Term Care Functional Screen (LTCFS) Long Term Care and Support Person-Directed Dementia Care Assessment Tool Long-Term Care RAI that includes the Minimum Data Set (MDS)

Now that the landscape scan, deep dive research, and analysis of this information was complete, the TA transitioned to stakeholder engagement functions.



PART 2

STAKEHOLDER ENGAGEMENT

Technical Assistance Report to
The State of Missouri Department of Health and Senior
Services on the Nursing Facility (NF)
Level of Care (LOC) Transformation

Stakeholder Engagement

Go Long Consulting facilitated four (4) stakeholder engagement sessions, with three of these being public forums using the natural progression of the project to share research, solicit input, and gather reactions to a proposed framework for adoption. In May 2018, the first invitation-only session was held with a small group of key stakeholders and the Missouri DHSS staff to discuss the scope of the project, to share the national landscape scan results, to better understand the challenges faced by stakeholders, and to solicit support for promoting the upcoming public forums. In order for the stakeholder engagement sessions to be successful, those in this initial meeting would need to encourage others to actively participate in the stakeholder engagement process. The content from this session was repeated in nearly identical form during the first public forum.

Public Forum 1: Exploring Missouri’s Level of Care Eligibility Criteria (June 25, 2018)



The first public forums were held on June 25, 2018 in Jefferson City, Missouri. Four sessions, based on stakeholder groupings, were offered including one session for government employees from multiple agencies, two sessions for HCBS providers, and one session for SNF providers.

This initial public forum focused mainly on introducing the purpose of the grant, explaining the national LOC scan research completed to date, and gathering feedback from the attendees on the challenges faced by providers related to the current LOC model. The session started by asking stakeholders to use notecards and provide written, anonymous responses to this key question:

Session Registrants Summary • June 25, 2018 Public Forum

Staff	78 registrants
HCBS Providers	161 registrants
SNFs Providers	52 registrants

When thinking about the current LOC criteria and process, what are the three to five most significant challenges or issues experienced by the populations you serve?

Then after listening to some of these challenges or issues being read aloud, the facilitator transitioned to the State of Missouri's recognition of these challenges and the TA funding provided by Princeton University to address them through a revised LOC model. Stakeholders were provided with the three objectives for this work, captured on page 2 of this report, and invited to participate in multiple stakeholder sessions so consensus could be reached on the best way to modify the existing model.

The engagement session continued by discussing the national scan findings. Initially, overall national landscape discoveries were shared, followed by additional information related to the tools used, eligibility criteria used, and the most frequently observed specific indicators for each of the criteria categories. Process considerations were discussed, including who conducts assessments and who makes determinations of eligibility. Finally, the various scoring systems used by other states were discussed. After taking questions from stakeholders to clarify the national scan research findings, a second activity was conducted. Stakeholders were asked to provide written responses to this follow-up question:

Based on all you have just heard, what changes would you like to see implemented in the LOC process in Missouri?

Hundreds of written suggestions were submitted on notecards. An online survey was made available to those not in attendance to share their suggestions for improvement, as well. All ideas were collected, categorized, tabulated, and analyzed with the results being shared at the following planned public forum. The stakeholder session concluded with an explanation of the project's timeline and its estimated completion date of November 2018. All materials from the meeting were then sent out on the listserv and posted on the state website by the Missouri DSDS leadership team.

Following this session, the Go Long Consulting team met with the State of Missouri for many hours to evaluate the feedback provided. The following tables provide a high-level overview of the types of suggestions stakeholders provided during the feedback sessions.

Feedback from	FRAMEWORK Challenges	FRAMEWORK Changes
State Staff	<ul style="list-style-type: none"> • Disconnect between criteria buckets and actual needs (31) • Frail elders not identified and do not qualify under current eligibility criteria (15) • Mentally disabled have advantage • # of meds should not relate to 9 score in scoring system 	<ul style="list-style-type: none"> • Like the doorway approach because tailored and multi-functional (37)
HCBS Providers	<ul style="list-style-type: none"> • Mental Health not adequately addressed in current system (13) • Point system doesn't work because allows "in" those that should not be, should focus on age and diagnosis (22) 	<ul style="list-style-type: none"> • Operationalize a blended doorway with points system. Doorways should include Dementia, MI, I/DD, Disabled Adult, Frail Elder, ST Rehab (47)
SNFs Providers	<ul style="list-style-type: none"> • MDS coding and NF LOC definitions do not match each other • Residents unsafe at home but do not qualify • Add Cognition and Safety categories to consider mentally ill and memory challenges • Not about # of meds but the underlying condition that requires the medication • Different assessed needs for mentally ill (MI) young person and MI frail elder which leads to inconsistent criteria • Personal care needs not a good scale 	<ul style="list-style-type: none"> • Implement a Doorway system

At this point, several key decisions were made with regard to the next steps. First, based on the feedback received, there was overwhelming support for doorways. It was determined that the first draft would be based entirely on a doorway model. Second, it became apparent that issues could be categorized as framework-based or process-based. In consultation with the State of Missouri, it was determined to focus on framework issues first and then allow the revised framework to drive process changes later. These determinations were shared with stakeholders during the opening moments of the July stakeholder session.

Public Forum 2: The NF LOC New Model Framework (July 13, 2018)



The second public forum was held on July 13, 2018 in Columbia, MO with 3 sessions including one session for staff, one for HCBS, and one for SNFs.

As explained to stakeholders, the objectives of this engagement session was to share feedback results collected in June and the State’s next step determinations described previously, to offer a first draft of the revised LOC framework, and to solicit feedback on the draft. Therefore, the session was structured to allow for the majority of the time to be spent on an interactive exercise where stakeholders were able to share their perspectives on the first draft model framework.

Session Registrants Summary • July 13, 2018 Public Forum	
Staff	84 registrants
HCBS Providers	197 registrants
SNFs Providers	88 registrants

The presentation portion of the stakeholder engagement session included a review of TA scope of work and the prior meeting activities. Then, the results from the feedback were shared with group, along with the State’s desire to focus primarily on the framework and a Doorway model, based on stakeholder input.

After these introductory comments were made, the proposed doorways model was introduced to stakeholders, in detail. The five doorways are listed as Frail Elderly, Physical Limitations, Dementia, Mentally Ill, and I/DD or Adult Brain Injury. A draft illustration of this new framework was created based on the new doorway design and distributed to the attendees.

After these introductory comments were made, the proposed doorways model was introduced to stakeholders, in detail. The five doorways are listed as Frail Elderly, Physical Limitations, Dementia, Mentally Ill, and I/DD or Adult Brain Injury. A draft illustration of this new framework was created based on the new doorway design and distributed to the attendees.

Draft of Missouri NF LOC Doorway Model

LIST OF POSSIBLE INDICATORS

Activities of Daily Living	Instrumental Activities of Daily Living	Medical Indicators	Clinical Indicators	Safety Indicators	Cognition Indicators
<ul style="list-style-type: none"> • Transfers • Locomotion • Bed mobility • Upper dressing • Lower dressing • Eating • Toileting • Personal care • Bathing 	<ul style="list-style-type: none"> • Grocery shopping • Laundry • Light housework • Meal preparation • Medication management • Money management • Personal hygiene • Transportation • Using phone to accomplish tasks • Bill paying • Scheduling medical appointments • Other shopping tasks 	<ul style="list-style-type: none"> • Medical history • Mental health history • Vital signs • Medications • Medical conditions • Diagnoses • Special treatments or diets 	<ul style="list-style-type: none"> • Assistive devices • Treatments and procedures • Rehabilitative services • Tube feeding • Wound care • Occupational therapy • Ventilator care • Tracheotomy care 	<ul style="list-style-type: none"> • Environmental factors/problems • Living conditions • Risk evidence 	<ul style="list-style-type: none"> • Memory • Behavior • Communication • Sensory orientation • Assessment of social situation • Expression
					

Draft of Missouri NF LOC Doorway Model



Missouri NF LOC Doorway Model

Draft for Stakeholder Input—July 2018

	DEFINITION:	INDICATORS:
 <p>Frail Elderly</p>	<p>Individuals age 80 and over with a decreased ability for independent living due to chronic health problems, physical limitations, and/or impaired mental abilities.</p>	<ul style="list-style-type: none"> • Activities of Daily Living—Bathing, Mobility, Transfers, Dressing, Grooming, Toileting, Eating • Instrumental Activities of Daily Living—Meal prep • Safety—Activities of Daily Living impacting health, Fall risk (bathing, transfers)
 <p>Physical Limitation</p>	<p>Individual with a physical limitation, medical diagnosis, and/or chronic condition that leads to the need for physical hands-on care</p>	<ul style="list-style-type: none"> • Activities of Daily Living—Toileting, Eating, Transfer, Mobility • Clinical—Wound care, Tube feeding, Ventilator and Tracheotomy
 <p>Dementia</p>	<p>Professional Dementia Diagnosis required</p>	<ul style="list-style-type: none"> • Activities of Daily Living—Bathing, Mobility, Dressing, Grooming, Toileting, Eating • Instrumental Activities of Daily Living—Grocery shopping, Laundry, Light housework, Meal preparation, Medication management, Money management, Personal hygiene, Transportation, Using phone to accomplish tasks, Bill paying, Scheduling medical appointments, Other shopping tasks • Cognition—Behavior, Expression, Memory • Safety—Wandering/Exit seeking, ANE (abuse, neglect, exploitation)
 <p>Mentally ill</p>	<p>Professional Mental Health Diagnosis required</p>	<ul style="list-style-type: none"> • Instrumental Activities of Daily Living—Self care • Safety—Wandering/Exit seeking, Behavioral, Fall risk
 <p>I/DD (Intellectual or Developmental Disability) or ABI (Adult Brain Injury)</p>	<p>Professional Diagnosis of I/DD, Acquired Brain Injury or Traumatic Brain Injury as defined in RSMO-192.735</p>	<ul style="list-style-type: none"> • Instrumental Activities of Daily Living—Self care • Safety—Wandering/Exit seeking, Behavioral, Fall risk

Provide feedback online at golong.wufoo.com/forms/nf-loc-feedback/

With the proposed model in hand, stakeholders were asked to provide feedback on the following question:

What indicators put someone in a place where they need to receive their care in a nursing home environment?

Individual posters for each doorway were hung in multiple locations around the meeting room. Stakeholders were given dot stickers and self-adhesive note pads and asked to place a dot by something they liked and to write suggestions for improvement on note pads. The participants were given at least thirty minutes to participate in this feedback activity.

Examples of Doorway Posters with feedback after a stakeholder session

<p>Doorway 1</p>	<p>Doorway 1 Feedback</p>	<p>Doorway 2</p>	<p>Doorway 2 Feedback</p>
<p>Doorway 3</p>	<p>Doorway 3 Feedback</p>	<p>Doorway 4</p>	<p>Doorway 4 Feedback</p>
<p>Doorway 5</p>	<p>Doorway 5 Feedback</p>		

For the last half of the session, stakeholders worked with others at their table to discuss various scoring systems that could be used for each indicator. A review of nationally used score systems was briefly reviewed, include options such as (1) minimum, moderate, extensive; (2) 0, 3, 6, 9 point interval systems; (3) A + B + C + D (must meet all); and (4) must meet one with the stipulation that each doorway be allowed to have different scoring and not all be weighted the same. The attendees broke up into small groups by doorway and used the established draft as the basis for their work to create an initial scoring system model proposal by giving answers to these dilemmas:

How would your group recommend this doorway be scored? If validation is needed, how would you do this?

An online survey was made available for attending stakeholders and those interested stakeholders not in attendance to complete if others wanted to provide additional feedback. It was explained that the results of this two-part activity would be collected, tabulated, and analyzed with the results to be reported out at the next planned public forum.

The next steps for continued stakeholder engagement, including a planned trip to Wisconsin to review their respective NF LOC framework and process, were explained to the participants along with the project's estimated completion date of November 2018. Following the meeting, details regarding next steps in the process were sent out on the listserv and posted on the state website by the Missouri DSDS leadership team.

Following this session, the Go Long Consulting team provided feedback analysis to the State of Missouri and after several lengthy meetings processing the vast amount of feedback and the often divergent, conflicting views of stakeholders, it became apparent the stated timeline was too aggressive to allow for a thorough examination of the data collected. The final stakeholder forum was delayed until late November 2018.

During this delay, the Missouri DSDS leadership team researched stakeholder concerns, looking for internal data to support reported challenges. The team performed case studies with actual Missourians to test stakeholder concerns. The State recognized the need to pivot away from the first proposed doorway-based system to an algorithm-based scoring system model based on category-specific questions, enhanced by common sense trigger questions. This model is described in greater detail in Section Three of this report. This revised model was tested extensively during this delay period and before presentation to the stakeholder groups.

Public forum 3: November 27, 2018

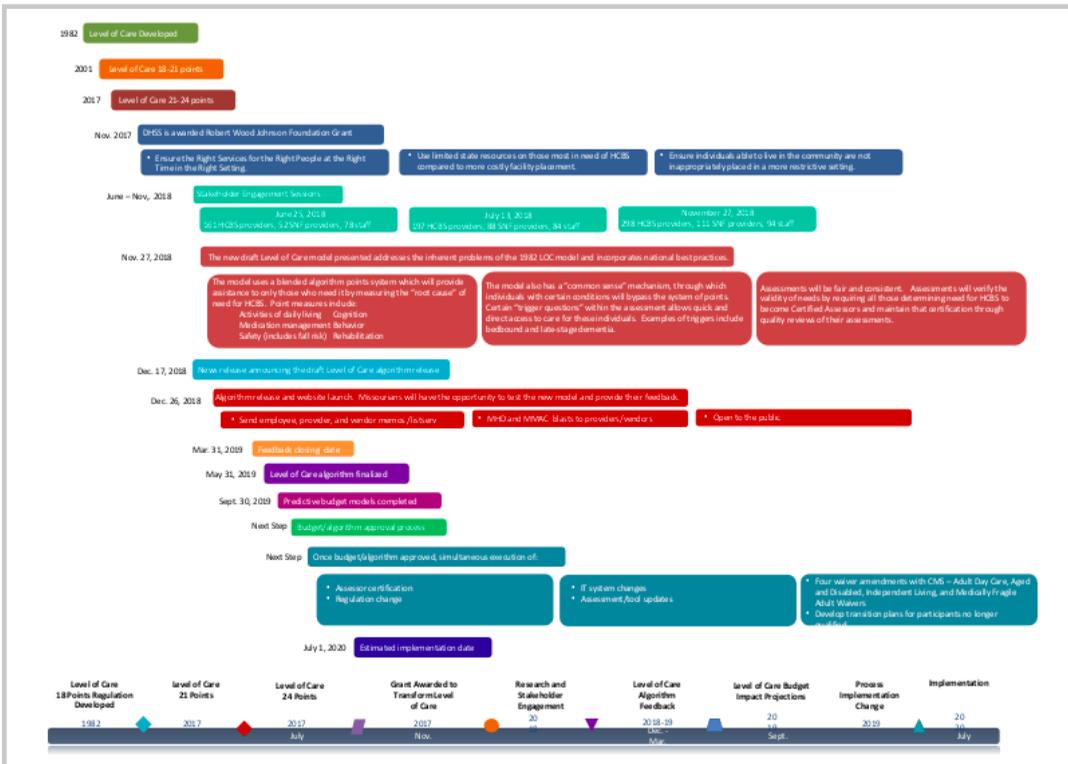


This third and final public forum was postponed from the originally scheduled date of August 21, 2018 to further consider stakeholder feedback received on the five-doorway model design and scoring system. The public forum was held on November 27, 2018 in Jefferson City with three session offerings, including one session for staff, one for HCBS providers, and one for SNF providers.

As explained to stakeholders, the objectives of this engagement session was to share a summary of the feedback results collected following July's stakeholder sessions and to discuss a revised model of the NF LOC framework. Like previous meetings, stakeholders were given a refresher on the transformation journey so far, and an updated version of the Level of Care Transformation Timeline was presented.

Session Registrants Summary • November 27, 2018 Public Forum	
Staff	94 registrants
HCBS Providers	298 registrants
SNFs Providers	111 registrants

Level of Care Transformation Timeline



The key takeaways from this valuable feedback included:

Frail Elderly Door Feedback Summary

		Staff	HCBS	SNFs
Definition	Change age , could be tiered age: 65-70, 70-79, 80 and up; maybe start at age 75, start at age 70 since many are in poor health, start at age 65, no age limit because discriminatory	✓	✓	✓
	Add short-term rehab door			✓
Indicators	Add ADLs including personal care, supervision, transfers	✓	✓	
	Add IADLs including grocery shopping, laundry, med prep, med management, money management, scheduling medical appointments, light housework, using phone to accomplish tasks, using phone apps, personal hygiene, household chores, bill paying, other shopping tasks, guardian, carrying 10 lbs., reading labels, and transportation	✓	✓	
	Add to Safety: A/N/E, memory, living conditions	✓		✓
	Add Medication: specifically availability and administration			✓

Physical Limitation Door Feedback Summary

		Staff	HCBS	SNFs
Definition	Add to wording: HIV, end stage disease, kidney, liver, cancer	✓		
	Add to wording: morbidly obese and diabetes; identify timeframe		✓	
	Add to wording: rehab and hospice; How account for individuals with limb/muscle constriction or amputee who no longer need clinical?			✓
Indicators	Add ADLs including personal care, grooming, bathing, dressing, all ADLs	✓	✓	✓
	Add IADLs including transportation, meal prep, medication prep, money management, household chores, laundry, shopping (for MS or ALS clients)	✓	✓	
	Add to Safety: A/N/E	✓	✓	✓
	Add to Safety: fall risk, transfers		✓	
	Add to Clinical: catheters, ostomies, etc.			✓

Dementia Door Feedback Summary

		Staff	HCBS	SNFs
Definition	Change wording: HIV/AIDS could be in this doorway or what kind of dx? Specifically, Dementia word only?	✓		
	Change wording to identify timeframe; is an MD a specialist, no true test Dementia (indicators may be present before diagnosis); Need to address that indicators may come first		✓	
	Change wording: does a diagnosis of unspecified dementia qualify as professional dementia diagnosis?			✓
Indicators	Add to Safety: fall risk	✓		
	Add to Safety: risk to others		✓	
	Add to Safety: living conditions; add prompting and standby assist			✓

Mentally Ill Door Feedback Summary

		Staff	HCBS	SNFs
Definition	Change wording: Too subjective; vetted by DMH?			✓
Indicators	Define self-care under IADLs	✓		✓
	Add ADLs: All		✓	
	Add IADLs: including med prep, med management, personal hygiene, meal prep, grocery shopping, light housekeeping, paying bills, money management, ability to maintain a residence, household chores, scheduling med appointments.	✓	✓	
	Add to Safety: self-harm, suicide, poor decisions, medication compliance; Add Cognition for impairment	✓		
	Add to Safety: refusing care, noncompliance		✓	
	Add to Behavioral: medication		✓	
	Add to Safety: A/N/E and living conditions			✓

I/DD or ABI Door Feedback Summary

		Staff	HCBS	SNFs
Definition	Change the wording: Too open ended; add a goal oriented aspect with intent to improve capacity; need to include the entire definition of statute to include SCI; identify and expand timeframe; vetted with DMH?	✓	✓	✓
Indicators	Add ADLs: including toileting and bathing	✓	✓	
	Add IADLs: including grocery shopping, laundry, housework, med management, doctor's appointments, transportation, essential communication with others, self-care	✓	✓	
	Define self-care under IADLs and define Behavioral	✓		
	Add to Clinical: medication management, verbal skills		✓	
	Add Cognition and family support/dynamics			✓

To summarize, doorways sounded like a good idea to stakeholders but when applied to the people the stakeholders serve, a number of challenges became more apparent. Stakeholders agreed that certain types of people need help and an easy to access entry point or doorway is needed for these individuals. But, doorways created the potential to arbitrarily exclude some participants who have significant needs. The doorway system would be technically difficult and expensive to implement, given Missouri's current assessment and web-based system.

After the feedback was reviewed, details from the planned trip to Wisconsin to review their NF LOC framework and process were revealed. Dr. Randall Williams, Director of the Department of Health and Senior Services, and Venice Wood, Chief of the Bureau of Long Term Services and Supports at the Division of Senior and Disability Services, visited the state of Wisconsin to meet with state officials. This visit helped Missouri determine the need for "certified assessors" and underscored the importance of quality assurance related to the certified assessors and inter-rater reliability functions. The need to focus on measuring what matters through a blended algorithm was also determined.

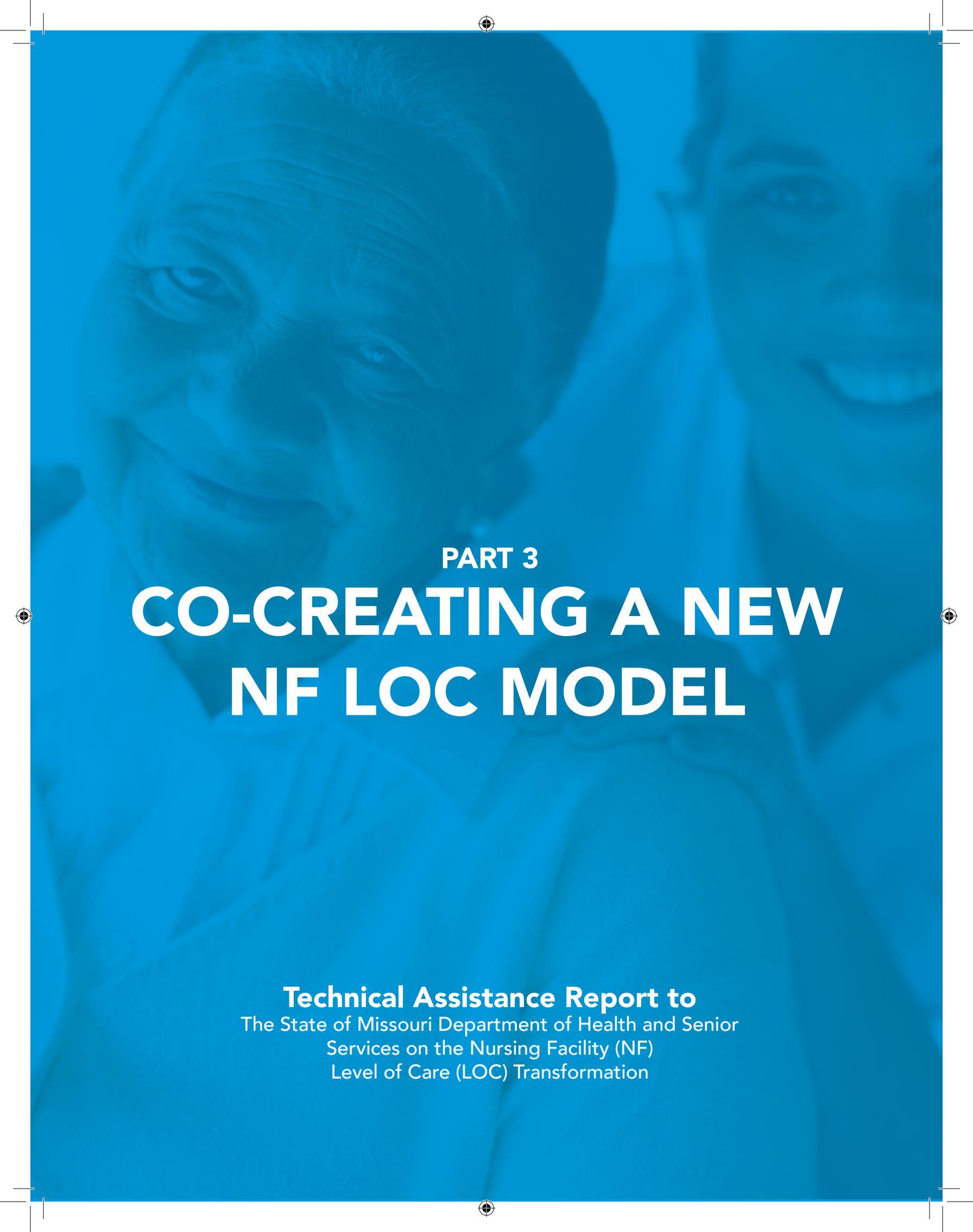
Stakeholders were then presented the new NF LOC model and scoring system, as shared in Part Three of this report. In order to achieve the State's anticipated implementation deadline of 2020, the completion of the following phases was presented to stakeholders:

Phase 1: Finalize and Test the Algorithm

Phase 2: Perform Predictive Budgeting Based on New NF LOC Model and Complete Budget Process

Phase 3: Implement New LOC Model After Modifying:

- Cyber Assess Changes
- InterRAI HC changes
- Assessor Certification
- Transition Plans
- Regulation Changes
- Waiver Amendments (4)



PART 3
**CO-CREATING A NEW
NF LOC MODEL**

Technical Assistance Report to
The State of Missouri Department of Health and Senior
Services on the Nursing Facility (NF)
Level of Care (LOC) Transformation

Analysis of Current System

There have been numerous steps, activities, and analysis taken to arrive at a newly revised NF LOC model co-created by the State of Missouri and all stakeholders. Based on the totality of the feedback collected and the key takeaways from the visit to Wisconsin, State leaders reviewed the information and feedback in light of their original focus and asked:

When thinking about the current system,
What’s working?
What’s not working?
What’s missing?
What did research say?

To summarize, these leaders articulated:

What’s working?	<ul style="list-style-type: none"> • Mobility • ADLs • IADLs • Rehabilitation
What’s not working?	<ul style="list-style-type: none"> • Not measuring the “Root” of the problem • Measuring symptoms such as monitoring, restorative, number of medications taken, and physician ordered diet
What’s missing?	<ul style="list-style-type: none"> • Need to look at cognitive and behavioral separately • Find to provide an easier pathway into the system for those that obviously need services
What did research say?	<ul style="list-style-type: none"> • ADLs are what truly matter-all states emphasize this • Those with updated systems recognize cognitive and behavioral separately • Blended algorithm models with variable point values makes most sense • Must update model more often than in the past

Aligning the proposed revisions would be critical to moving toward the original goal for NF LOC transformation:

“We want to make sure the right people are getting the right services at the right time in the right setting. That’s a lot of ‘Rights to get Right!’”

New Model

With the above in mind, the state created a revised model, which was presented at the November 28, 2018 stakeholder convening. The new model was shown in comparison to the current model, as captured in the following chart:

Current Category	Proposed New Framework Category
Mobility	Moved to newly created Activities of Daily Living (ADL) category.
Behavioral	Behavioral category will be modified to reflect if a participant has had repeated behavioral challenges that affect his/her ability to function in the community.
Treatments	Treatment category modified to include treatments or programs related to continence/ ostomies, skin condition, and/or airway passages that are ordered or provided due to inability to care for oneself.
Personal Care	Moved to newly created ADL category.
Rehabilitation	Rehabilitation: The restoration of a former or normal state of health through medically-ordered therapeutic services either directly provided by or under the supervision of a qualified professional.
Dietary	Moved to newly created ADL category.
Medication	Moved to newly created Instrumental Activities of Daily Living (IADL) category.
Restorative	Removed
Monitoring	Removed
	<p>Added new categories for Activities of Daily Living (ADLs) which refer to the fundamental activities an individual does on a day-to-day basis that are necessary for independent living including:</p> <ul style="list-style-type: none"> • Eating: Meal preparation and mode of nutrition. • Bathing: How dresses and undresses (street clothes, underwear) including prostheses, orthotics, fasteners, pullovers, etc. • Toileting: Participant's ability to use the toilet room (or commode, bedpan, urinal), transfers on/off toilet, cleanses, changes (incontinence), pad, manages ostomy or catheter, and adjusts clothes. • Mobility: Participant's ability to move from one place or position to another. <p>Mobility, Eating and Toileting reflects 0, 3, 6 or 9 Bathing and Dressing reflects either a 0 or 3</p> <p><i>The scoring for Missouri is based upon the foundation of the Hierarchy of ADLs (InterRAI)</i></p>
	<p>A new category for Instrumental Activities of Daily Living (IADL) captures the skills and abilities needed to perform certain day-to-day tasks associated with an independent lifestyle.</p> <ul style="list-style-type: none"> • Medication Management • Meal Preparation <p>Added new categories for Cognition, which is designed to assess a participant's performance in memory, decision-making, organization of self-care activities, as well as communication and comprehension.</p> <p>Added a new category for Safety, which is designed to assess a participant's risk of undergoing hurt or injury due to visual impairment or falls.</p>

After the new model categories were determined, a new scoring system was developed. This scoring system uses category-specific questions with points being earned for each question. Additionally, the State introduced what they described as "common sense trigger questions" to be used to identify those who would automatically qualify for eligibility. These trigger questions would provide an easy access point for those with the most need, such as individuals in late stage dementia.

Case Studies

To determine how the new scoring system would apply to actual Missourians, State leaders performed an analysis on hundreds of individuals currently served and also on those who had previously been denied services. To illustrate the need to test the new scoring algorithm on actual Missourians, the following case studies were shared with stakeholders:

Would Meet New LOC Through Trigger Question

Case Study #1: Twenty-two year old bed-bound male with spina bifida, and seizures. Requires catheter maintenances. Requires assistance with every physical need. Current LOC is 48, would automatically receive services under new algorithm.

Case Study #2: Eighty-five year old bed-bound woman on hospice. Has Alzheimer's with frequent confusion and hallucinations. Needs food cut up and help eating. Current LOC 48, would automatically receive services under new algorithm.

Would Continue to Meet LOC Under New Algorithm

Case Study #3: Fifty-two year old woman with lupus and schizophrenia. She has some intellectual disabilities (inability to read and write). Current LOC is 39, would continue to meet LOC under new algorithm.

Would No Longer Receive Services Under New Algorithm

Case Study #4: Thirty-nine year old woman with fibromyalgia. Patient reported complete independence with all ADLs. Current LOC is 30, with nine of those points coming from the number of medication taken and six coming from the use of a CPAP. Would not meet LOC under new algorithm.

Does Not Currently Receive Services Now, But Would Under New Algorithm

Case Study #5: Eighty-nine year old woman. Currently unable to make it through the prescreen, only getting a score of 12. She is only on 2 medications, but she needs assistance remembering to take them. She only sees her doctor once a year unless she becomes ill. She does not receive any treatments. She needs assistance bathing. She ambulates without assistance, but is a high fall risk. Because the new algorithm focuses on ADLs and takes fall risk into account, Elizabeth would meet LOC and receive services.

At the stakeholder meeting in November 2018, providers were encouraged to take the proposed algorithm and run their own similar analysis. To verify the reliability of this new model, case studies of actual Missourians need to occur in significant numbers. Objectively evaluating individual cases for those who are both in the system and those not in the system will increase the likelihood of providing the right services for the right people at the right time in the right setting.

DRAFT Algorithm

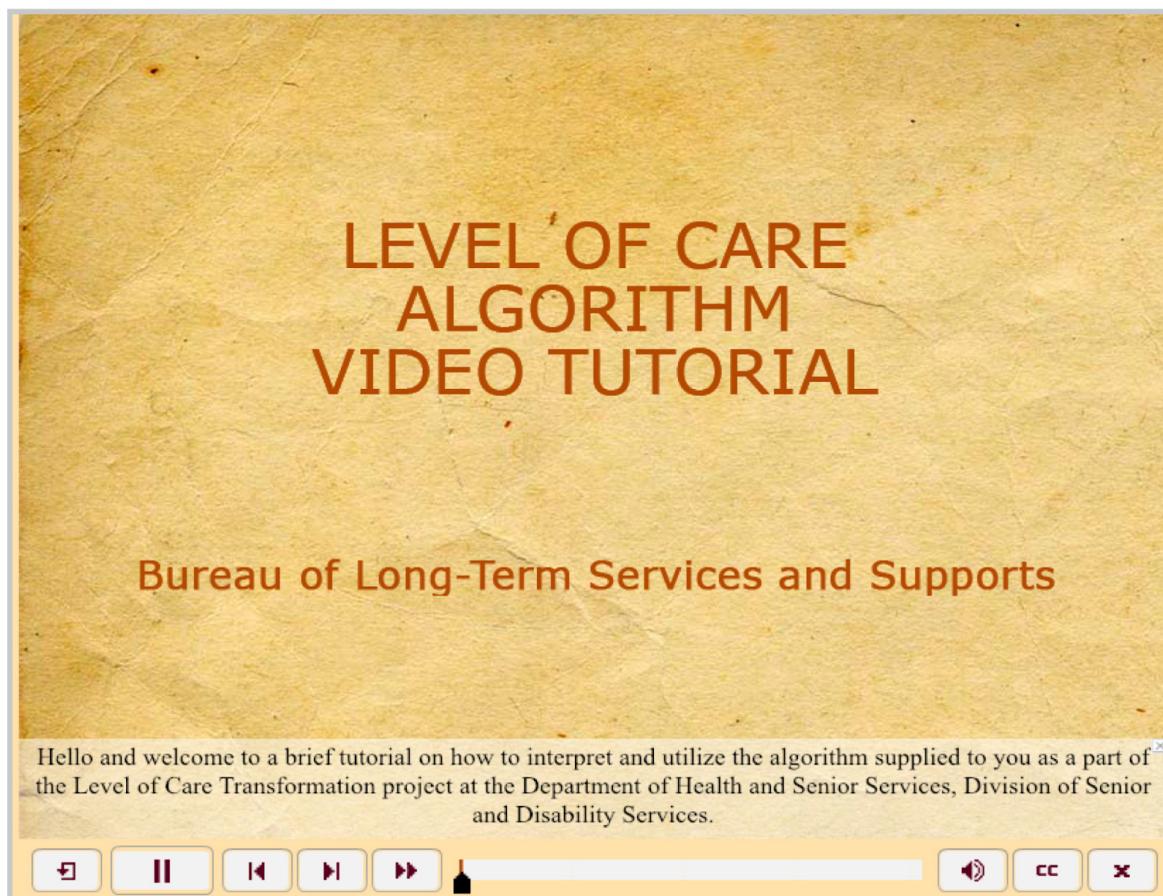
The draft eligibility requirements along with the proposed algorithm (see appendix C) were publically released December 26, 2018 to providers on a dedicated website, LOC Transformation, to gain public input. The State shared a brief video tutorial explaining how to interpret and use the algorithm to provide case studies. The case studies, along with any feedback from the findings, will help determine the effectiveness of the proposed new model.

Missouri Level of Care (LOC) Transformation Website (<https://health.mo.gov/seniors/hcbs/loc-transformation.php>)

The screenshot shows the Missouri Department of Health & Senior Services website. The header includes the state logo, the department name, and navigation links for MO.gov, Governor Parson, Find an Agency, and Online Services. A search bar is also present. Below the header is a navigation menu with categories: Healthy Living, Senior & Disability Services, Licensing & Regulations, Disaster & Emergency Planning, and Data & Statistics. The main content area is titled "LOC Transformation" and features a breadcrumb trail: DHSS Home » Senior & Disability Services » Home/Community Based Services Provider Information » loc-transformation. A "NEW!" announcement states: "PRESS RELEASE: DHSS Opens Public Comment Period for Updates to Medicaid-Funded Home and Community Based Services Program - <https://health.mo.gov/information/news/2018/hcbs-121818>". A sub-header "Home & Community Based Services Provider Information" is followed by a list of updates: "PM/VM-18-22 Level of Care (LOC) Transformation Project - Draft LOC Algorithm Release – December 2018 NEW!", "NFLOC Presentation - May 2018", "NFLOC Presentation - June 2018", and "NFLOC Presentation - November 2018". There are also links for "Video Tutorial NEW!", "LOC Algorithm NEW!", and "Send Feedback". A right-hand sidebar titled "Senior & Disability Services" lists various topics: "2018 – Caregiver of the Year", "Abuse, Neglect & Exploitation", "Area Agencies on Aging", "Adult Day Care", "Celebrate Older Americans Month - May", "Home and Community Based Services", "Home and Community Based Services Provider Information", "Medicare / Medicaid", "Missouri Senior Legal Helpline", and "Missourians Stopping Adult Financial Exploitation (MOSAFE)".

Even though hundreds of cases have been reviewed by DSDS to examine how the proposed changes could impact participants, the State urged providers to download and review the draft algorithm, watch the video tutorial to learn how to apply the adjusted eligibility criteria, and pilot test the revised algorithm through their own case studies to determine potential impact on the individuals they serve. This step is being taken to both engage stakeholders from across the state and lend transparency to this change process.

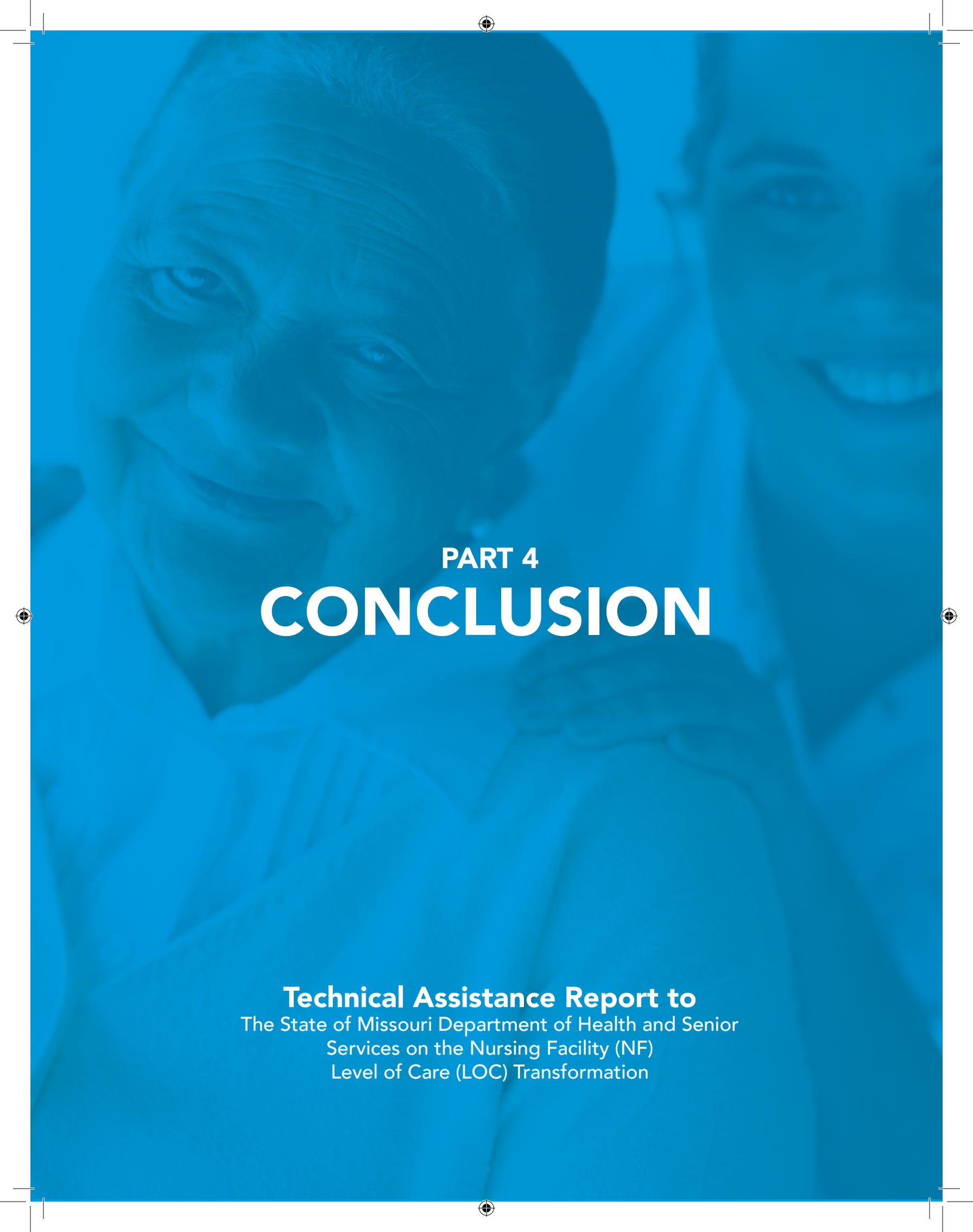
Video Tutorial for the Modified Level of Care (LOC) Algorithm:



“Transparency is key to success. In order to make sure we have built something that gets the right services to the right people, we have to ask for perspectives of those who need care and those who provide the care, as well as all Missouri taxpayers.”

—Jessica Bax, Director of the DHSS’ Division of Senior and Disability Services

Communications were distributed via a listserv and through provider associations with the request that findings and outcomes be submitted using the using the “Send Feedback” link on the LOC Transformation website. The final due date to share feedback is March 31, 2019.



PART 4
CONCLUSION

Technical Assistance Report to
The State of Missouri Department of Health and Senior
Services on the Nursing Facility (NF)
Level of Care (LOC) Transformation

Key Learnings, Best Practices, and Recommendations

Although the scope and duration of the technical assistance went through 2018 only, Go Long Consulting offers the following key learnings and best practice recommendations as the State of Missouri moves rapidly toward implementation of the new NF LOC model.

Technical Assistance Area: National Scan

Although the length and depth of findings varied significantly among states, the lack of a common nomenclature inhibited easy comparison across states. It seemed every state wanted to stress its own uniqueness, often using common criteria buckets with a great degree of variability. The idea of having a national norm or setting national standards was not valued. Being free from a nationally-mandated standards caused some states to express apprehension over future federal judgment or oversight of state-specific NF LOC models.

Go Long Consulting recommends that a philanthropic organization fund the creation of a national database of LOC models, including indicators, scoring systems, and tools used to make functional assessments. Without one consistent place to find all of this information, fragmentation will continue to delay and harm best practice adoption.

Technical Assistance Area: Stakeholder Engagement

Go Long Consulting believes it was highly beneficial to meet with stakeholder groups separately so the group-specific issues could be fully discussed, without fear of retribution or offending others. States should cast a wide net and involve every division of government that will be impacted directly or indirectly by the new NF LOC model. Having a neutral third-party conduct the stakeholder feedback sessions allows the State to be co-contributors, alongside providers, instead of being positioned as the ones with all the answers. Sessions should be held in centralized locations with advance notification being given. Stakeholder sessions should focus on simplified messages and be structured in such a way that the most number of people will feel free to participate. This means non-attendees must be provided with the same resource materials as attendees, and given the opportunity to have their voices fully heard. Additionally, activities that allow for anonymous feedback will encourage stakeholders to share true thoughts. It should be noted that speaking only to industry groups representing provider members is inadequate. Actual providers must be included in the engagement process, as well, since key messages can be lost, misinterpreted or misconstrued. When analyzing stakeholder data, it is important to understand the needs of different stakeholder groups, while emphasizing commonalities uniting the feedback. Finally, stakeholder engagement must be viewed as a continuous process and without a “one-and-done” mentality.

Go Long Consulting recommends that Missouri release and make available to stakeholders the case studies and modeling data that proves the effectiveness of proposed NF LOC model. By doing this, the State will continue its record of transparency and clear communication through this change process. As part of this effort, the State may want to establish a stakeholder advisory team, provide frequent updates to the website, offer monthly webinars on ongoing developments, and allow stakeholders to voice concerns through an established channel of communication. Where possible, the State should showcase the lives of actual Missourians who will be the beneficiaries of this difficult work. Once the new NF LOC model is fully implemented, the State should share actual examples of how the three initial project goals have been met.

Technical Assistance Area: LOC Model

When proposing a new NF LOC model, it is imperative for states to test any proposed changes against actual case studies, remembering the goal of making sure the right people are getting the right services at the right time in the right setting. States should embrace the assistance of providers to conduct a similar analysis. The new model should reflect the state’s needs, yet be balanced against maximizing the limited number of resources available to consumers. When possible, states should look to benchmark against nationalized aggregated data. Since a number of NF LOC changes will be implemented, the State must actively monitor the algorithm to ensure its effectiveness, especially where categories have been created or eliminated. The State should prepare policies regarding ongoing development of the NF LOC model and its underlying algorithm, and implement future changes to model when evidence supports said modification.

The State should keep lawmakers abreast of need for the new proposed NF LOC model and the results achieved once implemented. In addition, the State must create strategies to inform and assist those Missourians who may no longer qualify under model. The State should consider options and services for at-risk populations that need services, by delivering community-based services to individuals who did not yet meet the institutional level of care. These services could be provided through non-state funds, such as through religious organizations, community organizations, and other non-profit entities.

Outside the Scope of Technical Assistance: Process Administration

The first stakeholder meeting yielded a number of significant process and procedural issues with the current model. These issues must be addressed before the new NF LOC model is implemented or it will jeopardize the effectiveness of the new model. The challenges and potential changes associated with the current process administration used to assess eligibility criteria and then assign proper services and supports became apparent through stakeholder comments. Although this was outside of the initial scope of the technical assistance project, efforts were made to capture these concerns so the State could address these issues at the proper time.

The table below summarizes the key challenges identified by different stakeholder groups along with their proposed changes. NOTE: Where a number is added in parentheses, this indicates the number of people who submitted the same concern if the number of individuals exceeds ten.

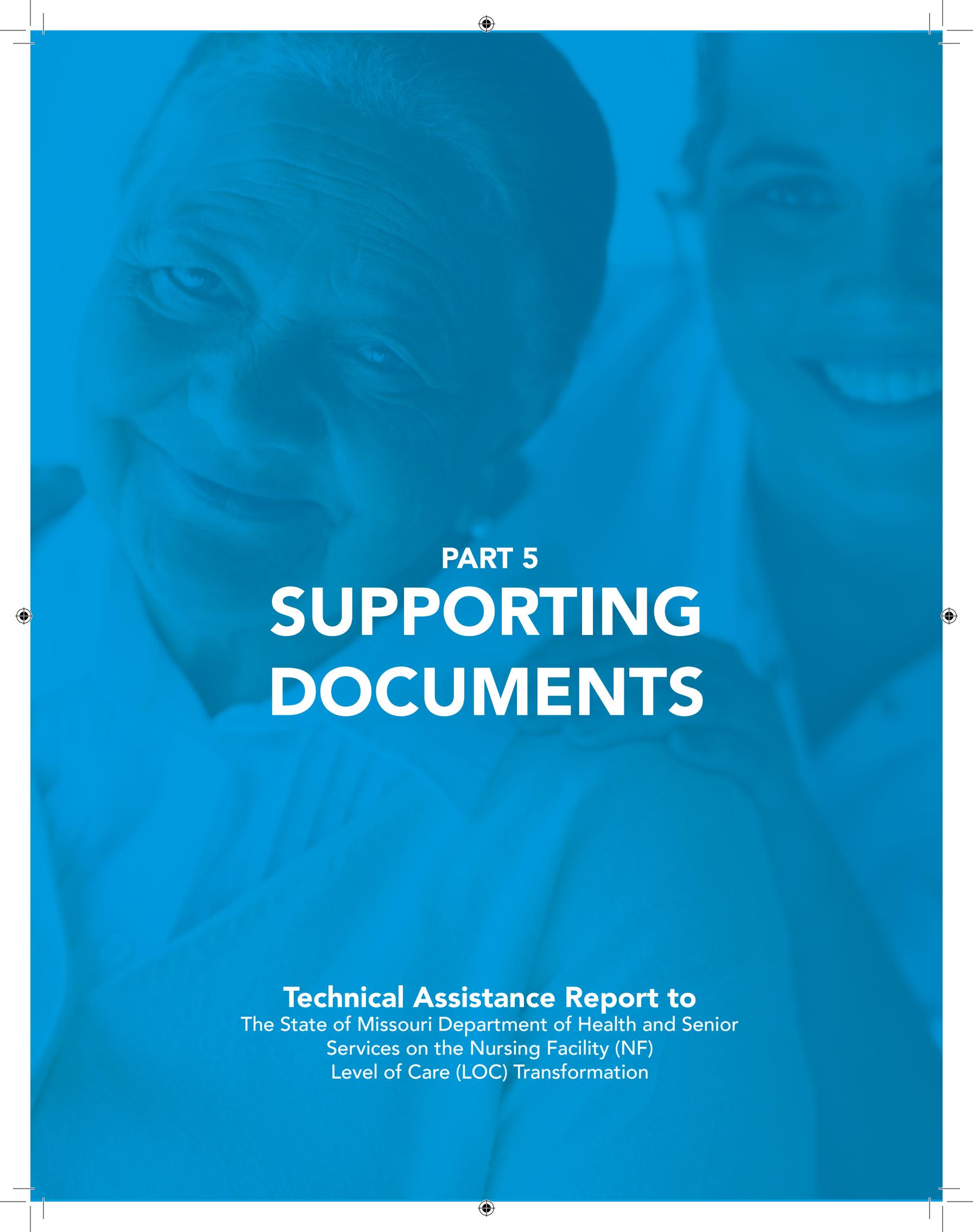
Feedback from	PROCESS Challenges	PROCESS Changes
State Staff	<ul style="list-style-type: none"> System is subjective and inconsistent (18) ~13 page HCBS assessment tool too long Client can be coached SNFs assessment tool still paper-driven 	<ul style="list-style-type: none"> Re-evaluate current interRAI assessment process Approved assessment results should be medically verified by physician or RN Add verification of self-reported data or replace self-report with other data sources Implement better coordination between departments Ability to hold fraud participants accountable Consider mobile assessments for greater reach (10) Certified assessor to validate and train to the assessment tool (22)
HCBS Providers	<ul style="list-style-type: none"> Assessor training is inconsistent and leads to different outcomes (20) Self-report information needs to be verified because some self-report is not accurate Disparity in process between SNF and HCBS 	<ul style="list-style-type: none"> Role of medical professionals and certified assessors would alleviate variance in KSA levels and add consistency (25) Conduct group assessment with assessor, provider representative, and individual Need for “unified delivery system” after individual becomes NF LOC eligible
SNFs Providers	<ul style="list-style-type: none"> Slow response after assessment completed, ~90 days Lack of understanding of assessment leads to incomplete and inaccurate submissions Backlog/lost forms at COMRU 	<ul style="list-style-type: none"> Consider a case mix payment allocation for reimbursement Certified assessor for consistency purposes

The above feedback is a key part of the overall design of the NF LOC ecosystem and structure. As such, it is just as imperative to review and address the existing gaps in the administration of the process, as it was to re-evaluate and update the eligibility criteria for the LOC model. Therefore, Go Long Consulting recommends the State review its processes and procedures for effectiveness. Missouri should automate as many processes as is feasibly possible. Using pen and paper data collection is not a good use of human capital and is creating issues for Missourians seeking care. For example, the SNFs assessment tool is still paper driven which leads to inaccuracies in the information collected and delays, sometimes upwards of 90 days, in enrollment and service delivery.

Go Long Consulting highly recommends employing certified assessors to help alleviate the existing current variability in those individuals deemed to meet the NF LOC eligibility criteria threshold. Through rigorous certified assessor training, the State would achieve higher reliability and validity outcomes leading to an increase in consistency, reduction in regional and service setting disparities, evaluation of multiple sources of information, and streamlined process for a quality service delivery package. Additionally, the State should consider mobile assessments to expand the reach for those most in need. All assessment tools will need to be reviewed for alignment issues, and should include both category-specific and common sense trigger questions with proper points assignments. Finally, Go Long Consulting recommends the State move toward case mix integration.

With the assistance of dedicated State leaders and engaged stakeholders, Missouri's Level of Care Eligibility Criteria has been reimagined!





PART 5
SUPPORTING
DOCUMENTS

Technical Assistance Report to
The State of Missouri Department of Health and Senior
Services on the Nursing Facility (NF)
Level of Care (LOC) Transformation

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Technical Assistance provided by Go Long Consulting (GLC)

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Appendix A

ANNOTATED BIBLIOGRAPHY

AARP's Long Term Services and Supports State Scorecard: A State Scorecard on LTSS for Older Adults, People with Physical Disabilities, and Family Caregivers (2017):

<http://www.longtermscorecard.org/~ /media/Microsite/Files/2017/Web%20Version%20LongTerm%20Services%20and%20Supports%20State%20Scorecard%202017.pdf>

AARP is a nonprofit, nonpartisan, social welfare organization that focuses on the elderly. It is a leading lobbying group with nearly 38 million members. Per its website, its mission is to, “enhance the quality of life for all as we age, leading positive social change, and delivering value to members through information, advocacy, and service.” The AARP Foundation, among others, helped sponsor the scorecard which is typically completed every three years, having been published in 2011, 2014, and now 2017. This study looks across broad categories to benchmark performance, measure progress, identify areas for improvement, and improve lives. The data collection and analysis is used to measure state-level performance of Long Term Services and Supports considering the processes and systems. The scorecard collected system performance using 25 indicators across 5 different dimensions. The information is collected from the viewpoint of the recipients of services and their families, helping to provide state data for easy comparison. This is a leading report in the industry for long term services and supports and is funded through The AARP Foundation, The Commonwealth Fund, and The Scan Foundation.

Truven Health Analytics Report (2017): Medicaid Expenditures for Long Term Services and Supports (LTSS) in FY 2015:

<https://www.medicaid.gov/medicaid/ltss/downloads/reports-and-evaluations/ltssexpendituresffy2015final.pdf>

Truven Health Analytics is a research company that provides healthcare data and analytics including information, analytic tools, benchmarks, research, and other services. This is a yearly report documenting and analyzing the high-level current trends in total LTSS expenditures along with other measures such as HCBS and institutional spending, variation in population, growth in managed long term services and supports (MLTSS), growth of new HCBS program authorities and numerous detailed data tables. The data sources include CMS reports, state managed care data collected by Truven, expenditures from the Money Follows the Person (MFP) Demonstration in applicable states collected by Mathematica Policy Research, and annual population estimates to calculate expenditures per state resident from the U.S. Census Bureau. This is a leading report in the industry for long term services and supports and is contracted by CMS.

Worry grows in Missouri over proposed Medicaid cuts, effects on nursing homes, elderly, STL Post-Dispatch newspaper article (2017):

http://www.stltoday.com/lifestyles/health-med-fit/health/worry-grows-in-missouri-over-proposed-medicaid-cuts-effects-on/article_e8b0f1b8-c1c3-5e67-bb36-5df9bd149e6c.html

The St. Louis Post-Dispatch is the major regional newspaper in St. Louis, in the U.S. state of Missouri. This article discusses a Republican Senate bill targeting health care reform that proposes to cut Medicaid spending that would directly affect LTSS programs. Medicaid is the government-run health insurance program for the poor and currently it pays for 63 percent of all nursing home care in the state. Around 89,000 Missourians, 65 years of age and older rely on Medicaid to help pay for their long-term care in nursing homes. Many speculate that the elderly and disabled will be disproportionately affected by the state's efforts to reduce this spending. This is happening at a time when the aging population is growing and will put financial strain on the current system.

Rutgers Report: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment (2008):

<http://www.cshp.rutgers.edu/Downloads/7720.pdf>

This study was conducted with the intention of explaining the process used by each state to determine nursing facility level of care eligibility for Medicaid-eligible recipients. The objective was to collect data based on the individual states' procedures for determination of care then draw general conclusions from the data collected to help key stakeholders learn how to improve those assessments that allocate services and supports. This report was published in 2008, yet remains one of the few extensively researched reports on this topic. This document was developed under Grant No. 11-P-92015/2-01 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal government.

The Medicaid and CHIP Payment and Access Commission (MACPAC): Inventory of State Functional Assessment Tools for LTSS (2015):

<https://www.macpac.gov/wp-content/uploads/2017/02/Inventory-of-State-Functional-Assessment-Tools-for-LTSS.xlsx>

MACPAC is a non-partisan legislative branch agency that provides policy and data analysis and makes recommendations to Congress, the Secretary of the U.S. Department of Health and Human Services, and the states on a wide array of issues affecting Medicaid and the State Children's Health Insurance Program (CHIP). This spreadsheet collected exhaustive information on the functional assessment tools used to assess health conditions and function needs of Medicaid eligible individuals for medical eligibility determination and care planning. This resource was used extensively for the Appendix A state-level national scans on level of care eligibility criteria.

Other Key Subject Matter Sources:

Memorandum Comparing Four States' Comprehensive Assessment Systems Report (2013):

http://www.cdss.ca.gov/agedblinddisabled/res/CCI/FINAL_Memorandum_Comparing_Four_States_Comprehensive_Assessment_Systems_WG_.pdf

The intention of this report was to identify learning models from four selected states to support California's planned effort to adopt a new assessment system for its state HCBS programs. These efforts were specifically aimed at adults seeking community-based long term services and supports (LTSS) under the CMS mandated level of care eligibility criteria. In order to identify a uniform and comprehensive assessment system for Medi-Cal's LTSS program, the state of California identified four states, Michigan, New York, Pennsylvania, and Washington, for review. The assessment system including data collection approaches, medical eligibility criteria/LOC, needs determinations, care planning, and quality assurance systems along with a sample of each sample state's universal assessment instruments (UAI) were examined and evaluated. Key informants provided recommendations for the development of a new comprehensive assessment system in the areas of system planning, instrument development, data sharing, extension of the instrument across populations, stakeholder engagement, system implementation, review of assessments and service allocation. Both successes and limitations were identified from each state's assessment implementation system. This is an example of a deeper dive reporting and was supported by a grant from The SCAN Foundation.

The Medicaid and CHIP Payment and Access Commission (MACPAC): Functional Assessments for Long Term Services and Supports (2016):

<https://www.macpac.gov/wp-content/uploads/2016/06/Functional-Assessments-for-Long-Term-Services-and-Supports.pdf>

This report provides an overview of the national landscape associated with Medicaid long term services and supports (LTSS) programs as it relates to functional assessments used to determine the provision of care for eligible residents. Specifically, it details background information on the past use of functional assessment tools implemented by states, CMS state requirements on assessment tools with the corresponding level of care (LOC) eligibility criteria, current types of homegrown tools being used across states (along with the reasoning behind the decisions made), and the advantages and disadvantages associated with moving to a single national tool or core set of questions. It also introduces two recently implemented initiatives by Center for Medicare and Medicaid (CMS) to provide resources to states to make changes to their existing tools, The Balancing Incentive Program (funding ended in 2015) and development of the FASI tool. Since delivery of LTSS is in a period of rapid change, this report supplies a summary of the latest thinking and direction for functional assessments in this setting.

CE REED AND ASSOCIATES: Analysis of State Approaches to Implementing Standardized Assessments (2012):

<http://www.chhs.ca.gov/Olmstead/The%20SCAN%20Foundation%20Funded%20Report%20on%20Uniform%20Assessments.pdf>

This report provides background of the current use of national uniform assessments by states along with other states use of standardized assessments within its LTSS programs based on the level of care (LOC) eligibility criteria and components of the criteria. The premise is these state programs have long functioned under independent, programmatic eligibility processes for provision of care and it details the considerations that should be made when developing and implementing a new standardized automated assessment system. It lays out the time, cost, efficiencies, staff needs, approval process, and allowance for expansion of future programs while taking into account the significant budget challenges states face. Among the states interviewed were Washington, Arkansas, Minnesota, and New York. Their processes were documented, their lessons learned were recorded, and their transcripts were included in the appendix B. This report provides a potential framework to streamline existing state homegrown assessments and processes and was supported by a grant from the SCAN Foundation.

Long-Term Quality Alliance (LTQA): The Need to Standardize Assessment Items for Persons in Need of LTSS:

<http://www.ltqa.org/wp-content/themes/ltqaMain/custom/images/LTQA-The-Need-to-Standardize-Assessment-Items-4-14-1.pdf>

This report specifically advocates for a standardized assessment tool and explains the current variation in existing tools among states along with the details and reasons why state and program differences exist. It provides specifics and identifies variations for numerous states. The basic premise is the advantages outweigh the messy process of streamlining states' methods and processes. The report focuses on the goal of standardization from the aspect of a reliable, interoperable, person-centered, responsive, and fiscally sustainable system for states and those individuals applying for care while highlighting some flexible features to the approach. It also outlines a three-step process as a starting point for developing a standardized core set of concepts that focus on fundamental domains. The Long-Term Quality Alliance (LTQA) is now a community of organizations that have come together to improve outcomes and quality of life for persons (and potential persons) receiving LTSS provisions of care and their families. LTQA members represent key stakeholders in the area of LTSS and has the support of the SCAN Foundation.

Appendix B: State specific NF LOC reports

Alabama

Current NF LOC Eligibility	Functional Assessment Tool Overview	Assessment Criteria	References	
<p>Agency, Criteria, Acuity Scale, Scoring</p> <p>The Alabama Medicaid Agency is the state agency that oversees the state of Alabama's Medicaid program and includes Long Term Services and Supports.</p> <p>Criteria Generally, individuals are eligible for care if continuous and/or daily nursing services are required. Individuals may also be found eligible if they meet the descriptions for at least three of the Assessment Criteria - though exceptions apply to certain combinations of Criteria.</p> <p>Certain individuals need only meet one of the descriptions for the assessment criteria. They include: Medicaid individuals who have had no break in institutional care since discharge from a nursing home; individuals who are readmitted in less than 30 days after discharge into the community; and individuals admitted to a nursing facility as a private-pay individual in spend-down status with no break in institutional care for more than 30 days and becomes financially eligible for Medicaid.</p>	<p>Type of Tool</p> <p>Admissions and Evaluation Data (Form 161)</p> <p>Developed own tool, validation unknown.</p> <p>Doorway system</p>	<p>Who Assess/ Who Determines/ Length</p> <p>Assess Completed annually, state employees perform assessment, specifically RNs</p> <p>Determine QA review done and primary care physician required to authorize/ acknowledge results</p> <p>Length One page, assessment over three domains</p>	<p>Review of ADLs, IADLs, Clinical, Medical, Cognitive, Safety needs</p> <p>ADLs Transfers Mobility Eating Toileting</p> <p>IADLs Medication administration & management</p> <p>Cognitive Communication Orientation Behavior</p> <p>Medical/Clinical Advanced medication administration Tube care Respiration Rehabilitation Wound care Skin disorders Medical conditions & Diagnoses Skilled Nursing</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Policy and Procedure Manual</p> <p>(5) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Alaska

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cognitive, Safety needs	
<p>Alaska's Department of Health and Social Services is the state agency that oversees the state of Alaska's Medicaid program. It is called Denali Care and includes Long Term Services under Senior & Disabilities Services.</p> <p>Criteria The LOC determination is made through a three step process:</p> <p>First is the SDS review, in which the reviewer evaluates a series of state-mandated forms and compares it to state guidelines. They then make an assessment, and if they find the applicant does not meet the NF LOC requirement, requests a third-party review.</p> <p>Then, the third party reviewer evaluates the material prepared by the SDS and uses state guidelines to make their final assessment.</p> <p>Lastly, the SDS notifies the applicant of the decision reached.</p>	<p>Consumer Assessment Tool (CAT)</p> <p>Electronic and web-based</p> <p>Points System</p>	<p>Assess State employees and combination of professionals</p> <p>Length 32 pages in length, assessment over fourteen domains</p>	<p>ADLs Transfers Mobility Bed mobility Dressing Eating Toileting Bathing</p> <p>IADLs General IADLs</p> <p>Cognitive</p> <p>Medical/Clinical</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Policy and Procedure Manual</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Arizona

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cognitive, Safety needs	
<p>The Arizona Department of Economic Security (DES) is the state agency that oversees the state of Arizona’s Medicaid program. It was the last state to adopt a Medicaid program, but created the first managed-care Medicaid program in the country. The Arizona program has been called the Arizona Health Care Cost Containment System (or AHCCCS) since its inception. The long term care component of AHCCCS is called the Arizona Long Term Care System (ALTCS) . The Elderly (65+) and Physically Disabled (at any age) Population (EPD) are managed through Managed Care Organizations. ALTCS Plans are allocated by region.</p> <p>Arizona LOC Criteria: is based on three scores, the functional, medical, and grand total scores. There is no minimum functional or medical score required for eligibility. In order to qualify by score a grand total of 60 or higher is required. Physician eligibility reviews may be completed for those whose score is not thought by an assessor to be a complete reflection of the need for NF LOC. These reviews may occur when the score is either below or above the entry level, or if they have impairments listed below that “overshadow” their strengths in other areas, such as:</p> <ul style="list-style-type: none"> Requires nursing care by or under the supervision of a nurse on a daily basis Requires regular medical monitoring Impaired cognitive functioning and psychosocial deficits Impairments in ADLs and incontinence 	<p>Application/referral or The Short Form Intake Document (SFID)</p> <p>The Arizona Standardized Client Assessment Plan (ASCAP) using and Service Eligibility Matrix</p> <p>ASCAP Example</p> <p>Eligibility Matrix</p> <p>Blended System (ADLs score and Qualifiers)</p>	<p>Assess/Determine Services are provided through partnerships between DES and Arizona’s Area Agencies on Aging. The Area Agencies on Aging shall be the single point of entry and will coordinate services, and their case managers determine eligibility</p> <p>Length 15 pages long for assessment and a 1 page scoring matrix</p>	<p>ADLs Transfers Mobility Eating Toileting General ADLs</p> <p>IADLs Medication administration & management General IADLs</p> <p>Cognitive Behavior Communication Orientation Personal Goals General Cognition</p> <p>Medical/Clinical Assistive devices Advanced medication administration Skilled Nursing</p> <p>Safety/Risk General safety/risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Aging and Adult Services</p> <p>(5) NMHCBS Criteria</p>

Arkansas

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Arkansas's Department of Human Services is the state agency that oversees the state of Arkansas Medicaid program. It is called ARMedicaid and includes Long Term Services and Supports.</p> <p>Criteria</p> <ol style="list-style-type: none"> 1. The individual is unable to perform either of the following: <ol style="list-style-type: none"> a. At least one (1) of the three (3) activities of daily living (ADL) of transferring/locomotion, eating or toileting without extensive assistance from or total dependence upon another person; or, b. At least two (2) of the three (3) activities of daily living (ADL) of transferring/locomotion, eating or toileting without limited assistance. 2. The individual has a primary or secondary diagnosis of Alzheimer's disease or related dementia and is cognitively impaired so as to require substantial supervision from another individual because he or she engages in inappropriate behaviors that pose serious health or safety hazards to him or others; or, 3. The individual has a diagnosed medical condition which requires monitoring or assessment at least once a day by a licensed medical professional and the condition, if untreated, would be life-threatening. 	<p>ArPath Web-based Information System using interRAL home care tool</p> <p>Modified existing tool</p> <p>Medical eligibility algorithm system</p>	<p>Assess State employees, Area Agencies on Aging</p> <p>Determine Registered Nurse</p> <p>Length To complete an initial assessment and create a service plan takes an assessor approximately 2.5 to 3 hours. The annual reassessment is projected to take 1.5 to 2 hours</p>	<p>ADLs Transfers Mobility Eating Toileting</p> <p>IADLs</p> <p>Cognitive Behavior</p> <p>Medical/Clinical Medical conditions & Diagnoses Skilled Nursing</p> <p>Safety/Risk Risk to others or themselves</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(5) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

California

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>California's Department of Health Care Services is the state agency that oversees the state of California's Medicaid program. It is called Medi-Cal and includes Long Term Services and Supports.</p> <p>Criteria An Individual must qualify to live longer than thirty days at the skilled nursing level of care. This determination is dependent on the applicant's ability or inability to complete at least four out of six Activities of Daily Living (ADLs) without help. If the individual can't do three out of the six unaided, then he or she qualifies for a skilled nursing bed and could receive Medi-Cal benefits for long term care. Mental, Clinical, and Medical are the main areas for assessment criteria.</p>	<p>interRAI-Community Health Assessment</p> <p>National tool</p> <p>Points System</p>	<p>Assess Care Coordinators determine an applicant's functional eligibility for the program by verifying that the individual meets the level of care determination. Assessment instruments are used to collect data on nursing home and HCBS waiver applicants are focused on obtaining clinical and activities of daily living (ADL) information</p> <p>Determine Typically RNs</p> <p>Length Robust web-based assessment system</p>	<p>ADLs Eating Bathing Dressing</p> <p>IADLs Medication administration & management</p> <p>Cognitive Behavior</p> <p>Medical/Clinical Skilled Nursing Wound care Skin disorders Continenence Tube care Respiration Vital signs Medical conditions & Diagnoses Advanced medication administration Rehabilitation Mental Health</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Colorado

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cognitive, Safety needs	
<p>Colorado's Department of Health Care Policy and Financing is the state agency that oversees the state's Medicaid program. It is called Health First Colorado and includes Long Term Services and Supports.</p> <p>Criteria To qualify for Medicaid long-term care services, the recipient/applicant must:</p> <ul style="list-style-type: none"> • have deficits in 2 of 6 Activities of Daily Living, ADLs, (2+ score) or • require at least moderate (2+ score) in Behaviors or Memory/Cognition under Supervision. 	<p>ULTC 100.2 Long Term Care Eligibility Assessment Form</p> <p>Developed own tool 2006 and validated by State Medicaid Agency Staff</p> <p>Points system</p>	<p>Assess Completed annually, combinations of organizational entities performing assessments, specifically social workers. Uses a single entry point system</p> <p>Determine QA review done</p> <p>Length 5 pages long, assessment over 6 domains</p>	<p>ADLs Bathing Dressing Toileting Mobility Transfers Eating</p> <p>IADLs</p> <p>Cognitive Behavior Memory General cognition</p> <p>Medical/Clinical</p> <p>Safety/Risk Living environment Risk of maltreatment Risk to others or themselves</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p> <p>(5) Colorado Longterm Care Options</p>

Connecticut

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cognitive, Safety needs	
<p>Connecticut's Department of Social Services is the state agency that oversees the state of Connecticut's Medicaid program. It is called Husky Health and includes Long Term Services and Supports.</p> <p>Criteria Need for continuous SNF services and substantial personal care are looked at including three or more critical ADL needs.</p>	<p>The Level of Need Assessment (LON)</p> <p>Developed own tool, used since 2006, a home grown assessment based on the interRAI</p> <p>Scoring system</p>	<p>Assess/Determine Uses entities such as state agencies, independent contractors, but mainly case managers</p> <p>State officials report that the state is in the process of piloting a uniform needs assessment tool that is planned to use for all but one of the Medicaid HCBS programs in the state. This needs assessment tool will be used to both determine functional eligibility and to develop beneficiary service plans</p> <p>Length 14 pages, assessment over 12 domains</p>	<p>ADLs Bathing Dressing Transfers Toileting Eating</p> <p>IADLs Meal preparation Medication administration & management</p> <p>Cognitive</p> <p>Medical/Clinical</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Report to Congressional Requesters</p> <p>(5) Level of Need Assessment and Screening Tool Manual</p> <p>(6) LON Presentation</p> <p>(7) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(8) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Delaware

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Delaware Department of Health and Social Services is the state agency that oversees the state of Delaware’s Medicaid program called the Division of Medicaid and Medical Assistance including Long Term Services and Supports.</p> <p>Criteria The Level of Care for NH is determined through an intricate process. After all necessary data is gathered and the entire medical assessment is done, we use a scoring system that is based on ADL ability. Four areas of ADLs (eating, transferring, mobility, & toileting) as well as selected Clinical Care Services are assessed for his or her level of independence or dependency to determine the basic level of care. The form used, both electronically and manually, for this is the Functional Care Summary. This same form is used by the Nursing facilities monthly and kept as part of the medical record. Reimbursement nurses visit, and assess all facility MA residents quarterly, incorporating the facility’s Functional Care Summaries as part of the medical record as well as resident and staff interview. This determines ongoing medical eligibility (Level of Care Approval) as well as the correct payment methodology.</p>	<p>PAE (Pre Admissions Evaluation)</p> <p>This is a National tool. Started using in 2012.</p> <p>Points system</p>	<p>Assess MCOs</p> <p>Determine Registered Nurse</p> <p>Length 9 pages long</p>	<p>ADLs Transfers Mobility Eating Toileting</p> <p>IADLs Medication administration & management</p> <p>Cognitive Communication Orientation Behavior</p> <p>Medical/Clinical Rehabilitation Skilled Nursing Tube care Respiration Wound Care</p> <p>Safety/Risk General safety/risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Delaware: Medicaid Long-Term Care Services</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

District of Columbia

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cognitive, Safety needs	
<p>District of Columbia's Department of Health Care and Finance is the state agency that oversees the District of Columbia's Medicaid program. It is called DC Medicaid and includes Long Term Services and Supports.</p> <p>Criteria District of Columbia Must Qualify in 1 of 2 criteria:</p> <ol style="list-style-type: none"> 2 ADLs 3 IADLs <p>A score of nine or higher represent eligibility for nursing facility services. The termination sheet reflecting a total numerical score by telling three unique scores obtained from a comprehensive face-to-face assessment tool with the beneficiary seeking services. The three unique scores reflect a person's functional, cognitive/behavioral, and skilled care needs.</p>	<p>LOC determination sheet</p> <p>Modified existing tool from Connecticut, done by state sister agency staff</p> <p>Points system</p>	<p>Assess State employees, specifically Supervisory Nurse/Case Manager</p> <p>Determine Combination of professionals, typically Registered Nurses</p> <p>Length 3 pages total, covers over 5 domains</p>	<p>ADLs Bathing Dressing Eating Transfer Mobility Toileting</p> <p>IADLs</p> <p>Cognitive Behavior Communication Memory</p> <p>Medical/Clinical Continence Tube Care Medications administration & management Skilled Nursing Respiration Rehabilitation Advanced medication administration mental health</p> <p>Safety/Risk Risk to others or themselves</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) LTCAT</p> <p>(5) Department of Health Care Finance memo</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Florida

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Florida's Agency for Healthcare administration is the state agency that oversees the Florida's Medicaid program. It is called ACCESS Florida and includes Long Term Services and Supports.</p> <p>Criteria Comprehensive Assessment and Review for Long-Term Care Services (CARES) is Florida's federally mandated pre-admission screening program for nursing home applicants. The assessment identifies long-term care needs, and establishes the appropriate level of care (medical eligibility for nursing facility care), and recommends the least restrictive, most appropriate placement. Must require 24 hour continuous nursing supervision, monitoring or observation</p>	<p>701B Comprehensive Assessment</p> <p>Electronic, not web-based, Developed own tool</p> <p>Weighted points system</p>	<p>Assess A registered nurse and/or assessor performs client assessments.</p> <p>Determine A physician or registered nurse reviews each application to determine the level of care that is most appropriate for the applicant</p> <p>Length 9 pages in length, assessment over five domains</p>	<p>ADLs Bathing Dressing Eating Transfers Toileting</p> <p>IADLs Shopping Laundry Housework Meal preparation medication administration & management personal hygiene telephone money management</p> <p>Cognitive</p> <p>Medical/Clinical Continence Tube Care</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Georgia

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Georgia's Department of Community Health is the state agency that oversees the Georgia Medicaid program. It includes Long Term Services and Supports.</p> <p>Criteria Georgia utilizes weighted scoring of impairments to determine an applicant's eligibility for a nursing service LOC. The three (3) columns for scoring are: Medical Status (Required Field: the individual with a stable medical condition requires intermittent skilled nursing services under the direction of a licensed physician, and one other qualifying selection). Additional requirements are qualifying selections with 1 from Mental Status or 1 from Functional Status.</p>	<p>interRAI-Community Health Assessment</p> <p>National tool</p> <p>Points system</p>	<p>Assess/Determine Combination of entities, typically Registered Nurses</p> <p>Length Web based, assessment over six domains</p>	<p>ADLs Eating Toileting dressing transfers mobility</p> <p>IADLs Meal preparation personal hygiene</p> <p>Cognitive Decision making behavior memory communication</p> <p>Medical/Clinical Skilled nursing skin disorders wound care vital signs continence tube care rehabilitation</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) POLICIES AND PROCEDURES FOR NURSING FACILITY SERVICES</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Hawaii

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Hawaii's Department of Community Health is the state agency that oversees the Hawaii Medicaid program. It is called Med-Quest and includes Long Term Services and Supports.</p> <p>Criteria Utilizes a point system, however; determination not solely based on functional capabilities. Functional Limitations is one criteria in which we utilize to determine NF LOC. Functional Limitations in vision, hearing, speech, communication, memory, mental status/behavior, feeding/meal prep., transferring, mobility/ambulation, bowel function, bladder function, bathing, and dressing/grooming are based on a point system. The points range from 0-41.</p>	<p>interRAI-Community Health Assessment</p> <p>National tool</p> <p>Points system</p>	<p>Assess/Determine Physician, PCP, Registered Nurses</p> <p>Length Web based, as- essment over six domains</p>	<p>ADLs general ADLs</p> <p>IADLs general IADLs</p> <p>Cognitive Communication</p> <p>Medical/Clinical Pain Mental Health Medical/hospitalization history Medical conditions & Diagnoses</p> <p>Safety/Risk Living environment general safety/risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(5) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Idaho

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cognitive, Safety needs	
<p>Idaho's Department of Health and Welfare is the state agency that oversees the Idaho Medicaid program and it includes Long Term Services and Supports.</p> <p>Criteria NF Final LOC Score - If the score is 12 or greater, the participant meets A&D Waiver nursing facility level of care and services may be authorized. If the A&D Waiver participant score is less than 12, the participant may be eligible for PCS services.</p> <p>Note: Refer to Adult PCS chapter for next steps. PCS Levels I-IV (RALF/CFH) - If the RALF or CFH participant's UAI score is less than 12 points, and participant is open Medicaid, the participant may still be eligible for state plan PCS payment Level I, II, III, IV. The participant's income can be found in IBES in the EDBC information area.</p> <p>The Uniform Assessment Instrument (UAI) is a multidimensional questionnaire which assesses a client's functioning level, social skills, and physical and mental health. The client's functional abilities are assessed and a weighted scoring system is utilized to determine if the client meets nursing facility level of care.</p>	<p>Uniform Assessment Instrument (UAI)</p> <p>Developed own tool by State Medicaid Agency Staff</p> <p>Points system</p>	<p>Assess MCOs</p> <p>Determine State employees, typically Registered Nurses</p> <p>Length 11 pages in length</p>	<p>ADLs Bathing Dressing Toileting Transfers Eating Mobility</p> <p>IADLs general IADLs</p> <p>Cognitive</p> <p>Medical/Clinical Continence</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Idaho Resource Manual</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Illinois

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Illinois Department of Healthcare and Family Services is the state agency that oversees the Illinois Medicaid program. It is called Illinois Medicaid and includes Long Term Services and Supports.</p> <p>Criteria Case managers conduct pre-screens utilizing the Determination of Need Assessment which includes questions on six activities of daily living and nine instrumental activities of daily living and a Mini-Mental State Examination. The extent and degree of an applicant's need for long term care is determined on the basis of impaired cognitive and functional status as well as the available physical/environmental supports provided to the applicant by family friends, or others in the community.</p> <p>The Determination of Need is calculated in a point system, taking into account various criteria such including diagnoses (Alzheimer's, dementia, organic brain syndrome).</p>	<p>UAT under development</p> <p>DON (Determination of Need)</p> <p>(Developed own tool by state sister agency staff, validated by University of Illinois-Chicago)</p> <p>Points system</p>	<p>Assess/Determine Combination of entities, combination of professionals</p> <p>Length 15 pages long</p>	<p>ADLs Eating Bathing Dressing Transfers</p> <p>IADLs Meal preparation Telephone money management personal hygiene medication administration & management laundry housework</p> <p>Cognitive</p> <p>Medical/Clinical Continence</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Long Term Care-Illinois</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Indiana

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Indiana Department of Family and Social Services is the state agency that oversees the Indiana Medicaid program. It is called Hoosier Healthwise or the Healthy Indiana Plan (HIP) and includes Long Term Services and Supports.</p> <p>Criteria To qualify for skilled nursing care the services must be ordered by a physician and must be required and provided at least five days per week, the therapy must be of such complexity and sophistication that the judgment, knowledge and skills of a licensed therapist are required and the overall condition of the patient must be such that the judgment, knowledge and skills of a licensed therapist are required. The determination of the differences between skilled and intermediate level of care is based upon the patient's condition, along with the complexity and range of medical services required by the patient on a daily basis.</p>	<p>LTC Services Eligibility Screen</p> <p>Electronic and web-based</p> <p>Points system</p>	<p>Assess Hospitals, AAA, and NF providers</p> <p>Determine Clinical reviewer</p> <p>Length Web-based</p>	<p>ADLs Bathing Toileting Dressing Eating Mobility</p> <p>IADLs Personal hygiene</p> <p>Cognitive Expression & social assessment general cognition Decision making</p> <p>Medical/Clinical</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Long Term Care Indiana</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cognitive, Safety needs	
<p>Iowa Department of Human Services is the state agency that oversees the Iowa Medicaid program. It is called IA Health Link and includes Long Term Services and Supports.</p> <p>Criteria</p> <ol style="list-style-type: none"> The person requires daily supervision or prompting with dressing or personal hygiene, in conjunction with a short/long term memory problem and/or moderately/severely impaired cognitive skills for daily decision making. The person requires daily limited or extensive assistance or total dependence to perform dressing and personal hygiene. <p>Based on the minimum data set (MDS), the individual requires supervision, or limited assistance, provided on a daily basis by the physical assistance of at least one person, for dressing and personal hygiene activities of daily living as defined by the minimum data set, section G, entitled "physical functioning and structural problems", or, based on MDS, the individual requires the establishment of a safe, secure environment due to modified independence or moderate impairment of cognitive skills for daily decision making.</p>	<p>LOC Certification</p> <p>Electronic, not web-based</p> <p>Points system</p>	<p>Assess Social workers, Case workers</p> <p>Determine Nurse, Physician reviewers</p> <p>Length 4 pages in length, assessment over four domains</p>	<p>ADLs Eating Dressing Toileting Mobility</p> <p>IADLs personal hygiene managing finances shopping telephone housework medication administration & management meal preparation</p> <p>Cognitive general cognition decision making memory</p> <p>Medical/Clinical skilled nursing</p> <p>Safety/Risk living environment</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) NF LOC Review Process</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Kansas

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Kansas Department of Health and the Environment is the state agency that oversees the Kansas Medicaid program. It is called KanCare Program through the Department of Aging and includes Long Term Services and Supports.</p> <p>Moving towards the MFEI tool that will be used to determine eligibility and support needs for Medicaid Long-Term Services and Supports (LTSS) for customers who have physical disabilities, traumatic brain injuries or are frail elders.</p> <p>Criteria The assessment is a personal interview with the individual and family members or caregivers conducted by hospital personnel or staff from the Area Agency on Aging. The interview questions seek information about the need for assistance with activities such as bathing, meal preparation, housekeeping and laundry.</p> <p>The customer has impairment in a minimum of (2) ADLs with a minimum combined weight of (6); and impairment in a minimum of (3) IADLs with a minimum combined weight of (9); and a total minimum level of care weight of 26; OR a total weight of 26, with at least 12 of the 26 being IADL points and the remaining being combined IADL, ADL or Risk Factors. (Risk factors include Falls, ANE, Cognition, Incontinence and Unavailable supports).</p>	<p>Functional Assessment Instrument (FAI) Form</p> <p>Electronic, not web-based, developed own tool by State Medicaid agency staff</p> <p>Points system</p>	<p>Assess/Determine Area Agencies on Aging professionals, The Care Level I assessments are conducted by assessors through the local Aging and Disability Resource Center (ADRC).</p> <p>Length 42 pages long, assessment over four domains</p>	<p>ADLs general ADLs</p> <p>IADLs general IADLs</p> <p>Cognitive general cognition</p> <p>Medical/Clinical Continence</p> <p>Safety/Risk general safety/risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(5) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Kentucky

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cognitive, Safety needs	
<p>Kentucky Cabinet for Health and Family Services is the state agency that oversees the Kentucky Medicaid program. It is called Kentucky Health with Long Term Care and Community Alternatives including Long Term Services and Supports. Kentucky will be the first state to require many of its Medicaid recipients to work, volunteer, or train for a job to keep their benefits.</p> <p>Criteria KY lists 12 criteria, and the resident must meet 2 out of the 12 criteria to meet NF Level of Care.</p> <p>An individual shall be determined to meet low-intensity patient status if the individual requires, unrelated to age appropriate dependencies with respect to a minor, intermittent high-intensity nursing care, continuous personal care or supervision in an institutional setting. These are set out through assessment criteria provided in state guidelines.</p>	<p>Medicaid Waiver Assessment MAP 351</p> <p>Electronic, not web-based</p> <p>Points system</p>	<p>Assess/Determine Uses entities such as state agencies, independent contractors, and HCBS providers to conduct needs assessments for HCBS programs</p> <p>State officials report the state has implemented a new needs assessment tool for one Medicaid HCBS waiver program while continuing to use previous tools for other Medicaid HCBS waiver programs. The same assessment is used for determining functional eligibility and for developing the service plan. In selecting and adopting the new tool, officials said they will consider the assessment needs of the other Medicaid HCBS waiver programs because they would ultimately like to use only one assessment tool across all HCBS waiver programs</p> <p>Length 15 pages long, assessment over five domains</p>	<p>ADLs general ADLs Transfers Eating Mobility toileting</p> <p>IADLs general IADLs meal preparation</p> <p>Cognitive general cognition behavior</p> <p>Medical/Clinical general medical/ clinical mental health skilled nursing advanced medication administration Medical/hospitalization history Medical conditions & Diagnoses Assistive devices Tube Care rehabilitation Continence respiration</p> <p>Safety/Risk living environment</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) KY NF LOC</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Louisiana

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Louisiana Department of Health is the state agency that oversees the Louisiana Medicaid program. It is called Healthy Louisiana with the Office of Aging and Adult Services including Long Term Services and Supports.</p> <p>Criteria There are seven different pathways:</p> <ol style="list-style-type: none"> 1. Activities of Daily Living 2. Cognitive Performance 3. Behavior 4. Service Dependency 5. Physician Involvement 6. Treatments and Conditions 7. Skilled Rehabilitation Therapies <p>LA has a Level of Care Eligibility Manual. When specific eligibility criteria are met within a pathway, that pathway is said to have triggered. The Medicaid program defines Nursing Facility Level of Care for Medicaid eligible individuals as the care required by individuals who meet any one of the established level of care pathways as described in this manual. In order to meet the nursing facility level of care criteria, an individual must meet eligibility requirements in only one of the pathways described in this section.</p>	<p>Level of Care Eligibility Tool (LOCET)</p> <p>Developed own tool based off of the MDS (Minimum Data Set) by State Medicaid Agency Staff</p> <p>Minimum Data Set (MDS)</p> <p>National Tool</p> <p>Doorway system lowest level of RUG-III system</p>	<p>Assess/Determine Primarily administered over the telephone by trained SPOE staff to individuals calling for admission to OAAS operated HCBS, or nursing facility services. The Single Point Of Entry (SPOE) concept and use of the LOCET screening tool by OAAS trained SPOE staff</p> <p>Length 12 pages long, assessment over three main domains</p>	<p>ADLs mobility dressing eating transfers toileting bathing</p> <p>IADLs personal hygiene medication administration & management</p> <p>Cognitive general cognition behavior</p> <p>Medical/Clinical skilled nursing Medical conditions & Diagnoses Rehabilitation Medical/hospitalization history Advanced medication administration</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Level of Care Eligibility Manual</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Maine

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cognitive, Safety needs	
<p>Maine Department of Health and Human Services is the state agency that oversees the Maine Medicaid program. It is called MaineCare under the Office of Elder Services including Long Term Services and Supports.</p> <p>Maine’s process was one of the most comprehensive and includes a “Community Options Care Plan Summary” for community service placements. The Maine summary includes such elements as the extent of help required, informal helpers, caregiver status, and details regarding the funding source for services and the types and hours of services to be provided.</p> <p>Criteria The applicant must be age 65 or older, or blind, or disabled. The applicant must meet certain medical requirements consistent with the level of care requested. There is a form called the MED (Medical Eligibility Determination), which is used when people are applying for long-term care services. The form is filled out by a nurse and reviews a person’s abilities and disabilities. After completion of the MED, a nurse should be able to tell if an applicant meets the medical requirements for long-term care services and whether they are financially eligible for MaineCare. After determining eligibility, the individual seeking care will be given an application, which must be sent to the Office of Family Independence.</p>	<p>MED-Medical Eligibility Determination</p> <p>Developed own tool</p> <p>Points system</p>	<p>Assess State employees</p> <p>Determine Registered Nurses</p> <p>Length 1 page long, assessment over six domains</p>	<p>ADLs Mobility Transfer Dressing Eating Toileting Bathing</p> <p>IADLs personal hygiene Medication administration & management</p> <p>Cognitive Behavior general cognition</p> <p>Medical/Clinical Vision & Hearing</p> <p>Safety/Risk</p> <p>Demographic Age</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Maine LTC</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Maryland

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Maryland Department of Human Resources is the state agency that oversees the Maryland Medicaid program. It is called Maryland Medical Assistance under the Dept of Health and Mental Hygiene - LTC and Community Support Services.</p> <p>Maryland's LOC process does not fit any of these commonly used assessment types. Maryland's system has some attributes of Medical Necessity Only models but operates more as a Medical/ Functional assessment type.</p> <p>Criteria Assessment Criteria are further characterized as Medical Necessity Only, Medical/Functional, or Comprehensive (assessing informal supports in addition to medical/functional factors).</p> <p>MD's instrument provides a weighted score that measures nursing needs, cognitive and functional status, ADLs and IADLs. If the applicant does not meet benchmark score, the provider may present additional clinical information to substantiate nursing facility level of care.</p> <p>Maryland's instrument is sensitive. A completely sensitive screening instrument/process will identify all individuals who are in need of care, but may also qualify individuals not truly eligible (false positives). Maryland cites the following to prove its process is sensitive, including: high approval/low disapproval rates, comparative analysis conducted for this report, and other comparative studies which have been conducted.</p>	<p>interRAI-Community Health Assessment</p> <p>National tool</p> <p>Points System</p>	<p>Assess/Determine Clinical reviewer</p> <p>Length ~2-3 hours to complete, assessment over six domains</p>	<p>ADLs general ADLs</p> <p>IADLs</p> <p>Cognitive communication behavior general cognition</p> <p>Medical/Clinical pain mental health vital signs skilled nursing</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Level of Care Eligibility in Maryland</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Massachusetts

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Massachusetts Department of Health and Human Services is the state agency that oversees the Massachusetts Medicaid program. It is called MassHealth under Office of Long Term Care at Elder Affairs and includes Long Term Services and Supports.</p> <p>Criteria To be considered medically eligible for nursing-facility services, the member or applicant must require one skilled service listed in MA guidelines [130 CMR 456.409(A)] daily or the member must have a medical or mental condition requiring a combination of at least three services from guidelines (B) and (C), including at least one of the nursing services listed in (C).</p> <p>Certain stipulations apply, for example, skilled therapeutic services must be ordered by a physician and be designed to achieve specific goals within a given time frame in order to be considered for LOC eligibility.</p>	<p>Comprehensive Data Set (CDS)</p> <p>(Appendix B)</p> <p>Modified existing tool based off of the Minimum Data Set -Home Care and Long-Term Care Needs Assessment</p> <p>Points system</p>	<p>Assess State Contractors</p> <p>Determine Registered Nurses</p> <p>Length Web-based</p>	<p>ADLs eating toileting mobility bathing dressing transfers</p> <p>IADLs medication administra- tion & management</p> <p>Cognitive personal goals memory behavior</p> <p>Medical/Clinical skilled nursing advanced medication administration tube care wound care respiration skin disorders vital signs medical conditions & diagnoses continence rehabilitation mental health</p> <p>Safety/Risk risk to others or them- selves</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Massachusetts Nursing Facility Manual</p> <p>(5) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Michigan

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Michigan Department of Health and Human Services (MDHHS) is the state agency that oversees the Michigan Medicaid program including Long Term Services and Supports.</p> <p>Criteria The Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) is the state's Medicaid functional/medical assessment that determines nursing facility level of care eligibility for Medicaid or Medicaid Pending beneficiaries. The LOCD is accessible through the Michigan Department of Information Technology's secure online Single Sign-on system.</p> <p>There are 6 total doors. The others involve skilled services and physician ordered services. For residents who qualify only under one of three of these domains (Physician Involvement, Treatments and Conditions, and Skilled Rehabilitation Therapies), specific restorative nursing plans and assertive discharge planning must be evident and documented within the medical record (except for end-of-life care).</p> <p>An exception process is available for those applicants who have demonstrated a significant level of long term care need but do not meet the Michigan Medicaid Nursing Facility Level of Care Determination criteria.</p>	<p>The LOCD must be conducted in CHAMPS via MILogin</p> <p>interRAI home care assessment system (interRAI HC) in pilot.</p> <p>Electronic, web-based, and paper</p> <p>Doorway System</p>	<p>Assess/Determine The LOC Determination is to be completed by the nursing facility, MI Choice, or PACE provider prior to the beneficiary's admission or enrollment. Non-clinical staff may perform the evaluation with clinical oversight by a professional</p> <p>Length 18 pages long, assessment over seven domains</p>	<p>ADLs general ADLS</p> <p>IADLs</p> <p>Cognitive behavior general cognition</p> <p>Medical/Clinical skilled nursing rehabilitation medical conditions & diagnoses medical/hospitalization history</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Michigan Medicaid Nursing Facility Level of Care Determination</p> <p>(5) Michigan Department of Community Health</p> <p>(6) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(7) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Minnesota

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cognitive, Safety needs	
<p>Minnesota Department of Human Services is the state agency that oversees the Minnesota Medicaid program. It is called Minnesota Medical Assistance and includes Long Term Services and Support.</p> <p>Criteria For NF level of care, a person 21 years or older must meet one of five categories of need that incorporate the assessment criteria. Sections of the assessment can be classified into the following three phases:</p> <ol style="list-style-type: none"> 1. the “initial contact” screening call that captures the reason for referral, the urgency of the person’s needs, and whether a full assessment is needed. 2. The assessment of preferences, strengths, and needs. 3. The development of the support plan. <p>MN have described the structure of this process as resembling a “tree.” At the base of the tree, there is a trunk, consisting of information we discover through a person-centered interview about the person’s life goals and strengths. This information is used to direct the assessment into those areas of most importance to the person.</p> <p>For more information, see Nursing Facility Level of Care Criteria (Individuals Age 21 and Older), DHS-7028 (PDF).</p>	<p>MnCHOICES Comprehensive Assessment</p> <p>Developed own tool by State Medicaid agency staff and implemented in 2013</p> <p>Algorithm based system</p>	<p>Assess/Determine Utilize a multidisciplinary team of social workers, PHNs/RNs and others in closely related fields who are MnCHOICES certified assessors</p> <p>State has designed a uniform needs assessment tool to assess functional eligibility for use across all LTSS program and is also used in the development of service plans</p> <p>Length Web-based application</p>	<p>ADLs Toileting Transfers</p> <p>IADLs</p> <p>Cognitive Memory decision making behavior personal goals</p> <p>Medical/Clinical Skilled Nursing Vision & Hearing Medical/hospitalization history</p> <p>Safety/Risk Risk to others or themselves Risk of maltreatment Living environment</p> <p>Demographic Age</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) MnCHOICES Initiative</p> <p>(5) Level of Care-Minnesota</p> <p>(6) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(7) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Mississippi

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Mississippi Division of Medicaid is the state agency that oversees the Mississippi Medicaid program. It is called Mississippi Health Benefits and includes Long Term Support Services.</p> <p>Criteria A score of 50 or above is required threshold to be considered for entry into the Long Term Care programs of Nursing Homes; Elderly and Disabled, IL and TBI/SCI; and Assisted Living Waiver program. Any exceptions are noted in the Administrative Code Title 23 Medicaid, Part 207 Chapter 1.</p>	<p>interRAI Home Care (interRAI HC) replaced the PAS Level II assessment</p> <p>Electronic and web-based</p> <p>Points system</p>	<p>Assess Combination of entities</p> <p>Determine Combination of Professionals</p> <p>Length Robust assessment system</p>	<p>ADLs mobility transfers eating toileting bathing dressing</p> <p>IADLs meal preparation personal hygiene medication administra- tion & management</p> <p>Cognitive communication behavior</p> <p>Medical/Clinical continence advanced medication administration mental health vision & hearing</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) MS Long Term Care</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Missouri

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>The Department Health and Senior Services (DHSS) is the agency that oversees the State of Missouri's Medicaid program (MO HealthNet).</p> <p>Criteria Evaluates the applicants in 9 areas including mobility, dietary, restorative, monitoring, medication, behavior, treatments, personal care & rehab services.</p> <p>The Missouri assessment has a heavy focus on ADLs and only addresses clinical needs through assessment categories related to medications and treatments.</p> <p>Scoring Based on the information gathered during the pre-screening and assessment process, the numerical score of 0, 3, 6, or 9 points is assigned to each of the nine LOC categories. This information documents the amount of assistance required and complexity of the care. Qualification is determined with an assessment cumulative score of 24 points or higher.</p>	<p>interRAI-Community Health Assessment</p> <p>Points system</p>	<p>Assess Division of Senior and Disability Services (DSDS) or its designee complete the assessments</p> <p>Determine Qualification is determined by the CyberAccess assessment cumulative score</p> <p>Length Web based, assessment over six domains</p>	<p>ADLs Mobility Eating toileting</p> <p>IADLs personal hygiene Medication administration & management meal preparation</p> <p>Cognitive behavior Expression & social assessment general cognition</p> <p>Medical/Clinical Rehabilitation vital signs skilled nursing advanced medication administration continence</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Rebalancing Missouri's Long-Term Services and Supports</p> <p>(3) State of MO Nursing Home Manual</p> <p>(4) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(5) Truven: Medicaid</p> <p>(5) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Montana

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Montana Department of Public Health and Human Services (DPHHS) is the state agency that oversees the Montana Medicaid program. It is called Montana Medicaid and includes Long Term Services and Supports.</p> <p>Criteria Eligibility requirements for both AB-CFC/PAS and SD-CFC/PAS include: 1) consumer has a health condition that limits their ability to perform activities of daily living, 2) consumer must participate in the screening process and 3) the consumer must be eligible for Medicaid. In order to qualify for the CFC program a consumer must also meet level of care.</p>	<p>Mountain Pacific Quality Health Assessment</p> <p>Modified from CANS and verified by Multiple reliability and validity studies</p> <p>Electronic and web-based</p> <p>Algorithm based system</p>	<p>Assess/Determine Managed care entity</p> <p>Length Robust assessment system</p>	<p>ADLs general ADLs</p> <p>IADLs</p> <p>Cognitive general cognition</p> <p>Medical/Clinical</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Montana Providers</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Nebraska

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Nebraska Department of Health and Human Services is the state agency that oversees the Nebraska Medicaid program including Long Term Services and Supports.</p> <p>Criteria To determine NF Level of Care, services coordinators collect information on each individual seeking NF or waiver services to determine the functional abilities and care needs of that individual. Information may be gathered from a variety of sources (e.g., the individual, family, care providers, physicians, facility staff, case files, medical charts), using observation, documentation review, and/or interview until sufficient information is obtained to determine the individual's current functioning in each area.</p> <p>Persons who require assistance, supervision, or care in at least one of the following four categories meet the level of care criteria for Nursing Facility or Aged and Disabled Home and Community-based Waiver services:</p> <ol style="list-style-type: none"> 1. Limitations in three or more Activities of Daily Living (ADL) AND Medical treatment or observation. 2. Limitations in three or more ADLs AND one or more Risk factors. 3. Limitations in three or more ADLs AND one or more Cognition factors. 4. Limitations in one or more ADLs AND one or more Cognition AND one or more Risk factors. 	<p>Functional Criteria for Aged/Adults (Form MILT- NF Level of Care)</p> <p>Doorway system</p>	<p>Assess/Determine The LOC staff at the LHD, AAA, independent living centers, educational service units, health departments, CAP agencies Head Start conduct the LOC Evaluations based on the NF LOC criteria identified in 471 NAC 12-003 and 12-005 as well as Provider Bulletin 13-37</p> <p>Length 1 page long</p>	<p>ADLs bathing dressing eating mobility toileting transfers</p> <p>IADLs personal hygiene</p> <p>Cognitive general cognition</p> <p>Medical/Clinical continence medical conditions & diagnoses skilled nursing</p> <p>Safety/Risk general safety/risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Level of Care Document</p> <p>(5) Nebraska Support Manual</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Nevada

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Nevada Department of Health and Human Services is the state agency that oversees the Nevada Medicaid program. It is called Nevada HealthLink under Division of Aging Services and includes Long Term Services and Supports.</p> <p>Criteria The assessment determines if the condition requires the level of services offered in a nursing facility with at least 3 functional deficits identified in the screening tool or a more integrated service which may be community based.</p>	<p>Functional Assessment Service Plan (Form NMO-7073)</p> <p>Developed own tool based by State Medicaid agency staff</p> <p>LOC located in online system</p> <p>Points system</p>	<p>Assess/Determine Health care providers, State employees with a combination of professionals</p> <p>Length 8 pages long</p>	<p>ADLs mobility transfers dressing eating bathing</p> <p>IADLs meal preparation personal hygiene medication administration & management housework</p> <p>Cognitive</p> <p>Medical/Clinical medical/hospitalization history assistive devices</p> <p>Safety/Risk living environment risk to others or themselves</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Nevada Nursing Facility</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

New Hampshire

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>New Hampshire Department of Health and Human Services is the state agency that oversees the New Hampshire Medicaid program. It is called New Hampshire Medicaid under the Bureau of Elderly and Adult Services including Long Term Services and Supports using MCOs.</p> <p>Criteria Individuals are considered medically eligible if they require 24 hour care for medical monitoring, restorative nursing/rehab care, medication administration or assistance with 2 or more ADLs (eating, toileting, transferring, dressing and continence).</p> <p>Pursuant to NH State Statute individuals who are eligible for Medicaid nursing facility services are provided the opportunity to choose home and community based services, including residential options or care in their own home.</p>	<p>Medical Eligibility Determination (MED)</p> <p>Developed own tool</p> <p>Electronic and web-based</p> <p>Doorway System</p>	<p>Assess/Determine Local or county government employees, combination of professionals. Medical eligibility will be determined by an in-person, face-to-face assessment by a registered nurse employed or designated by BEAS. Nurses will use a comprehensive, objective assessment instrument, the Medical Eligibility Determination (MED) form to determine Nursing Facility Level of Care, medical eligibility and service options for the long term care program. A medical eligibility determination assessments will be scheduled by the nurse shortly after the financial eligibility application has been initiated with the Division of Family Assistance. Assessments will be conducted at the applicant's current location. The assessment process will be the same for both Nursing Facility and CFI services</p> <p>Length Unclear</p>	<p>ADLs mobility transfers dressing eating bathing toileting</p> <p>IADLs personal hygiene meal preparation</p> <p>Cognitive</p> <p>Medical/Clinical skilled nursing rehabilitation continence</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) New Hampshire support manual</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

New Jersey

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>The Department of Human Services under the Division of Medical Assistance and Health Service oversees the NJ FamilyCare Aged, Blind, Disabled (ABD) Programs. These multiple programs are for people who need access to health care services in the community, or in long-term care facilities. MLTSS uses NJ Family-Care managed care organizations (MCOs) to coordinate all services for members.</p> <p>Criteria Eligibility criteria for an individual to meet NF LOC requires that individuals are “dependent in several activities of daily living. Dependency in ADLs may have a high degree of variability.” There are three ways:</p> <p>The consumer needs at least limited assistance in at least 3 areas of eligible ADLs OR</p> <ul style="list-style-type: none"> • The consumer has cognitive deficits with decision making and short term memory and needs supervision or greater assistance in 3 areas of eligible ADLs. OR • The consumer has cognitive deficits with decision making and making self understood and needs supervision or greater assistance in 3 areas of eligible ADLs. 	<p>NJ Choice HC assessment</p> <p>based off of the interRAI Home Care Assessment suite of tools</p> <p>Points System</p>	<p>Assess/Determine Case Managers, in a PCP way including service planning, service delivery, and choice</p> <p>Length Robust web-based assessment system</p>	<p>ADLs eating bathing dressing mobility transfers</p> <p>IADLs</p> <p>Cognitive decision making general cognition memory communication</p> <p>Medical/Clinical</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) NJ Department of Human Services</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

New Mexico

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Community Benefits was launch in 2014 and is New Mexico’s LTSS program under its Centennial Care Medicaid program. There are two different Community Benefit service delivery models available to meet the needs of the disabled and elderly population.</p> <p>Criteria Individuals must meet a Nursing Facility level of care criteria that includes needing assistance with two or more activities of daily living must be met. Individuals who do not meet full Medicaid financial eligibility requirements require an allocation or waiver “slot.”</p> <p>Low NF Determination: a recipient’s functional level must demonstrate that without ongoing services a deficit in two or more ADLs is present. The functional limitation must be secondary to a condition for which a general treatment plan overseen by a physician is medically necessary.</p> <p>High NF Determination: Low NF eligibility must be met first, as well as meeting a minimum of two High NF requirements in two separate categories, with the exception of rehabilitative therapy. These therapies that are in excess of 300 minutes per week will be considered meeting the two High NF requirements in two separate categories.</p>	<p>An initial Health Risk Assessment (HRA) is completed to identify abilities, needs, preferences and supports and to determine the care coordination level.</p> <p>Client Individual Assessment (CIA) Instruction Manual (MAD-099)</p> <p>determines the appropriate level of services.</p> <p>Points system</p>	<p>Assess/Determine Solely the responsibility of the MCO Care Coordinator through its care coordination monitoring unless delegated to a HSD (Human Resource Department) approved designee. Uses an electronic case management system to ensure compliance with all regulations. CNAs are considered to be best practice and valid when conducted in the home setting</p> <p>Length 14 pages long, assessment over eight domains</p>	<p>ADLs mobility bathing eating</p> <p>IADLs personal hygiene money management meal preparation shopping housekeeping telephone</p> <p>Cognitive behavior personal goals expression & social assessment</p> <p>Medical/Clinical medication administra- tion & management medical conditions & diagnoses skilled nursing rehabilitation</p> <p>Safety/Risk general safety/risk living environment</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Statewide Home and Community-Based Services Transition Plan Amendment</p> <p>(5) Evaluation Design Plan for Centennial Care Demonstration Waiver</p> <p>(6) Care Coordination</p> <p>(7) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(8) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

New York

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cognitive, Safety needs	
<p>New York's Department of Health is the state agency that oversees the New York Medicaid program. It is called New York Medicaid and includes Long Term Services and Supports.</p> <p>Criteria Derived from items in the interRAI HC that include cognitive and behavioral limitations, ADL performance, continence issues, and nutrition status.</p>	<p>Uniform Assessment System (UAS-NY)</p> <p>Community Assessment, comprised of modified versions of the interRAI HC Community Health Assessment (CHA) and interRAI Functional and Mental Health Supplements</p> <p>Algorithm based system</p>	<p>Assess/Determine Assessors who are discharge planners, RN's, and other utilization review personnel employed by facilities</p> <p>Length 13 page manual</p>	<p>ADLs general ADLs mobility</p> <p>IADLs general IADLs</p> <p>Cognitive orientation memory decision making general cognition</p> <p>Medical/Clinical pain respiratory vital signs substance use skilled nursing medical/hospitalization history medical conditions & diagnoses mental health</p> <p>Safety/Risk general safety/risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) UAS-NY Support for Users</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

North Carolina

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>North Carolina Department of Health and Human Services is the state agency that oversees the North Carolina Medicaid program and includes Long Term Services and Supports.</p> <p>Criteria These services benefit individuals who require assistance with activities of daily living (ADLs), including:</p> <ul style="list-style-type: none"> • Eating • Dressing • Bathing • Toileting • Mobility <p>To qualify for PCS, an individual must have a medical condition, disability or cognitive impairment, and demonstrates unmet needs for:</p> <p>Three of the five ADLs with limited hands-on assistance</p> <ul style="list-style-type: none"> • Two ADLs, one of which requires extensive assistance • Two ADLs, one of which requires assistance at the full dependence level <p>PCS program eligibility is determined by an independent assessment conducted by the Division of Medical Assistance (DMA) or its designee, and is provided according to an individualized service plan.</p>	<p>MINIMUM DATA SET (MDS) - Version 3.0. RESIDENT ASSESSMENT AND CARE SCREENING. Nursing Home Comprehensive (NC) Item Set</p> <p>Adapted from interRAI, National tool</p> <p>Points System</p>	<p>Assess/Determine NF staff, County Health staff, and Hospital discharge planners</p> <p>Length robust web-based assessment system, 45 pages</p>	<p>ADLs mobility bathing eating toileting dressing transfers</p> <p>IADLs meal preparation</p> <p>Cognitive expression & social assessment general cognition communication behavior</p> <p>Medical/Clinical mental health skilled nursing vital signs pain medical conditions & diagnoses advanced medication administration rehabilitation assistive devices tube care respiration wound care continence vision & hearing</p> <p>Safety/Risk risk to others or themselves living environment</p> <p>Demographic age</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(5) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

North Dakota

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>North Dakota Department of Human Services is the state agency that oversees the North Dakota Medicaid program under the Division of Medical Assistance including Long Term Services and Supports.</p> <p>Criteria North Dakota LOC Criteria: An Individual who applies for care in a nursing facility, or who resides in a nursing facility, may demonstrate that a NF LOC is medically necessary the individual meets the mandated number of criteria across four sections of the North Dakota state guidelines.</p>	<p>Level of Care (LOC) (Form ND 300-100)</p> <p>Electronic and web-based</p> <p>Doorway system</p>	<p>Assess/Determine State contractors by a combination of professionals</p> <p>Length 5 pages long</p>	<p>ADLs toileting eating transfers mobility</p> <p>IADLs</p> <p>Cognitive general cognition</p> <p>Medical/Clinical rehabilitation general medical/clinical medical conditions & diagnoses skilled nursing respiration advanced medication administration tube care skin disorders wound care</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Screening Procedures for Long Term Care Services</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Ohio

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Ohio Department of Medicaid is the state agency that oversees the Ohio Medicaid program. It is called Ohio Medicaid and includes LTSS HCB Services.</p> <p>Criteria Ohio uses a combination of criteria to determine if someone meets a LOC standard. Criteria include ADL and IADL function, skilled nursing and therapy needs and supervision needs due to a cognitive impairment.</p> <p>Ohio LOC Criteria: is determined based upon a combination of ADL, Instrumental Activities of Daily Living (IADL), and cognitive, nursing needs and other. Only people meeting at least intermediate level of care criteria are eligible to be served in an NF.</p>	<p>Level of Care Assessment</p> <p>Electronic, not web-based</p> <p>Doorway system</p>	<p>Assess/Determine State contractors by combination of professionals</p> <p>Length 7 pages long, assessment over four domains</p>	<p>ADLs mobility toileting dressing eating bathing</p> <p>IADLs personal hygiene housekeeping shopping laundry meal preparation telephone medication administration & management</p> <p>Cognitive general cognition</p> <p>Medical/Clinical skilled nursing rehabilitation</p> <p>Safety/Risk living environment</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(5) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Oklahoma

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Oklahoma Healthcare Authority is the state agency that oversees the Oklahoma Medicaid program. It is called SoonerCare under the Aging Division and includes Long Term Services and Supports. Uses home health agencies</p> <p>Criteria The Nursing Facility Level of Care Assessment, must be completed by an authorized NF official or designee, such as: the nursing facility administrator or co administrator; a licensed nurse, social service director, or social worker from the nursing facility; or a licensed nurse, social service director, or social worker from the hospital.</p> <p>Prior to admission, the authorized NF official must evaluate state forms and data. Any other readily available medical and social information is also used to determine if there currently exists any indication of mental illness (MI), mental retardation (MR), or other related condition, or if such condition existed in the applicant's past history.</p> <p>The NF is also responsible for consulting with the Level of Care Evaluation Unit (LOCEU) regarding any MI/MR related condition information that becomes known either from completion of the MDS or throughout the resident's stay.</p> <p>The nursing facility is responsible for determining from the evaluation whether or not the patient can be admitted to the facility. A "yes" response to any question from Form LTC-300R, Section E, will require the nursing facility to contact the LOCEU for a consultation to determine if a Level II Assessment is needed.</p> <p>Upon receipt and review of the assessment, the LOCEU may, in coordination with the OKDHS area nurse, re-evaluate whether a Level II PASRR assessment may be required. If a Level II Assessment is not required, the process of determining medical eligibility continues. If a Level II is required, a medical decision is not made until the results of the Level II Assessment are known.</p>	<p>Uniform Comprehensive Assessment Tool (UCAT)</p> <p>Paper, Electronic and web-based, Developed own tool</p> <p>Points system</p>	<p>Assess State employees, assessors, and case managers</p> <p>Determine Registered nurses</p> <p>Length Manual is 133 pages and scoring guide is on page 27</p>	<p>ADLs Dressing Bathing Eating Transfers Mobility Toileting</p> <p>IADLs Personal hygiene Telephone Shopping Money management Housekeeping Laundry Meal preparation medication administration & management</p> <p>Cognitive</p> <p>Medical/Clinical Continence</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) UCAT Assessor Manual</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Oregon

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Oregon Healthcare Authority is the state agency that oversees the Oregon Medicaid program. It is called Oregon Health Plan under the Seniors and People with Disabilities Division and includes Long Term Services and Supports.</p> <p>Criteria Determine LOC or service eligibility using 4 ADLs (Mobility, Eating, Toileting and Cognition/Behavior). Once the client has been determined eligible, other ADLs, IADLs and treatments are also figured in to determining placement or number of hours needed for care.</p> <p>Activities Assess individual's abilities and needs and discuss individual preferences. Then identify individual strengths and limitations as well as risks. Develop plans to address risks and meet identified need, which assesses natural supports. Document all of this information and monitor the quality of the service the individual is receiving. This is done in compliance with federal mandates to visit a minimum of once per year.</p> <p>Methods Discuss with the individual and with those who are assisting or have knowledge of the individual including natural supports, caregivers and other involved parties. If necessary, gather information from medical professionals, exams and records, with the individual's permission</p>	<p>Oregon Client Assessment and Planning System (CAPS)</p> <p>Electronic and web-based</p> <p>Doorway system (levels)</p>	<p>Assess/Determine Case managers, social workers, Area Agencies on Aging (AAA)</p> <p>Length 6 pages long</p>	<p>ADLs general ADLs</p> <p>IADLs general IADLs medication administration & management telephone</p> <p>Cognitive personal goals</p> <p>Medical/Clinical assistive devices Medical/hospitalization history</p> <p>Safety/Risk general safety/risk living environment</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) CAPS Basics</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Pennsylvania

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Pennsylvania Department of Human Services is the state agency that oversees the Pennsylvania Medicaid program under the Department of Aging including Long Term Services and Supports.</p> <p>Criteria Level of Care criteria that are used to evaluate and reevaluate level of care. A Nursing Facility Clinically Eligible (NFCE) consumer is an individual who is assessed and determined to be clinically eligible for Nursing Facility care.</p> <p>In ordered to be Nursing Facility Clinically Eligible, an individual must have an illness, injury, disability or medical condition diagnosed by a physician. As a result of that diagnosed illness, injury, disability or medical condition, the individual must also require care and service that are: above the level of room and board; ordered by, and provided under the direction of a physician; skilled nursing or rehabilitation services as specified in state code; or health-related care services that are not inherently complex as skilled nursing or rehabilitation services but which are needed and provided on regular basis in the context of a planned program of health care and management and are usually available only through institutional facilities.</p>	<p>Level of Care Determination Form (Starting on page 42)</p> <p>Algorithm based system</p>	<p>Assess/Determine AAA (Area Agencies on Aging) and Assessors</p> <p>Length 18 pages long, assessment over four domains</p>	<p>ADLs bathing dressing eating mobility toileting transfers</p> <p>IADLs personal hygiene general IADLs</p> <p>Cognitive general cognition</p> <p>Medical/Clinical continence medical/hospitalization history medical conditions & diagnoses skilled nursing rehabilitation</p> <p>Safety/Risk general safety/risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Level of Care Determination-Pennsylvania</p> <p>(5) Level of Care Determination Form Instructions</p> <p>(6) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(7) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Rhode Island

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Rhode Island Department of Human Services is the state agency that oversees the Rhode Island Medicaid program. It is called Rhode Island Medical Assistance and includes Long Term Services and Supports.</p> <p>Criteria NF LOC requires the services of a nurse or rehabilitation professional or assistance with activities of daily living.</p> <p>The functional definitions have a pronounced emphasis on the clinical aspects of the assessment process.</p>	<p>Case Management Assessment (CMA)</p> <p>Electronic, not web-based</p> <p>Doorway system</p>	<p>Assess Facility staff, DHS Social Workers or Community Case Managers</p> <p>Determine DHS nurses</p> <p>Length 4 pages</p>	<p>ADLs transfers mobility dressing bathing toileting eating</p> <p>IADLs personal hygiene medication administration & management</p> <p>Cognitive</p> <p>Medical/Clinical rehabilitation skilled nursing</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(5) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

South Carolina

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>South Carolina Department of Health and Human Services is the state agency that oversees the South Carolina Medicaid program. It is called Healthy Connections and includes Long Term Services and Supports.</p> <p>Criteria One can meet LOC by having 1) a skilled service and a functional deficit or 2) by having an intermediate service and a functional deficit or 3) by having two functional deficits. The four functional deficits are: 1) requires extensive assistance to transfer, 2) requires extensive assistance to locomote, 3) requires extensive assistance to bathe and dress and toilet and feed, 4) requires extensive assistance with frequent bowel or bladder incontinence.</p>	<p>Long-Term Care Assessment Form (Form 1718)</p> <p>Electronic and web-based</p> <p>Doorway System</p>	<p>Assess/Determine RN's employed by DHHS and Case Manager employed by/contracted with DHHS</p> <p>Length 14 pages long, assessment over seven domains</p>	<p>ADLs Transfers Mobility Dressing Eating Toileting Bathing</p> <p>IADLs</p> <p>Cognitive</p> <p>Medical/Clinical Continence</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(5) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

South Dakota

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cognitive, Safety needs	
<p>South Dakota Department of Social Services' Division of Economic Assistance is the state agency that oversees the South Dakota Medicaid program under the Division of Adult Services and Aging including Long Term Services and Supports.</p> <p>Criteria The interRAI HC Assessment tool is a MDS screening tool that enables assessment of multiple key domains. Particular interRAI items also identify persons who can benefit from further evaluation of specific problems or risks for functional decline. These items are known as "triggers" and link the interRAI HC to a series of problem-oriented Clinical Assessment Protocols (CAPs), which contain general guidelines for further assessment and individualized care and services. There are 30 CAPs in multiple domains. On average, a person receiving home care services triggers about 10 of the 30 CAPs.</p> <p>The interRAI system provides a variety of support materials these include: standardized scoring schema for creating summary indicators for criteria; a screening system; a case mix system that places persons into distinct service use/intensity categories (RUG-III/HC); translations into several languages and; a variety of software systems for data entry and triggering of the CAPs. The classification system and the resulting payment system are/will be algorithms programmed into a tool which establishes the classification group, eligibility and payment levels. The algorithms can be adjusted over time as eligibility levels change to meet budget restrictions.</p>	<p>interRAI Community Health Assessment (interRAI CHA)</p> <p>Points System</p>	<p>Assess NF staff in facility</p> <p>Determine Regional Registered Nurses</p> <p>Length Robust web-based assessment system</p>	<p>ADLs mobility general ADLs</p> <p>IADLs</p> <p>Cognitive expression & social assessment general cognition communication</p> <p>Medical/Clinical mental health skilled nursing vital signs pain</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(5) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Tennessee

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cognitive, Safety needs	
<p>CHOICES is TennCare’s program for LTSS for the elderly (65+) and disabled (21+) and has Group 1, and Group 2 (NF LOC approval), and Group 3 (at risk LOC).</p> <p>Criteria has two components:</p> <ol style="list-style-type: none"> 1. Medical necessity requesting HCBS Physician’s signature and completed PAE certification form. 2. Need for inpatient care: <p>Eligible for NF Care, but requesting HCBS. The individual must have a physical or mental condition, disability, or impairment (as determined by the functional assessment on the PAE). Does not necessarily require daily inpatient nursing care, but must require ongoing supervision and assistance with ADFs in the home or community setting and not necessarily daily need. Must be unable to self-perform needed assistance and must:</p> <ul style="list-style-type: none"> • Have a total acuity score of at least 9 on the TennCare NF LOC Acuity Scale OR • Meet “at risk” LOC on an ongoing basis and be determined to not qualify for enrollment in CHOICES 3 based on a Safety Determination. <p>Not eligible for NF Care, but “at risk” of NF placement and requesting HCBS. The individual must have a physical or mental condition, disability, or impairment require ongoing supervision and assistance with ADFs in the home or community setting and not necessarily daily need. In the absence of HCBS the person would not be able to live safely in the community and would be at risk of NF placement. Must be unable to self-perform needed assistance and must have a significant deficient in an ADL or related function.</p>	<p>Pre-Assessment Evaluation (PAE) is a web-based software application</p> <p>Points based</p>	<p>Assess TennCare partners with clinically trained staff employed by a MCO or AAAD who have completed training about LTSS programs in the HCBS PAE application process</p> <p>The assessor must be a physician, physician assistant, nurse practitioner, registered nurse, licensed practical nurse, or licensed social worker</p> <p>HCBS assessors must be TennCare Qualified Assessors. Meaning they must pass an additional test and renew their status annually</p> <p>Determine PAE applications are reviewed and determined by registered nurses</p> <p>Length 8 pages, assessment over five domains</p>	<p>ADLs Transfers Mobility Eating Toileting</p> <p>IADLs Medication administration & management</p> <p>Cognitive Communication Orientation Behavior</p> <p>Medical/Clinical Skilled nursing tube care wound care respiration rehabilitation</p> <p>Safety/Risk general safety/risk</p> <p>Demographic</p>	<p>TennCare NF LOC Weighted Acuity Scale attached. The maximum total acuity score is 26.</p> <p>(1) A Guide to Pre Admission Evaluation Applications</p> <p>(2) Calls to state agencies</p> <p>(3) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(4) Medicaid programs by state</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Texas

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Texas Health and Human Services Commission is the state agency that oversees the Texas Medicaid program including Long Term Services and Supports.</p> <p>To be eligible for Nursing Facility services, a STAR+PLUS Member must meet all of the following criteria:</p> <ul style="list-style-type: none"> • A physician certifies the Member’s medical condition. • The Member’s medical condition requires daily skilled nursing care. • The Member’s medical condition meets medical necessity (MN) requirements. • The Member has received a Pre-admission Screening and Resident Review by the local authority. • The Member has received a Minimum Data Set (MDS) evaluation by the NF to determine the Member’s Resource Utilization Group <p>Managed care organizations (MCOs) are required to contact all members upon enrollment.</p> <p>Criteria Ensure that potential residents with Mental Illness, Mental Retardation, or Related Condition conditions are medically appropriate (require 24 hour nursing care) for placement in nursing facilities and can receive specialized services if eligible.</p>	<p>Medical Necessity and Level of Care Assessment</p> <p>Electronic and web-based</p> <p>Doorway system</p>	<p>Assess Home health agencies</p> <p>Determine Registered nurses</p> <p>Length 32 pages long, assessment over three domains</p>	<p>ADLs general ADLs</p> <p>IADLs general IADLs</p> <p>Cognitive behavior general cognition</p> <p>Medical/Clinical mental health general medical/clinical medical conditions & diagnoses skilled nursing</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Texas manual</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Utah

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Utah Department of Health is the state agency that oversees the Utah Medicaid program including Long Term Services and Supports.</p> <p>Criteria The department must document that at least two factors exist. 1) Due to diagnosed medical conditions, the applicant requires at least substantial assistance with ADLs above the level of verbal prompting, supervising or setting up; 2) The attending physician has determined that the applicant's level of dysfunction in orientation to person, place or time requires nursing care; or 3) The medical condition and intensity of service indicate that the care needs of the applicant cannot be safely met in a less structured setting.</p> <p>The department shall assign a level of care based upon the severity of illness, intensity of service needed, anticipated outcome, and setting for the service. The department shall not assign a more intense level of care if, as a practical matter, the applicant's care and treatment needs can be met at a less intense level of care.</p>	<p>PREADMIS- SION/CONTIN- UED STAY IN- PATIENT CARE TRANSMITTAL (FORM 10A)</p> <p>MINIMUM DATA SET - HOME CARE (MDS- HC)@</p> <p>Doorway system</p>	<p>Assess/Determine Case Managers and nursing staff in facility</p> <p>Length 6 pages long, 5 pages long</p>	<p>ADLs general ADLs</p> <p>IADLs</p> <p>Cognitive Orientation</p> <p>Medical/Clinical skilled nursing Medical conditions & Diagnoses</p> <p>Safety/Risk general safety/risk living environment</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Utah Manual</p> <p>(5) Single Point of Entry for Long Term Care Services Eligibility</p> <p>(6) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(7) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Vermont

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Vermont Department of Health and Human Services is the state agency that oversees the Vermont Medicaid program. It is called Vermont Medicaid under Department of Disability and Aging and Independent Living and includes Long Term Services and Supports.</p> <p>Criteria Limited or extensive assist with ADLs, severe- moderate cognitive impairment, daily skilled nursing need, unstable medical assistance - or a combination of these things.</p>	<p>Independent Living Assessment (ILA)</p> <p>Paper and electronic OMNIA formats</p> <p>Points system</p>	<p>Assess Case managers, provider agencies</p> <p>Determine Registered nurses</p> <p>Length 29 pages long, assessment over nine domains</p>	<p>ADLs general ADLs</p> <p>IADLs</p> <p>Cognitive general cognition behavior mental health personal goals</p> <p>Medical/Clinical Vital signs Medical/hospitalization history Medical conditions & Diagnoses skilled nursing</p> <p>Safety/Risk general safety/risk living environment</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Choices for Care-Vermont</p> <p>(5) Full ILA manual</p> <p>(6) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(7) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Virginia

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Virginia Department of Medical Assistance Services is the state agency that oversees the Virginia Medicaid program. It is called Cover Virginia under the LTC Division and includes Long Term Services and Supports.</p> <p>Criteria The level of care (LOC) information is used for yearly evaluations of waiver recipients. The evaluations are designed to ensure that the individuals continue to meet the established criteria for waiver services. There is a different type of assessment that occurs prior to entry for waiver services, however, the criteria for initial entry and continued stay are the same. We use the combination of ADLS (for functional dependency) and medical nursing needs to determine if a person meets criteria for placement in a waiver.</p> <p>The Uniform Assessment Instrument (UAI) identifies need for appropriate services for individuals across the spectrum of long-term care services. For providers, the UAI presents a comprehensive picture of the individual and the individual's needs and facilitates the transfer and sharing of the individual's medical and service need information among providers in order to facilitate service planning and delivery. Virginia has developed standardized decision criteria tied to the VA policy for Medicaid-funded nursing facility placement or home and community-based care services, that is the Elderly or Disabled with Consumer Directed (EDCD) Waiver.</p> <p>The Virginia UAI Manual can be found at http://www.dss.virginia.gov/family/as/servtoadult.cgi#manuas.</p>	<p>Uniform Assessment Instrument (UAI)</p> <p>Paper, Developed own tool, State agency Medicaid staff</p> <p>Points system</p>	<p>Assess/Determine Combination of entities</p> <p>Determine Combination of professionals</p> <p>Length 12 pages long, assessment over six domains</p>	<p>ADLs bathing dressing toileting transfers eating mobility</p> <p>IADLs meal preparation medication administration & management</p> <p>Cognitive behavior orientation</p> <p>Medical/Clinical continence skilled nursing</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) VA Eligibility Requirements</p> <p>(5) A Guide for Long-Term Care Services in Virginia</p> <p>(6) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(7) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Washington

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Washington Department of Social and Health Services is the state agency that oversees the Washington Medicaid program. It is called Apple Health under Home and Community Service Administration and includes Long Term Services and Supports.</p> <p>Criteria "Comprehensive Assessment Reporting Evaluation (CARE)" elicits details regarding specific behaviors (e.g., disrobes in public, hoarding, obsessive regarding health, and other similar behaviors) that would be useful in making placement decisions, as well as for preparing plans of care. CARE enables collection of information on ten categories related to diagnosis and it drills down to details such as whether a treatment is "received or needed," how frequently the treatment is provided, and the type of provider delivering the treatment.</p> <p>A person meets NF LOC when they need assistance with 3 or more Activities of Daily Living (ADL) or a combination of cognitive impairment and one ADL or substantial assistance with 2 ADLs. CARE, an MDS based tool, further classifies persons into one of 12 (Residential) or 17 (In-home) classification groups based on ADL need, Clinical Complexity, Mood & Behaviors, and Cognitive Performance Score. The assessor completes all mandatory fields and CARE generates the Classification Group and corresponding daily rate (Residential) or Hours/month (In-home) based on client choice of setting. If In-home, adjustments to hours may be calculated to adjust for informal support or environmental factors.</p>	<p>CARE Comprehensive Assessment Tool</p> <p>Electronic, not web-based</p> <p>Algorithm based system</p>	<p>Assess/Determine AAA Case Manager or Nurses, or HCS Social Workers or Nurses</p> <p>Length 84 pages long</p>	<p>ADLs general ADLs</p> <p>IADLs</p> <p>Cognitive personal goals behavior general cognition decision making</p> <p>Medical/Clinical Vision & hearing Medical/hospitalization history substance use Medical conditions & Diagnoses</p> <p>Safety/Risk Risk to others or themselves</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) CARE Manual</p> <p>(5) Rutgers: Determining Medicaid Nursing Home Eligibility: A Survey of State Level of Care Assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

West Virginia

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>West Virginia Department of Health and Human Resources is the state agency that oversees the West Virginia Medicaid program. It is called Mountain Health Trust under the Bureau of Medical Services including Long Term Services and Supports.</p> <p>Criteria To qualify medically for the nursing facility Medicaid benefit, an individual must need direct nursing care 24 hours a day, 7 days a week. BMS has designated a tool known as the Pre-Admission Screening form (PAS) to be utilized for physician certification of the medical needs of individuals applying for the Medicaid benefit. An individual must have a minimum of five deficits identified on the PAS. These deficits will be determined based on the review by BMS/designee in order to qualify for the Medicaid nursing facility benefit.</p>	<p>Pre-Admission Screening (PAS)</p> <p>Doorway system</p>	<p>Assess Case managers</p> <p>Determine Registered nurses</p> <p>Length 4 pages long, assessment over three domains</p>	<p>ADLs eating bathing dressing toileting transfers mobility</p> <p>IADLs personal hygiene</p> <p>Cognitive orientation</p> <p>Medical/Clinical continence assistive devices skilled nursing medical conditions & diagnoses</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Wisconsin

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Wisconsin Department of Health Services is the state agency that oversees the Wisconsin Medicaid program. It is called BadgerCare Plus under the Department of Health and Family Services and includes Long Term Services and Supports.</p> <p>Criteria Simple nursing care procedures required by residents with long-term illnesses or disabilities in order to maintain stability and which can be provided safely only by or under the supervision of a person no less skilled than a licensed practical nurse who works under the direction of a registered nurse.</p>	<p>Wisconsin LTC Functional Tool</p> <p>Electronic and web-based, Developed own tool by State Medicaid agency staff</p> <p>Doorway system</p>	<p>Assess/Determine Combination of entities and professionals</p> <p>Length 38 pages long, assessment over seven domains</p>	<p>ADLs general ADLs</p> <p>IADLs general IADLs</p> <p>Cognitive general cognition communication</p> <p>Medical/Clinical skilled nursing medical conditions & diagnoses</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Wisconsin Functional Screen</p> <p>(5) Wisconsin assessment</p> <p>(6) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Wyoming

Current NF LOC Eligibility	Functional Assessment Tool Overview		Assessment Criteria	References
Agency, Criteria, Acuity Scale, Scoring	Type of Tool	Who Assess/ Who Determines/ Length	Review of ADLs, IADLs, Clinical, Medical, Cogni- tive, Safety needs	
<p>Wyoming Department of Health Services is the state agency that oversees the Wyoming Medicaid program under the Aging Division including Long Term Services and Supports.</p> <p>Criteria LT 101 is a nursing assessment that is performed by a trained Public Health Nurse. If the residents have 13 or more points they are eligible for LTC care either in a NF or through the waiver program.</p>	<p>Form LT101</p> <p>Developed own tool, Functional Independence Measure by State Medicaid agency staff and validated by Wyoming Department of Health-Division of Healthcare Finance</p> <p>Points system</p>	<p>Assess Case managers</p> <p>Determine Public Health Nurse</p> <p>Length 2 pages long, assessment over thirteen domains</p>	<p>ADLs general ADLs</p> <p>IADLs general IADLs</p> <p>Cognitive</p> <p>Medical/Clinical</p> <p>Safety/Risk</p> <p>Demographic</p>	<p>(1) Calls to state agencies</p> <p>(2) Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies</p> <p>(3) Medicaid programs by state</p> <p>(4) Long Term Care in Wyoming</p> <p>(5) Truven: Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015</p>

Appendix C: Five-State Comparison



Missouri TA Project (SHVS)

Five-State Comparison	Wisconsin	Arkansas	North Carolina	Indiana	Louisiana
Points of Entry	NF: Admission HCBS: ADRCs, MCOs, and IRIS	NF: Doctor's office referral, nursing facility, social worker HCBS: AAAs, ADRCs, local DHS county offices	NF: nursing facility social worker	NF: AAAs (Area Agency on Aging), state website, nursing facility, physician referral, "no wrong door" type of theory	The Single Point Of Entry (SPOE) concept
Case Mix	N/A	Used in HCBS for waivers program, helps with assignment and allocates attendant hours	Used on individual's post-admission to nursing facility and developed for per diem rate to NF providers	N/A	Used for individual's level of needs and reimbursement methodology
Scoring System	Algorithm, not doorway	Considered doorway system, but with substantial documentation since diagnosis alone does not automatically allow for admittance	Algorithm, LOC approval is scored by vendor and prior approval completed by CSRA	Point system (but struggle with term since trying to get away from because not as accurate as want it to be)	Doorway system
Assessment Tool	NF: MDS (Minimum Data Set) HCBS: Long Term Care Functional Screen (LTCFS)	NF: Form 703 must be filled out, Form 787 (level I) to screen for M/ID/DD, PASRR (level II) to assess for placement, Form 780 for diagnosis of dementia HCBS: ARpath is an adjusted tool from the interRAI	NF: NC DMA Long Term Care FL2 is screening form and must be signed by a physician Pre-Admission Screening and Resident Review (PASRR) HCBS: uses the interRAI assessment tool to pay providers	Moving away from ADLs/skilled needs eligibility criteria, now use interRAI algorithm assessment (but this will be changing) with supplements to provide holistic look, consider current support systems, existing diagnoses, treatments, lifestyle along with PASRR	NF: Level of Care Eligibility Tool (LOCET), developed own tool based off of the MDS (Minimum Data Set) by State Medicaid Agency Staff HCBS: InterRAI, lowest level of RUG-III system
Who Assesses	NF: Hospital staff/case workers, ADRCs at the county level HCBS: Screener conducts interview in individual's home	NF: District Planner in hospital, nursing facility such as Director of Nursing HCBS: Waiver nurses through interview at home	NF: North Carolina DMA (Division of Medical Assistance) Utilization Review Vendor, CSR	NF: AAAs, case/social worker, nursing facility staff	Primarily administered over the telephone by trained SPOE staff to individuals calling for admission to OAAAS operated HCBS, or nursing facility services

Missouri TA Project (SHVS) Continued

	Wisconsin	Arkansas	North Carolina	Indiana	Louisiana
Who Determines	NF and HCBS: Certified Screeners	NF: Physician must sign, registered nurses review, completed forms sent to Medical Needs Determination unit HCBS: Registered nurses	NF: Registered nurses, the development of care plans is the responsibility of the nursing facilities. HCBS: CAP program through Care Solutions	NF: Contract with Ascend (assessment platform) using certified assessors HCBS: AAAs for waivers	OAAAS trained SPOE staff determine
Eligibility Criteria	ADLs/IADLs 1. Transferring 2. Mobility 3. Eating 4. Toileting 5. Dressing 6. Bathing 7. Incontinence, bladder 8. Meal preparation 9. Money management 10. Telephone use Cognition 1. Communication 2. Resistance to care 3. Long term memory 4. Short term memory Behaviors/Symptoms 1. Wandering 2. Self-injurious 3. Violent/offensive 4. Mental health Transportation and Employment Substance abuse	ADLs 1. Transfers/mobility 2. Eating 3. Toileting Must meet at least one of the following three criteria, as determined by a licensed medical professional: 1. The individual is unable to perform either of the following: a. At least 1 of the 3 activities of daily living (ADLs) of transferring/ locomotion, eating or toileting without extensive assistance from, or total dependence upon another person; or b. At least 2 or the 3 ADLs of transferring/ locomotion, eating, or toileting without limited assistance from another person; or 2. Functional assessment results in a score of three or more on Cognitive Performance Scale; or 3. Functional assessments result in a Change in Health, End-Stage Disease and Signs and Symptoms (CHES) score of three or more.	ADLs 1. Mobility 2. Eating 3. Toileting 4. Dressing 5. Bathing Must have a medical condition, disability or cognitive impairment, and demonstrates unmet needs for: • Three of the five ADLs with limited hands-on assistance • Two ADLs, one of which requires extensive assistance • Two ADLs, one of which requires assistance at the full dependence level ABD category assesses the individual's age, blindness, disability	ADLs 1. Transfer to toilet 2. Bed mobility 3. Locomotion 4. Eating 5. Toilet use 6. Dressing 7. Bathing 8. Personal hygiene 9. Walking Managing Medications Continence Cognition Communication and Vision Disease Diagnosis Health Conditions Treatments and Procedures/Rehabilitative Services Note: Levels of Direct Assistance include: Supervision, Limited, Extensive, and Total Dependence	Seven different pathways: 1. Activities of Daily Living (ADLs) 2. Cognitive Performance 3. Behavior 4. Service Dependency 5. Physician Involvement 6. Treatments and Conditions 7. Skilled Rehabilitation Therapies When specific eligibility criteria are met within a pathway/doorway, that pathway/doorway is said to have triggered Louisiana's OASS LOC Eligibility Manual: (http://ldh.la.gov/assets/docs/OAAS/Manuals/LOCEligibility-Manual.pdf)

Appendix D: DRAFT Algorithm

*Draft has since been revised throughout public comment process.

Proposed Level of Care Threshold: 18 points

Behavioral: Participant has had repeated behavioral challenges that affect his/her ability to function in the community.

- E3a - Wandering
- E3b - Verbal Abuse
- E3c - Physical Abuse
- E3d - Socially Inappropriate / Disruptive
- E3e - Inappropriate Public Sexual Behavior
- E3f - Resists Care
- J3g - Abnormal Thought Process
- J3h - Delusions
- J3i - Hallucinations
- N7b - Mental Condition

If (N7b=0 **or** N7b=1)
AND (E3a=0)

AND (E3b=0)

AND (E3c=0)

AND (E3d=0)

AND (E3e=0)

AND (E3f=0)

AND (J3g=0)

AND (J3h=0)

AND (J3i=0)

Then LOC = 0

If (N7b=2 **or** N7b=3)

OR (E3a =1)

OR (E3b=1)

OR (E3c=1)

OR (E3d=1)

OR (E3e=1)

OR (E3f=1)

OR (J3g=1)

OR (J3h=1)

OR (J3i=1)

Then LOC = 3

If (N7b=2 **or** N7b=3)

OR (E3a=2 **or** E3a=3)

OR (E3b=2 **or** E3b=3)

OR (E3c=2 **or** E3c=3)

OR (E3d=2 **or** E3d=3)

OR (E3e=2 **or** E3e=3)
OR (E3f=2 **or** E3f=3)
OR (J3g=2 **or** J3g=3 **or** J3g=4)
OR (J3h=2 **or** J3h=3 **or** J3h=4)
OR (J3i=2 **or** J3i=3 **or** J3i=4)
Then LOC = 6

If (N7b=2 **or** N7b=3)
AND
(E3a=3)
OR (E3b=3)
OR (E3c=3)
OR (E3d=3)
OR (E3e=3)
OR (E3f=3)
OR (J3g=3 **or** J3g=4)
OR (J3h=3 **or** J3h=4)
OR (J3i=3 **or** J3i=4)
Then LOC = 9

Cognition: Cognition assesses a participant's performance in remembering, making decisions, organizing daily self-care activities, as well as understanding others and making self-understood.

If a participant scores C1=4 or C1=5 (severely impaired/comatose (never or rarely makes decisions) as outlined in the InterRAI)) the participant is presumed to require nursing facility LOC; this is defined as a TRIGGER.

C1 - Cognitive Skills
C2a - Short Term Memory
C2b - Procedural Memory
C2c - Situational Memory
C3c - Mental Function
D1 - Making Self Understood
D2 - Ability to Understand Others

If (C1=0 **or** C1=1 **or** C1=2 **or** C1=3)
AND (C2a=0)
AND (C2b=0)
AND (C2c=0)
AND (C3c=0)
AND (D1=0 **or** D1=1)
AND (D2=0 **or** D2=1)
Then LOC = 0

If (C1=1 **or** C1=2)
AND
(C2a=1)
OR (C2b=1)
OR (C2c=1)
OR (C3c=1 **or** C3c=2)
OR (D1=2 **or** D1=3 **or** D1=4)
OR (D2=2 **or** D2=3 **or** D2=4)

Then LOC = 3

If (C1=3)
AND
(C2a=1)
OR (C2b=1)
OR (C2c=1)
OR (C3c=1 **or** C3c =2)
OR (D1=3)
OR (D2=3)
Then LOC = 6

If (C1=3)
AND
(D1=4)
OR (D2=4)
OR (C1=4 **or** C1=5) *TRIGGER
Then LOC = 9

Activities of Daily Living (ADLs)

Activities of Daily Living or ADLs refers to the fundamental activities an individual does on a day-to-day basis necessary for independent living. The scoring for Mobility, Eating and Toileting reflects 0, 3, 6 or 9. The scoring for Bathing and Dressing reflects either a 0 or 3. The scoring for Missouri is based upon the foundation of the Hierarchy of ADLs, (InterRAI).

Mobility: Participant's ability to move from one place or position to another.

If a participant scores G3a=3 (primary mode of locomotion, bedbound, as outlined in the InterRAI)) the participant is presumed to require nursing facility LOC; this is defined as a TRIGGER.

G2e - Walking
G2f - Locomotion
G2i - Bed Mobility
G3a - Primary mode of locomotion

If (G2e=0 **or** G2e=1 **or** G2e=2)
AND
(G2f=0 **or** G2f =1 **or** G2f=2)
AND
(G2i=0 **or** G2i=1 **or** G2i=2)
Then LOC = 0

If (G2e=3 **or** G2e=4)
OR
(G2f=3 **or** G2f=4)
OR
(G2i=3 **or** G2i=4)
Then LOC = 3

If (G2e=5)
OR
(G2f=5)
OR
(G2i=5)

Then LOC = 6

If (G2e=6)
OR
(G2f=6)
OR
(G2i=6)
OR
(G3a=3) *TRIGGER
Then LOC = 9

Eating: Nutritional requirements of participants, meal preparation and mode of nutrition.

If a participant scores G2j=6 (eating, total dependence, as outlined in the InterRAI) the participant is presumed to require nursing facility LOC; this is defined as a TRIGGER.

G2j - Eating
K2e - Therapeutic Diet

If (G2j=0 **or** K2e=0)
Then LOC = 0

If (G2j=1 **or** G2j=2 **or** G2j=3)
OR
(K2e=1)
Then LOC = 3

If (G2j=4)
Then LOC = 6

If (G2j=5)
OR
(G2j=6) *TRIGGER
Then LOC = 9

Toileting: Participant's ability to use the toilet room (or commode, bedpan, urinal), transfers on/off toilet, cleanses, changes (incontinence), pad, manages ostomy or catheter, and adjusts clothes.

G2g - Transfer Toilet
G2h - Toilet Use

If (G2g=0 **or** G2g=1 **or** G2g=2)
AND
(G2h=0 **or** G2h=1 **or** G2h=2)
Then LOC = 0

If (G2g=3 **or** G2g=4)
OR
(G2h=3 **or** G2h=4)
Then LOC = 3

If (G2g=5)
OR
(G2h=5)

Then LOC = 6

If (G2g=6)
OR
(G2h=6)
Then LOC = 9

Bathing: Amount of assistance participant needs for a full-body bath/shower.

G2a - Bathing

If (G2a=0 or G2a=1 or G2a=2 or G2a=3)
Then LOC= 0

If (G2a=4 or G2a=5 or G2a=6)
Then LOC = 3

Dressing and Grooming: How dresses and undresses (street clothes, underwear) including prostheses, orthotics, fasteners, pullovers, etc.

G2b - Personal Hygiene

G2c - Dressing Upper Body

G2d - Dressing Lower Body

If (G2b=0 or G2b=1 or G2b=2 or G2b=3)
AND
(G2c=0 or G2c=1 or G2c=2 or G2c=3)
AND
(G2d=0 or G2d=1 or G2d=2 or G2d=3)
Then LOC = 0

If (G2b=4 or G2b=5 or G2b=6)
OR
(G2c =4 or G2c=5 or G2c=6)
OR
(G2d=4 or G2d=5 or G2d=6)
Then LOC = 3

Rehabilitation: The restoration of a former or normal state of health through medically-ordered therapeutic services either directly provided by or under the supervision of a qualified professional.

N3ea - PT

N3fa - OT

N3ga - Speech

N3ia - Cardiac Rehab

If (N3ea = 0)
AND
(N3fa = 0)
AND
(N3ga = 0)
AND

(N3ia = 0)
Then LOC = 0

If (N3ea = 1)
OR
(N3fa = 1)
OR
(N3ga = 1)
AND
(N3ia = 1)
Then LOC = 3

If (N3ea = 2 **or** N3ea = 3)
OR
(N3fa = 2 **or** N3fa = 3)
OR
(N3ga = 2 **or** N3ga = 3)
OR
(N3ia = 2 **or** N3ia = 3)
Then LOC = 6

If (N3ea = 4 **or** N3ea = 5 **or** N3ea = 6 **or** N3ea = 7)
OR
(N3fa = 4 **or** N3fa = 5 **or** N3fa = 6 **or** N3fa = 7)
OR
(N3ga = 4 **or** N3ga = 5 **or** N3ga = 6 **or** N3ga = 7)
OR
(N3ia = 4 **or** N3ia = 5 **or** N3ia = 6 **or** N3ia = 7)
Then LOC = 9

Treatments: One of the following medical conditions that affects the ability to care for oneself.

NOTE: This category has been revised. The following categories were removed: N2a (Chemotherapy), N2b (Dialysis), N2e (Oxygen Therapy), N2f (Radiation), N2i (Transfusion), N2o (Other Respiratory Therapies, [i.e. Nebulizer, CPAP, or Maxi Mist]), and N2p (Other non-routine preventative treatments [i.e. Ted Hose, Whirlpool Baths, and Tens Units]).

- H2 - Urinary Collection Device
- H3 - Bowel Continence
- L1 - Most Severe Pressure Ulcer
- L3 - Presence of Skin Ulcer Other than Pressure Ulcer
- L4 - Major Skin Problems
- N2g - Suctioning
- N2j - Ventilator or Respirator
- N2k - Wound Care
- N2h - Tracheostomy Care
- N2q - New or Unregulated Ostomy Care

If (L1=0) **and** (N2k=0)
AND
(L3=0) **and** (N2k=0)
AND
(L4=0) **and** (N2k=0)
AND

(N2g=0)
AND
(N2h=0)
AND
(N2j=0)
AND
(N2q=0)
Then LOC = 0

If (L1=1 or L1=2) and (N2k=1 or N2k=2)
OR
(L3=1) and (N2k=1 or N2k=2)
OR
(L4=1) and (N2k=1 or N2k=2)
OR
(N2k=1 or N2k=2)
Then LOC = 3

If (H2=2)
OR
(H3=1)
OR
(L1=2) and (N2k=3)
OR
(L3=1) and (N2k=3)
OR
(L4=1) and (N2k=3)
OR
(N2g=1 or N2g=2 or N2g=3)
Then LOC = 6

If (H1=1) and (H2=3)
OR
(L1=3 or L1=4) and (N2k=4)
OR
(L3=1) and (N2k=4)
OR
(L4=1) and (N2k=4)
OR
(N2g=1 or N2g=2 or N2g=3) and (N2j=1 or N2j=2 or N2j=3)
OR
(N2h=1 or N2h=2 or N2h=3)
OR
(N2q=1)
Then LOC = 9

Instrumental Activities of Daily Living (IADL): Instrumental activities of daily living are the skills and abilities needed to perform certain day-to-day tasks associated with an independent lifestyle.

Managing Medications:

G1d – Managing Medications

If (G1d=0 or G1d=1 or G1d=2 or G1d=3)
Then LOC=0

If (G1d=4 or G1d=5)
Then LOC = 3

If (G1d=6)
Then LOC = 6

Meal Prep:

G1a - Meal prep

If (G1a=0 or G1a=1 or G1a=2 or G1a=3)
Then LOC = 0

If (G1a=4 or G1a=5)
Then LOC= 3

If (G1a=6)
Then LOC = 6

Safety: Participant is at risk of undergoing hurt or injury due to visual impairment or falls.

D4 - Vision
J1 - Falls

If (D4=0 or D4=1 or D4=2)
OR
(J1=0)
OR
(J1=1 or J1=2 or J1=3)
AND (J3a=0 or J3a=1)
AND (J3b=0 or J3b=1)
AND (J3c=0 or J3c=1)
AND (J3d=0 or J3d=1)
Then LOC = 0

If (D4=3)
OR
(J3a=2 or J3a=3 or J3a=4)
OR
(J3b=2 or J3b=3 or J3b=4)
OR
(J3c=2 or J3c=3 or J3c=4)
OR
(J3d=2 or J3d=3 or J3d=4)

Then LOC = 3

If (D4=4)

OR

(J1=1 **or** J1=2 **or** J1=3)

AND

(J3a=1 **or** J3a=2 **or** J3a=3 **or** J3a=4)

OR

(J3b=1 **or** J3b=2 **or** J3b=3 **or** J3b=4)

OR

(J3c=1 **or** J3c=2 **or** J3c=3 **or** J3c=4)

OR

(J3d=1 **or** J3d=2 **or** J3d=3 **or** J3d=4)

Then LOC = 6

