



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

# Level of Care Transformation

Division of Senior & Disability Services

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# Objectives

LOC Transformation Recap

InterRAI Level of Care Coding

Communication Tips

System Updates

An icon depicting two stylized human figures in white. A speech bubble with a question mark is positioned above the figures, pointing towards them. The entire graphic is set against a dark blue background.

# **What's Level of Care?**

What does it  
really mean?

# Level Of Care

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## Road to Transformation



## History

- Standard LOC established in 1982
  - Many advancements and changes since this time.
- Legislative actions: CDS cost cap and LOC score raised from 21 to 24.

## Research and Development

- Grant funded exploration of all 50 states' LOC criteria
- Multiple iterations tested with stakeholder feedback

# Level Of Care

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Where are we  
now?



## Dual Criteria Phase Ending

- Dual phase from October 2021 – September 30, 2024
  - Standard
  - Transformed

**Standard will sunset on  
October 1, 2024**

# Level of Care Transformation

## Standard Criteria

- Must score **24** points
- 9 Categories - equal weight of 3, 6, or 9 pts.
- Many categories combined:
  - Behavioral – behaviors & cognitive delays
  - Personal Care – toileting, bathing, dressing, grooming, hygiene
- Do you have a diagnosis or medical order rather than do you need assistance.

## Transformed Criteria

- Must score **18** points
- 12 Categories – not equally weighted
  - Early loss vs. Late loss
- Categories more specific and defined
  - Each ADL/IADL stands alone
  - Cognition and behavior are looked at separately
- Key areas of focus:
  - Is assistance needed?
  - Risk / Safety

# Transformed LOC Categories

	Minimum	Moderate	Maximum
Mobility	3	6	9
Eating	3	6	9
Toileting	3	6	9
Dressing/Grooming	3	6	X
Bathing	3	6	X
Treatments	X	6	X
Cognition	3	6	9
Behavioral	3	6	9
Rehab	3	6	9
Meal Prep	3	6	X
Med Management	3	6	X
Safety	3	6	9



**18  
points**



## Behavioral Category

### Section E Mood & Behavior

E3a - Wandering

E3c - Physical abuse

E3d - Socially inappropriate or disruptive behavior

E3e - Public sexual behavior or disrobing

E3f - Resists care

### Section J Psychiatric

J3g – Abnormal Thoughts

J3h – Delusions

J3i – Hallucinations

### Section N Treatment & Procedures

N7b – Mental Monitoring



## **Cognition**

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## **Category**

### **Section C Cognition**

C1 Cognitive Skills for Daily Living (Coma – Trigger)

C2 Memory / Recall Ability

C3 Periodic Disordered Thinking / Awareness

### **Section D Communication & Vision**

D1 Making Self Understood

D2 Ability to Understand others



**High Hierarchy**

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**Late Loss ADLs**

## Mobility Category

G2f – Locomotion

G2i – Bed Mobility

G3a - Bedbound

## Eating Category

G2j - Eating

K2e - Physician Ordered Diet

## Toileting Category

G2g - Transfer Toilet

G2h - Toilet Use





## Low Hierarchy

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## Early Loss ADLs

### Bathing Category

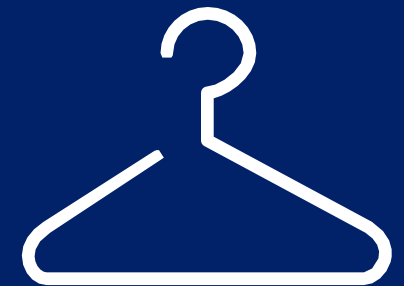
G2a – Bathing

### Dressing / Grooming Category

G2b – Personal Hygiene

G2c – Dressing Upper Body

G2d – Dressing Lower Body





**Low Hierarchy**

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**Early Loss  
ADLs**

## **Meal Prep Category**

G1a – Meal Prep

## **Med Management Category**

G1d – Managing Medications





# Treatments Category

Page 1

## Section H Continence

- H 1 - Bladder Continence
- H 2 - Urinary Collection Device
- H 3 - Bowel Continence

Ostomy &  
Catheter

## Section K Oral & Nutrition

- K3 - Mode of Nutrition

Tube & TPN  
Feeding

## Section N Treatments

- N2g - Suctioning
- N2h - Tracheostomy Care
- N2j - Ventilator or Respirator



# Treatments Category

Page 2

## Section L Skin Condition

- L1 – Pressure Ulcer
- L3 – Presence of Skin Ulcer
- L4 – Major Skin Problems
- L5 – Skin Tears or Cuts

## Section N Treatments

N2k – Wound Care

Wound Care = Section L skin deficient plus N2k  
ordered wound care



# Rehabilitation Category

## Section N Treatment & Procedures

N3e – PT

N3f – OT

N3g – Speech

N3i – Cardiac Rehab



# **Safety**

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# **Category**

## **Part 1:**

Section D:  
D4 Vision

Section J:  
J1 Falls  
J3 Balance

## **Part 2:**

Section A:  
Age 75+

Section B  
B4 Institutionalization



# QUESTIONS?



[QIQA@health.mo.gov](mailto:QIQA@health.mo.gov)



[Health.Mo.Gov](http://Health.Mo.Gov)



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# Communication Guidance



# 6 Tips for LOC Ineligibility Conversations

## Be Direct

Be straight forward. Do not try to "dance around" the topic. Exude confidence.



## Provide Resources

Direct them to outside agencies where needs are more appropriately met.



## Confirm Understanding

Ask if they have any questions and clarify if needed.



## State the Facts/Refer to Policy

Refer to policy and LOC guidance.



## Express Genuine Concern

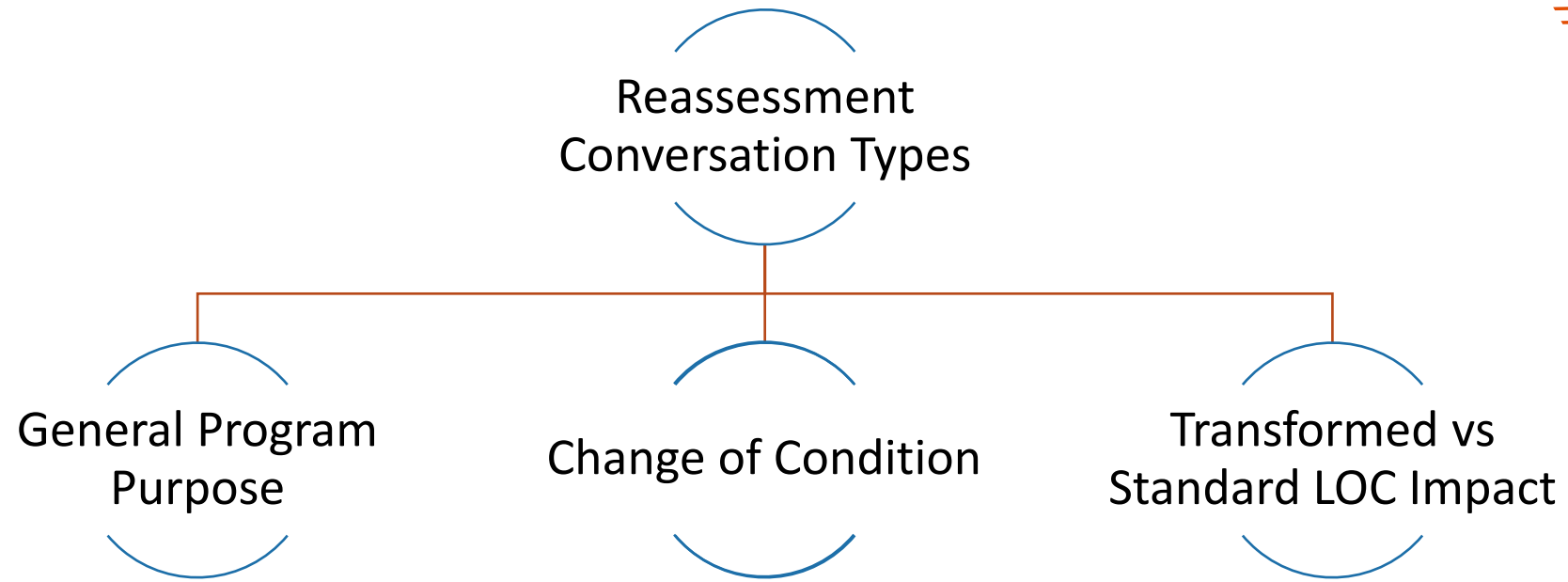
Use a calming tone/demeanor.



## Put a Positive Spin on Ineligibility

Not needing to enter a nursing facility is a GOOD thing!





# The Purpose:

## Home and Community Based Services

### WHAT

- To help meet the needs of people in their home in lieu of entering into a nursing facility

### WHO

- Aged and Disabled persons that meet the criteria to enter into a Nursing facility LOC

### WHY

- Alternative to nursing facility placement
- Increases overall quality of life for those that wish to remain in the community rather than enter a nursing facility

### WHERE

- If not NFLOC, where can they go to help meet their needs? Other available community resources. (provide outside referrals)

# Review the purpose of the program:

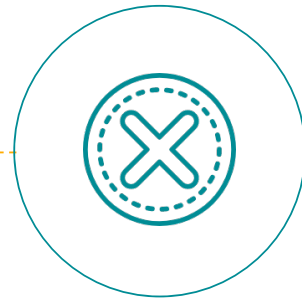
## When?



**During Scheduling**



**During F2F (Before completion of the assessment)**



**After LOC Determination**

Consider the participant's mental abilities, age, and diagnoses when deciding when and if sharing the purpose is needed.

- Is the pt elderly and hesitant to state they need NFLOC?
- Are there diagnoses present that would prevent the pt from understanding the purpose?

# Ineligible at Reassessment

## Transformed LOC algorithm only considers:

Do you need help with...?

**NOT**

Do you have...?

Assessment items no longer considered with Transformed LOC algorithm:

- Number of medications, complexity of regimen
- Various treatments (Oxygen, other respiratory treatments, non-routine preventative treatments, chemo, radiation, dialysis)
- Frequency of physical health monitoring
- Incontinence frequency
- ITPs

## Ineligible at Reassessment



### Keep in Mind....

- Due to COVID, many participants came onto services without a F2F assessment. (Situation may have been misrepresented during initial assessment. No observation opportunity.)
- Ineligibility may be due to changes in participant's situation. (Condition has improved.)

# How Can I Prepare for a LOC Change Conversation



### Intent of the Transformed Level of Care:

- Update criteria to accurately assess those at risk for nursing facility placement
  - Last updated in 1982 – many medical changes since then
- Standard (old) criteria focused more on whether an individual had ordered treatments and medical care.
- The transformed (new) criteria focuses on the amount of assistance needed with daily tasks of living and highlights additional risks that often lead to nursing facility need.



Standard LOC Categories (9)	What was: (24 pts to qualify)	Transformed LOC Categories (12)	What is: (18 pts to qualify)
Behavioral (Up to 9 pts)	Both cognitive delays and behavioral symptoms were combined into one category.	Behavioral (Up to 9 pts)	Includes exhibiting of behavioral symptoms. Mental monitoring frequency was removed from the standard monitoring category and moved here.
		Cognition (Up to 18 pts)	Includes cognitive delays only with the addition of the ability to communicate and/or ability to comprehend.
Personal Care (Up to 9 pts)	Combined needed assistance with: <ul style="list-style-type: none"> <li>• Dressing/grooming</li> <li>• Toilet use</li> <li>• Bathing</li> </ul> Also includes evaluation of incontinence frequency, regardless of assistance needed.	Bathing (Up to 6 pts)	Includes assistance needed with bathing.
		Dressing/Grooming (Up to 6 pts)	Includes assistance needed with dressing/grooming.
		Toileting (Up to 18 pts)	Includes assistance with toilet use and toilet transfer. Toilet use captures assistance with incontinence.

# Conversation Exercise

Participant has had no changes in their health since their last reassessment, but no longer meets Level of Care due to the sunseting of the Standard algorithm. Participant has COPD. They use oxygen therapy and a nebulizer. Due to shortness of breath, they need assistance with cleaning and meal prep, but are independent in all other (I)ADLs.

Participant reports bladder incontinence daily. They wear adult diapers and can change them independently.

## WHAT WILL YOU DISCUSS WITH THE PARTICIPANT?



**Scenario stated:** “They use oxygen therapy and a nebulizer.”

<p><b>Treatments (Up to 9 pts)</b></p>	<p>Treatments included:</p> <ul style="list-style-type: none"><li>• Chemotherapy/Radiation</li><li>• Dialysis</li><li>• Infection control</li><li>• Oxygen</li><li>• Vent/Respirator</li><li>• Suctioning</li><li>• Trach Care</li><li>• Transfusions</li><li>• Other respiratory therapies</li><li>• Other non-routine preventative treatments</li><li>• New/unregulated ostomy</li><li>• Wound Care</li></ul> <p>Also evaluated acute episodes or a flare-up of a recurrent or chronic problem.</p>	<p><b>Treatments (Up to 6 pts)</b></p>	<p>Treatments included</p> <ul style="list-style-type: none"><li>• Vent/Respirator</li><li>• Suctioning</li><li>• Trach Care</li><li>• Ostomy/Catheter</li><li>• Wound Care</li></ul>
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Scenario stated: “Participant reports bladder incontinence daily. They wear adult diapers and can change them independently.”

<b>Personal Care (Up to 9 pts)</b>	Combined needed assistance with: <ul style="list-style-type: none"><li>• Dressing/grooming</li><li>• Toilet use</li><li>• Bathing</li></ul> Also includes evaluation of incontinence frequency, regardless of assistance needed.	<b>Bathing (Up to 6 pts)</b>	Includes assistance needed with bathing.
		<b>Dressing/Grooming (Up to 6 pts)</b>	Includes assistance needed with dressing/grooming.
		<b>Toileting (Up to 18 pts)</b>	Includes assistance with toilet use and toilet transfer. Toilet use captures assistance with incontinence.



# Documenting LOC ineligibility

Best Practice



# Documenting LOC Ineligibility

- Review all assessment responses for each LOC determination category with the pt.
- Note an review and confirmation conversations



# Hearings Unit

Here to Help!

**Jennifer Moppin**

Email:

[Jennifer.Moppin@health.mo.gov](mailto:Jennifer.Moppin@health.mo.gov)

Phone:

816 - 415 - 0470

# Level Of Care

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## How to Prepare

### Submit Completed Work

- All assessments and care plans in progress must be submitted by end of day September 30<sup>th</sup>.
- Anything submitted after this timeframe will only run with the transformed criteria

# Questions?



# Level Of Care

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## InterRAI Webtool Updates

- Missouri added questions and responses pertaining to the standard criteria are being removed
- Standard LOC removed from LOC calculations.
  - Prior Standard LOC score will still show up in new system



## Section M

# Medications

### SECTION M. MEDICATIONS

1. RECORD THE NUMBER OF MEDICATIONS (INCLUDING PRESCRIPTIONS AND OVER THE COUNTER) TAKEN REGULARLY OR ON AN OCCASIONAL BASIS IN THE LAST THREE DAYS. INCLUDE EYE DROPS AND ANY MEDICATIONS TAKEN ON A MAINTAINANCE BASIS. *Please select the number of medications taken regularly or on an occasional basis in the last three days. Select 15 if more than 15 medications are taken.*
2. RECORD THE NUMBER OF HERBAL AND NUTRITIONAL SUPPLEMENTS TAKEN REGULARLY OR ON AN OCCASIONAL BASIS IN THE LAST THREE DAYS. *Please select the number of herbal and nutritional supplements taken regularly or on an occasional basis in the last three days. Select 15 if more than 15 herbal and nutritional supplements are taken.*
3. ADHERENT WITH MEDICATIONS PRESCRIBED BY PHYSICIAN 
  0. Always adherent
  1. Adherent 80% of time or more
  2. Adherent less than 80% of time, including failure to purchase prescribed medications
  8. No medications prescribed
4. COMPLEX DRUG REGIMEN 

Are there several medications with varying dosages and schedules, or a drug regime with 9 or more medications?

0. No      1. Yes
5. HAS PHYSICIAN PRESCRIBED A NEW MEDICATION OR STOPPED AN EXISTING MEDICATION IN THE LAST 14 DAYS? 

0. No      1. Yes
6. DO YOU HAVE CONCERNS ABOUT YOUR MEDICATIONS THAT SHOULD BE DISCUSSED WITH A HEALTH PROFESSIONAL?

Removed

Question M4: "Complex Drug Regimen"



Replaced

Updated interRAI will display:  
'Disregard - this item not utilized for Missouri'



# Section N

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# Treatments & Procedures

Removed

Question N2:

- Option 4: “More than one time daily”

This option is no longer assessed.

2. TREATMENTS AND PROGRAMS RECEIVED OR SCHEDULED IN THE LAST 3 DAYS ( OR SINCE LAST ASSESSMENT IF LESS THAN 3 DAYS )

0. Not ordered AND did not occur
1. Ordered, not yet implemented
2. 1 - 2 of last 3 days
3. Daily in last 3 days
4. More than one time daily (*This code shall only be used when appropriate for K. Wound Care*)

### TREATMENTS

- a. Chemotherapy
- b. Dialysis
- c. Infection control --e.g., isolation, quarantine
- d. IV Medication
- e. Oxygen therapy
- f. Radiation
- g. Suctioning
- h. Tracheostomy care
- i. Transfusion
- j. Ventilator or respirator
- k. Wound care

### PROGRAMS



# Section N Treatments & Procedures

d. IV Medication	<input type="checkbox"/>
e. Oxygen therapy	<input type="checkbox"/>
f. Radiation	<input type="checkbox"/>
g. Suctioning	<input type="checkbox"/>
h. Tracheostomy care	<input type="checkbox"/>
i. Transfusion	<input type="checkbox"/>
j. Ventilator or respirator	<input type="checkbox"/>
k. Wound care	<input type="checkbox"/>
<b>PROGRAMS</b>	
l. Scheduled toileting program	<input type="checkbox"/>
m. Palliative care program	<input type="checkbox"/>
n. Turning / repositioning Program	<input type="checkbox"/>
<b>SPECIAL- ADDITIONAL TREATMENT CONSIDERATIONS</b>	
o. Other Respiratory Therapies (i.e. Nebulizer, CPAP, or Maxi Mist)	<input type="checkbox"/>
<b>OTHER</b>	
0. No	1. Yes
p. Other non-routine preventative treatments (i.e. Ted Hose, Whirlpool Baths, Tens Unit)	<input type="checkbox"/>
q. New or unregulated Ostomy Care	<input type="checkbox"/>

Removed

Question N2:

- Special-Additional Treatment Considerations
  - O: Other respiratory therapies
  - P: Other non-routine preventative treatments
  - Q: New or unregulated ostomy care

Replaced

Updated interRAI will display:

‘Disregard - this item not utilized for Missouri’





# Section N

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# Treatments & Procedures

Removed

Question N7:

- Monitoring
  - A. Physical Condition



Replaced

Updated interRAI will display:

‘Disregard - this item not utilized for Missouri’

## 7. MONITORING

*[Please consider observation and assessment of laboratory tests, vital signs, blood glucose levels, weights and other routine monitoring procedures. Telehealth monitoring and Telemonitoring shall also be included]*

0. Routine Monitoring (No physician's orders)
  1. Minimal Monitoring (Periodic i.e. at least monthly, for stable physical/mental condition)
  2. Moderate Monitoring (Periodic i.e. at least monthly, for unstable physical/mental condition)
  3. Maximum Monitoring (Intensive monitoring)

a. Physical condition

b. Mental condition



# Dual Criteria Dropping Off

## Level Of Care

- Standard LOC Score will no longer appear
- Transformed LOC Score will be the only score displayed



InterRAI Assessment Form

Standard LOC **Criteria Met**

LOC Categories	Possible Responses	TOTAL SCORE
Behavioral	0,3,6,9	9
Dietary	0,3,6,9	9
Medications	0,3,6,9	9
Mobility	0,3,6,9	9
Monitoring	0,3,6,9	3
Personal Care	0,3,6,9	9
Rehabilitation	0,3,6,9	0
Restorative	0,3,6,9	0
Treatments	0,3,6,9	6
<b>SCORE</b>		<b>54</b>

Transformed LOC **Criteria Met**

LOC Categories	Possible Responses	TOTAL SCORE
Bathing	0,3,6	6
Behavioral	0,3,6,9	6
Cognition	0,3,6,9,18	9
Dressing and Grooming	0,3,6	6
Eating	0,3,6,9,18	18
Meal Preparation	0,3,6	6
Medication Management	0,3,6	6
Mobility	0,3,6,18	18
Rehabilitation	0,3,6,9	0
Safety	0,3,6,9,18	6
Toileting	0,3,6,9	9
Treatments	0,6	6
<b>SCORE</b>		<b>96</b>

Use Standard LOC  Use Transformed LOC

LOC Not Met - Enable Care Plan Services

Submit Assessment

# Level Of Care



Assessment		
Demographics		
First Name:	Primary Language:	ENGLISH
Last Name:	Living Arrangements:	Never married, living alone
Date of Birth: 7/19/1964	Special Communication Needs:	None
DCN:		
Race: White		
Gender: Male		
Primary Phone#: 000-000-0000		
Other Phone#:		
Address:	FSD Address: 0000ADD2 0000ADD2, 0000CITY, MISSOURI 63845 _____, MISSISSIPPI 133  Current Address: 0000ADD2 0000ADD2, 0000CITY, MISSOURI _____, 314 585-8544, ST. LOUIS 189	

Physician Information								
Provider First Name	Provider Last Name	Address 1	Address 2	City	State	Zip Code	Office Phone	Alt Phone
Daisy	duck	123 Wonderland		Mouse City	MO	45616-9648	231 654-9678	314 000-0000

InterRAI HC Assessment		
Criteria Met		
LOC Categories	Possible Responses	TOTAL SCORE
Bathing	0,3,6	3
Behavioral	0,3,6,9	6
Cognition	0,3,6,9,18	0
Dressing and Grooming	0,3,6	6
Eating	0,3,6,9,18	6
Meal Preparation	0,3,6	6
Medication Management	0,3,6	6
Mobility	0,3,6,18	3
Rehabilitation	0,3,6,9	6
Safety	0,3,6,9,18	6
Toileting	0,3,6,9	6
Treatments	0,6	6
SCORE		60

Care Plan Services					
Priority Risk:					
Service Type	Funding Code	Effective Date	End Date	Provider	Total Units/Month

## Printed interRAI

- Dual criteria drops off
- Only Transformed LOC categories displayed



# QUESTIONS?



[QIQA@health.mo.gov](mailto:QIQA@health.mo.gov)



[Health.Mo.Gov](http://Health.Mo.Gov)