



# Nursing Facility Level of Care (LOC)

## Determination Guide

This document serves as a summary of the DRAFT LOC Algorithm Version (V) 2.3 which determines a participant’s Nursing Facility Level of Care (LOC). The DRAFT LOC Algorithm V2.3 should be used to determine a participant’s LOC. However, this guide serves as a blueprint for stakeholders and participants to understand proposed LOC updates.

### Behavioral

- Determine if the participant:
  - Receives monitoring for a mental condition
  - Exhibits one of the following mood or behavior symptoms – wandering, physical abuse, socially inappropriate or disruptive behavior, inappropriate public sexual behavior or public disrobing; resists care
  - Exhibits one of the following psychiatric conditions –abnormal thoughts, delusions, hallucinations

0 points	3 points	6 points	9 points	18 points
Stable mental condition <b>AND</b> No mood or behavior symptoms observed <b>AND</b> No reported psychiatric conditions	Stable mental condition monitored by a physician or licensed mental health professional at least monthly <b>OR</b> Behavior symptoms exhibited in past, but not currently present <b>OR</b> Psychiatric conditions exhibited in past, but not recently present	Unstable mental condition monitored by a physician or licensed mental health professional at least monthly <b>OR</b> Behavior symptoms are currently exhibited <b>OR</b> Psychiatric conditions are recently exhibited	Unstable mental condition monitored by a physician or licensed mental health professional at least monthly <b>AND</b> Behavior symptoms are currently exhibited <b>OR</b> Psychiatric conditions are currently exhibited	N/A



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### Cognition

- Determine if the participant has an issue in one or more of the following areas:
  - Cognitive skills for daily decision making
  - Memory or recall ability (short-term, procedural, situational memory)
  - Disorganized thinking/awareness – mental function varies over the course of the day
  - Ability to understand others or to be understood

0 points	3 points	6 points	9 points	18 points
No issues with cognition <b>OR</b> No issues with memory, mental function, or ability to be understood/understand others	Displays difficulty making decisions in new situations or occasionally requires supervision in decision making <b>AND</b> Has issues with memory, mental function, or ability to be understood/understand others	Displays consistent unsafe/poor decision making or requires total supervision <b>AND</b> Has issues with memory, mental function, or ability to be understood/understand others	Rarely or never has the capability to make decisions <b>OR</b> Displays consistent unsafe/poor decision making or requires total supervision <b>AND</b> rarely or never understood/able to understand others	TRIGGER: Comatose state



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### Mobility

- Determine the participant's primary mode of locomotion
- Determine the amount of assistance the participant needs with:
  - Locomotion – how moves walking or wheeling, if wheeling how much assistance is needed once in the chair
  - Bed Mobility – transition from lying to sitting, turning, etc.

0 points	3 points	6 points	9 points	18 points
No assistance needed <b>OR</b> Only set up or supervision need	Limited or moderate assistance needed, i.e. <b>participant</b> performs more than 50% of task independently	Maximum assistance needed for locomotion or bed mobility, i.e. participant needs 2 or more helpers or more than 50% of caregiver weight-bearing assistance <b>OR</b> Total dependence for bed mobility	N/A	TRIGGER: Participant is bedbound <b>OR</b> Total dependence on others for locomotion



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### Eating

- Determine the amount of assistance the participant needs with eating and drinking. Includes intake of nourishment by other means (e.g. tube feeding or TPN).
- Determine if the participant requires a physician ordered therapeutic diet

0 points	3 points	6 points	9 points	18 points
No assistance needed <b>AND</b> No physician ordered diet	Physician ordered therapeutic diet <b>OR</b> Set up, supervision, or limited assistance needed with eating	Moderate assistance needed with eating, i.e. <b>participant</b> performs more than 50% of the task independently	Maximum assistance needed with eating, i.e. participant requires <b>caregiver</b> to perform more than 50% for assistance	TRIGGER: Total dependence on others

### Toileting

- Determine the amount of assistance the participant needs with toileting. Toileting includes: using the toilet (bedpan, urinal, commode), changing incontinent episodes, managing catheters/ostomies, and adjusting clothing.
- Determine the amount of assistance the participant needs with transferring on/off the toilet

0 points	3 points	6 points	9 points	18 points
No assistance needed <b>OR</b> Only set up or supervision needed	Limited or moderate assistance needed, i.e. <b>participant</b> performs more than 50% of task independently	Maximum assistance needed, i.e. participant needs 2 or more helpers or more than 50% of caregiver weight-bearing assistance	Total dependence on others	N/A



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### Bathing

- Determine the amount of assistance the participant needs with bathing. Bathing includes: taking a full body bath/shower and the transferring in and out of the bath/shower.

0 points	3 points	6 points	9 points	18 points
No assistance needed <b>OR</b> Only set up or supervision needed	Limited or moderate assistance needed, i.e. <b>participant</b> performs more than 50% of task independently	Maximum assistance, i.e. participant needs 2 or more helpers or more than 50% of caregiver weight-bearing assistance <b>OR</b> Total dependence on others	N/A	N/A

### Dressing & Grooming

- Determine the amount of assistance the participant needs with:
  - Personal Hygiene
  - Dressing Upper Body
  - Dressing Lower Body

0 points	3 points	6 points	9 points	18 points
No assistance needed <b>OR</b> Only set up or supervision needed	Limited or moderate assistance needed, i.e. <b>participant</b> performs more than 50% of task independently	Maximum assistance, i.e. participant needs 2 or more helpers or more than 50% of caregiver weight-bearing assistance <b>OR</b> Total dependence on others	N/A	N/A



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### Rehabilitation

- Determine if the participant has the following medically ordered therapeutic services:
  - Physical therapy
  - Occupational therapy
  - Speech-language pathology and audiology services
  - Cardiac rehabilitation

0 points	3 points	6 points	9 points	18 points
None of the above therapies ordered	Any of the above therapies ordered, 1 time per week	Any of the above therapies ordered 2-3 times per week	Any of the above therapies ordered 4 or more times per week	N/A

### Treatments

- Determine if the participant requires any of the following treatments:
  - Catheter/Ostomy care
  - Alternate modes of nutrition (tube feeding, TPN)
  - Suctioning
  - Ventilator/respirator
  - Wound care (skin must be broken)

0 points	3 points	6 points	9 points	18 points
None of the above treatments needed	N/A	One or more of the above treatments are needed	N/A	N/A



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### Meal Prep

- Determine the amount of assistance the participant needs to prepare a meal. This includes planning, assembling ingredients, cooking, and setting out the food and utensils.

0 points	3 points	6 points	9 points	18 points
No assistance needed <b>OR</b> Only set up or supervision needed	Limited or moderate assistance needed, i.e. <b>participant</b> performs more than 50% of task	Maximum assistance, i.e. <b>caregiver</b> performs more than 50% of task <b>OR</b> Total dependence on others	N/A	N/A

### Medication Management

- Determine the amount of assistance the participant needs to safely manage their medications. Assistance may be needed due to a physical or mental disability.

0 points	3 points	6 points	9 points	18 points
No assistance needed	Setup help needed <b>OR</b> Supervision needed <b>OR</b> Limited or moderate assistance needed, i.e. <b>participant</b> performs more than 50% of task	Maximum assistance needed, i.e. <b>caregiver</b> performs more than 50% of task <b>OR</b> Total dependence on others	N/A	N/A



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### Safety

- Determine if the individual exhibits any of the following risk factors:
  - Vision Impairment
  - Falling
  - Balance – moving to standing position, turning to face the opposite direction, dizziness, or unsteady gait
- After determination of preliminary score, history of institutionalization in the last 5 years and age will be considered to determine final score
  - Institutionalization – long term care facility, RCF/ALF, mental health residence, psychiatric hospital, inpatient substance abuse, settings for persons with intellectual disabilities,
  - Age – 75 years and over

0 points	3 points	6 points	9 points	18 points
No difficulty or some difficulty with vision <b>AND</b> No falls in last 90 days <b>AND</b> No recent problems with balance	Severe difficulty with vision (sees only lights and shapes) <b>OR</b> Has fallen in last 90 days <b>OR</b> Has current problems with balance  <b>OR</b> Preliminary score of 0 <b>AND</b> Age <b>or</b> Institutionalization	No vision <b>OR</b> Has fallen in last 90 days <b>AND</b> Has current problems with balance  <b>OR</b> Preliminary score of 0 <b>AND</b> Age <b>AND</b> Institutionalization  <b>OR</b> Preliminary score of 3 <b>AND</b> Age <b>or</b> Institutionalization	Preliminary score of 6 <b>AND</b> Institutionalization	TRIGGER Preliminary score of 6 <b>AND</b> Age  <b>OR</b>  Preliminary score of 3 <b>AND</b> Age <b>And</b> Institutionalization