Nursing Facility Level of Care Assessment

DHSS/COMRU

October 2021

Key Points

- The new process is now automated – the link to complete the application will be located on COMRU's webpage: https://health.mo.gov/seniors/nursinghomes/pasrr.php.
- The Nursing Facility Level of Care Assessment (Level of Care Form) replaces the current DA 124 A/B form.
- This new application will be required for any individual seeking admission into a Medicaid certified bed in a nursing facility on or after October 31, 2021.
- The automated system will give the submitter a Return Code that is unique to each individual application. Please ensure the submitter writes down this code as it will be utilized throughout the process.
- The LOC point count has changed from 24 points to 18 points
- The assessment criteria for the Level of Care (LOC) has been changed.
- The assessment criteria correlates with the Minimum Data Set (MDS) in most areas.

Section A. Individual Identifying Information

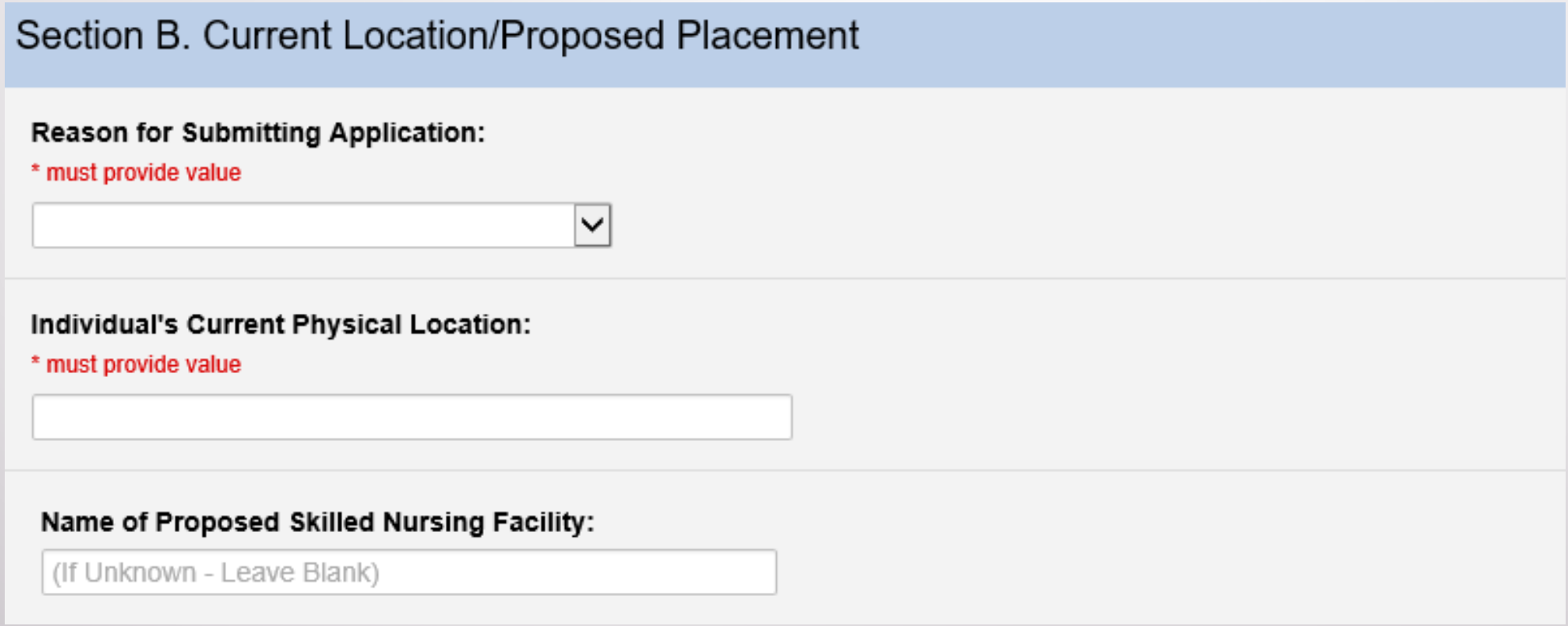
Nursing Facility Level of Care Assessment

Section A. Individual's Identifying Information

Last Name:	_____	**First Name:**	_____
Middle Initial:	_____	**Suffix:**	_____
DCN (Medicaid Number):	_____	**SSN Number:**	_____
Date of Birth:	_____	**Race:**	_____
Gender:	_____		

- This section is auto-filled based on the information completed on the Level One Nursing Facility Pre-Admission Screening for Mental Illness/ Intellectual Disability or Related Condition (Level One Form). The submitter will need to return to the Level One Form, Section A, if any corrections are required in this section.

Section B. Current Location/Proposed Placement



Section B. Current Location/Proposed Placement

Reason for Submitting Application

There is a drop down menu with the following options:

- New Admission **or** has been out of a SNF greater than 60 days

- Change in Status (MDS)

  Select this option if the individual had a previous level 2 screening completed and a significant change MDS has been completed by the SNF **or** if the individual did not trigger a Level 2 screening on the original application, but now triggers a Level 2 screening.

- Replacement Form

  Select this option if the SNF is unable to locate **any** of the following records:
  - The approved forms (DA 124s) processed prior to 2013.
  - The approved Level 2 screening completed over 1 year ago.

- Redetermination (DMH Requested)

  Select this option if the previous Level 2 screening indicates "The following community alternatives to nursing facility services may be considered - Short term NF Level of Services with transitions to community."

Section B. Current Location/Proposed Placement

Individual's Current Physical Location

- Provide the address of where the individual is physically located.

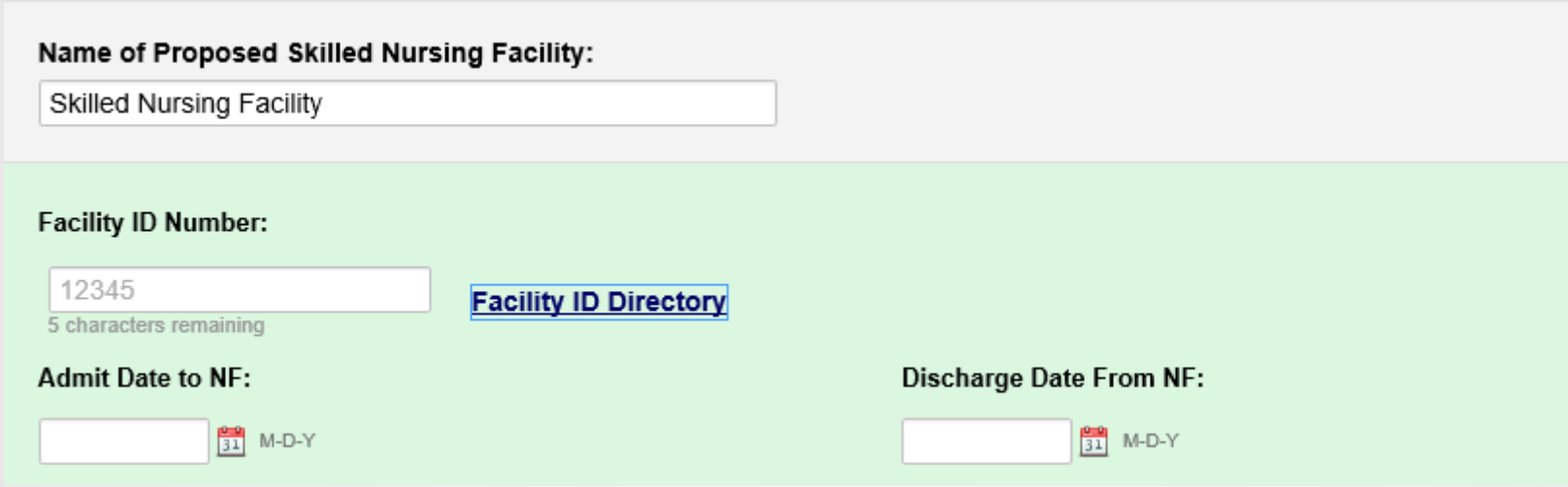
- This would be the address where Bock Associates will conduct the Level 2 screening if indicated.

Name of Proposed Skilled Nursing Facility

- If unknown – Leave blank

- If known – Please enter the correct Licensed Name of the SNF
  - When a SNF name is entered into this field 3 additional fields will appear Facility ID Number, Admit Date to NF, and Discharge Date from NF

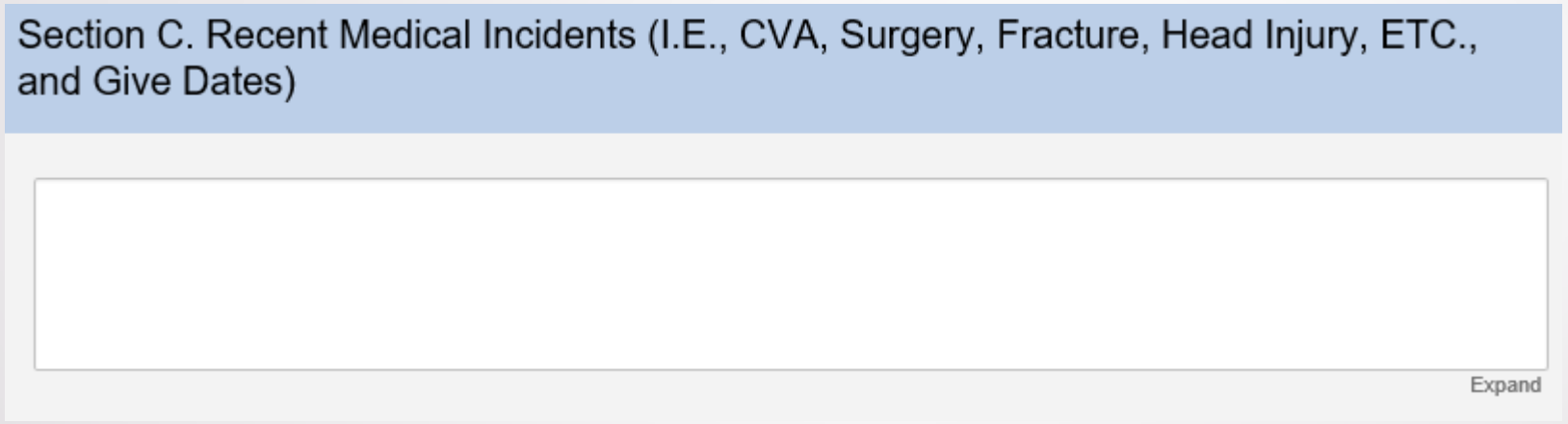
Section B. Current Location/Proposed Placement



- If the Facility ID Number is unknown, click on the "Facility ID Directory" link .
  - This is a required field if the "Name of Proposed Skilled Nursing Facility" is answered.
  - This will link to the Missouri Long Term Care Facility Directory which is updated regularly.
    The facilities are listed in alphabetical order.
    In order to prompt the search option, the submitter can "right" click and choose "find".

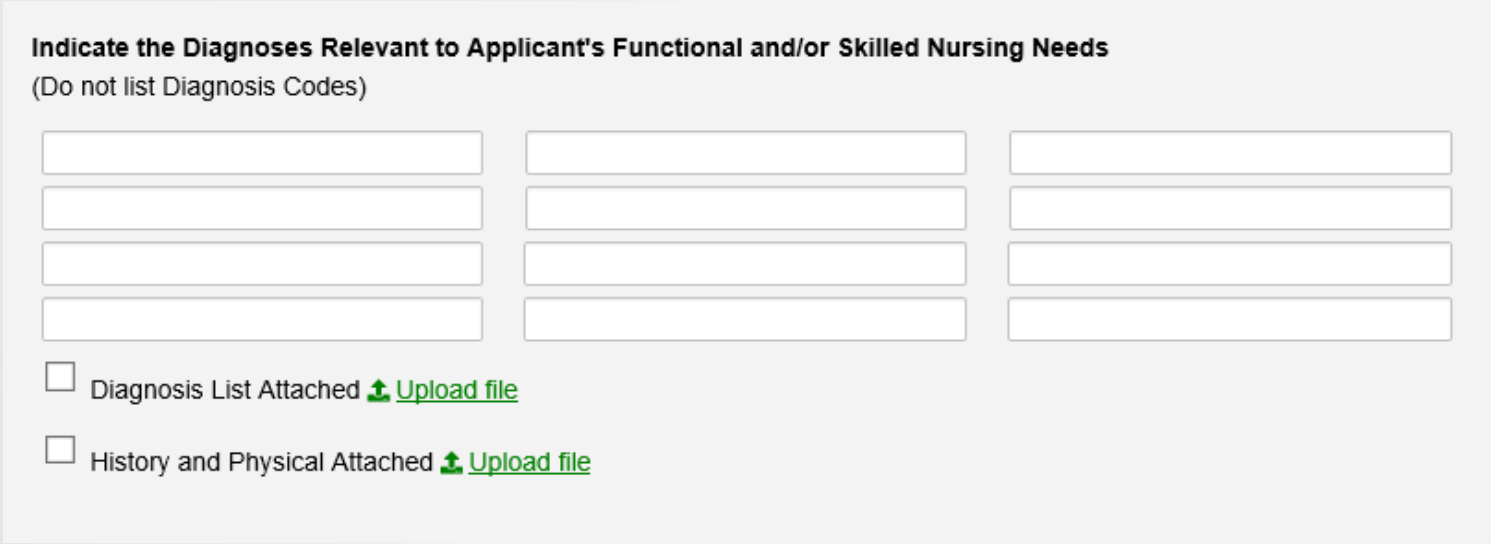
- Admit Date to NF and Discharge Date from NF:
  - If the individual has not admitted or discharged, this field is left blank.
  - If the individual admitted and/or discharged, please ensure these dates are accurate as they are linked to the Medicaid Payment.
  - This is entered in a "mm-dd-yyyy" format.

Section C. Recent Medical Incidents



- The dates should be provided with the recent medical incidents.
- If the individual is currently in the hospital or admitted from the hospital, provide the date and reason for hospitalization.

Section C. Recent Medical Incidents



- Diagnosis codes will **not** be accepted.

- The submitter can upload the Physician Order's instead of typing out the diagnoses.
  The file should be uploaded as a PDF under the "Diagnosis List Attached" link.
  The submitter can only upload one file in this section.

- The submitter can upload a History and Physical.
  The file should be uploaded as a PDF under the "History and Physical Attached" link.
  The Psychiatric Consult , Dementia testing, or other pertinent information can be uploaded here.
  The submitter can only upload one file in this section. The submitter would need to combine multiple documents to create one file when uploading.

Section D. Assessed Needs

- There are **12 categories** under the Assessed Needs:
  Behavioral, Cognition, Mobility, Eating, Toileting, Bathing, Dressing and Grooming, Rehabilitative Services, Treatments, Meal Preparation, Medication Management and Safety

- Each category is **defaulted to O pts.**

- The submitter must assess the individual in all categories to ensure an accurate point count.

- Each category has a "Comment" field for any additional information that might not have been captured for this individual in this category. This is **not** a required field.

- All categories (except for Meal Preparation and Medication Management) assessments should correlate with the individual's MDS.

- Reminder: The State Medical Consultants (SMC) base their point count on the submitted information provided on the application and supporting documentation.

Behavioral:

Section D. Assessed Needs

Behavioral:

- **Determine if the applicant or recipient:**
  - Receives monitoring for 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

Date of the last consult completed by a physician or licensed mental health professional: mm-dd-yyyy M-D-Y

(Blank = None Reported)

Behavioral Symptoms:

	None	Min	Mod	Max
Withdrawn/Depressed	☐	☐	☐	☐
Suspicious/Paranoid	☐	☐	☐	☐
Wanders	☐	☐	☐	☐
Hallucinations/Delusions	☐	☐	☐	☐
Abnormal Thought Process	☐	☐	☐	☐
Aggressive (Physical/Verbal)	☐	☐	☐	☐
Suicidal/Homicidal Ideation	☐	☐	☐	☐
Restraints	☐	☐	☐	☐
Sexually Inappropriate	☐	☐	☐	☐
Controlled with Medications	☐	☐	☐	☐

Comment:

- ◉ 0 pts - Stable mental condition **AND** no mood or behavior symptoms observed **AND** no reported psychiatric conditions
- ○ 3 pts - Stable mental condition monitored by a physician or licensed mental health professional at least monthly **OR** behavior symptoms exhibited in past, but not currently present **OR** psychiatric conditions exhibited in past, but not recently present
- ○ 6 pts - Unstable mental condition monitored by a physician or licensed mental health professional at least monthly **OR** behavior symptoms are currently exhibited **OR** psychiatric conditions are recently exhibited
- ○ 9 pts - Unstable mental condition monitored by a physician or licensed mental health professional at least monthly **AND** behavior symptoms are currently exhibited **OR** psychiatric conditions are currently exhibited

reset

Behavioral:

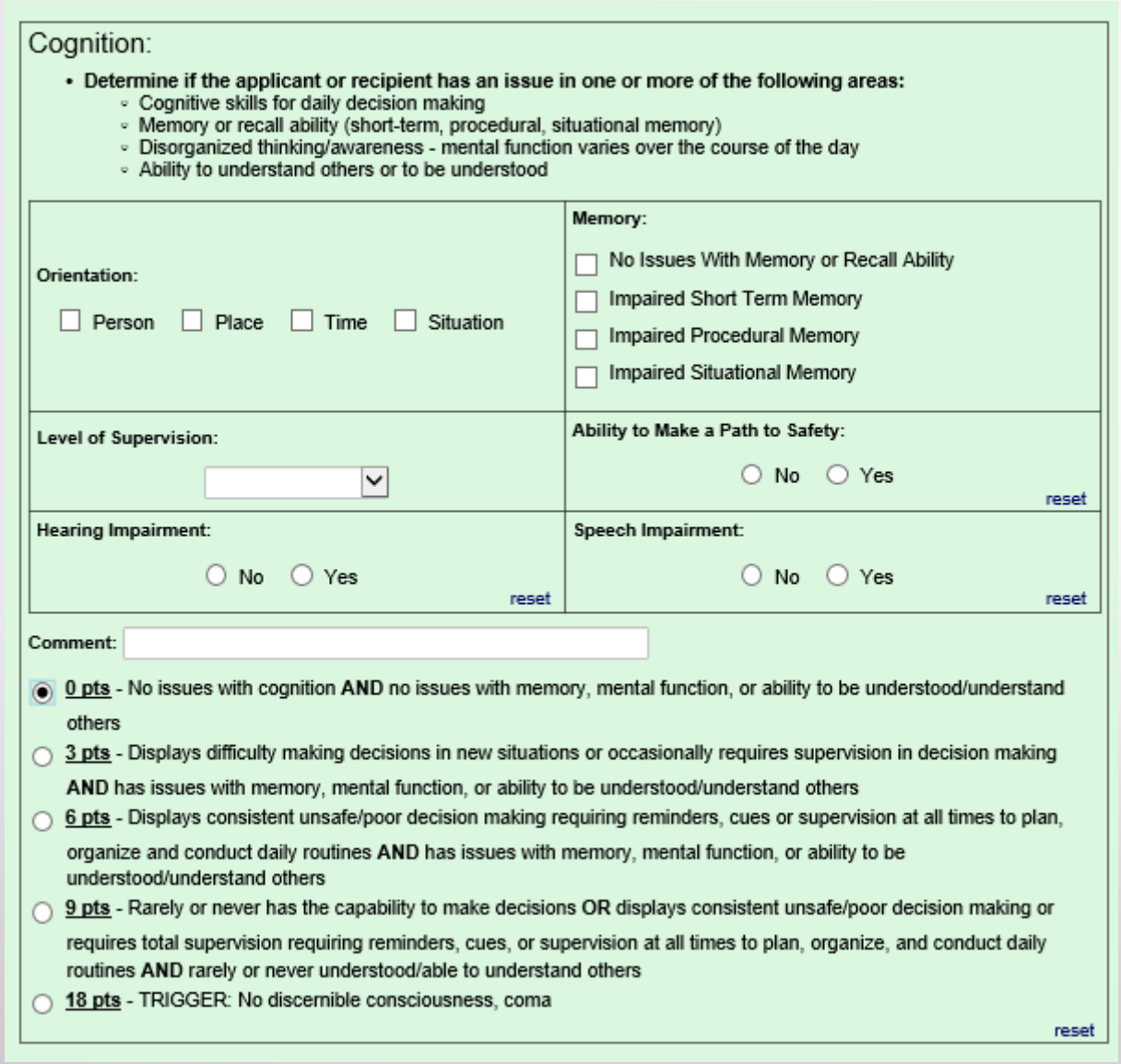
- Date of the last consult completed by a physician or licensed mental health professional
  This consult is in reference to the individual's behaviors.
  This is **not** a consult for a medical condition.

- A copy of the consult may be requested if the individual is exhibiting an unstable mental condition.

- Behavioral Symptoms:
  Is the individual currently exhibiting these behavioral symptoms?

- The submitter can provide additional information regarding the individual's behaviors in the "comment" field.

Cognition:



Cognition:

- **Determine if the applicant or recipient 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

Orientation: ☐ Person ☐ Place ☐ Time ☐ Situation	**Memory:** ☐ No Issues With Memory or Recall Ability ☐ Impaired Short Term Memory ☐ Impaired Procedural Memory ☐ Impaired Situational Memory
Level of Supervision:	**Ability to Make a Path to Safety:** ○ No ○ Yes reset
Hearing Impairment: ○ No ○ Yes reset	**Speech Impairment:** ○ No ○ Yes reset

Comment:

- ◉ **0 pts** - No issues with cognition **AND** no issues with memory, mental function, or ability to be understood/understand others
- ○ **3 pts** - Displays difficulty making decisions in new situations or occasionally requires supervision in decision making **AND** has issues with memory, mental function, or ability to be understood/understand others
- ○ **6 pts** - Displays consistent unsafe/poor decision making requiring reminders, cues or supervision at all times to plan, organize and conduct daily routines **AND** has issues with memory, mental function, or ability to be understood/understand others
- ○ **9 pts** - Rarely or never has the capability to make decisions **OR** displays consistent unsafe/poor decision making or requires total supervision requiring reminders, cues, or supervision at all times to plan, organize, and conduct daily routines **AND** rarely or never understood/able to understand others
- ○ **18 pts** - TRIGGER: No discernible consciousness, coma

reset

Cognition:

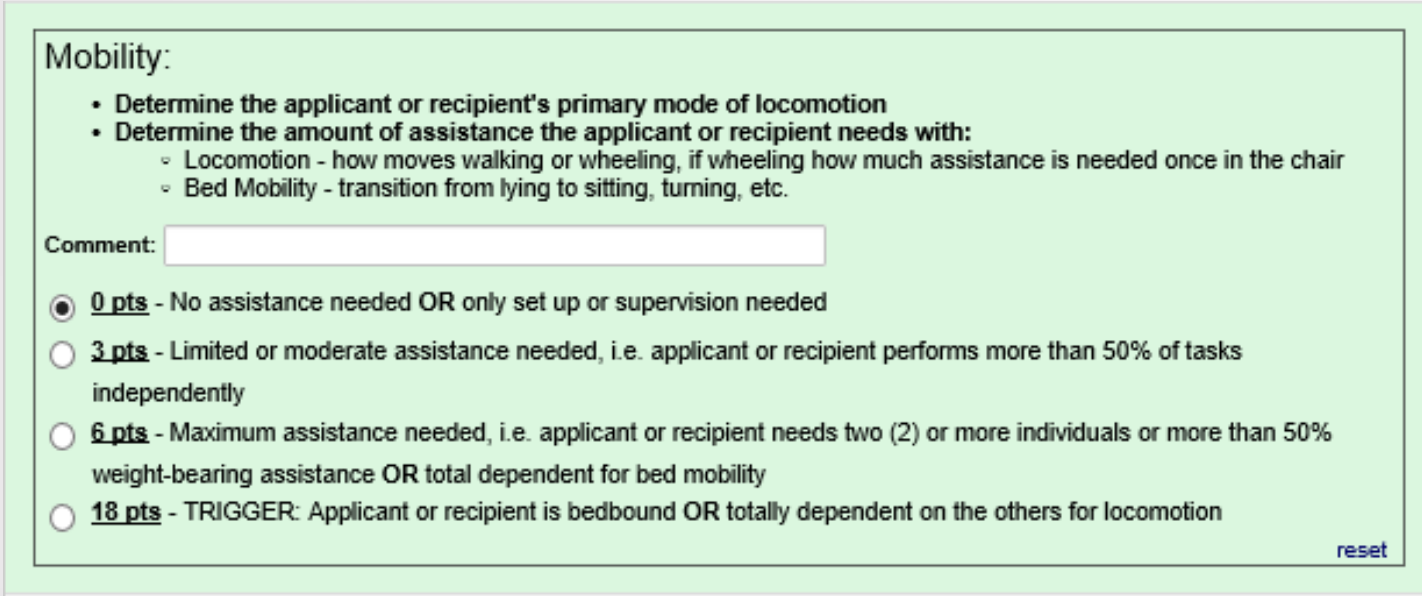
- Level of Supervision

  There is a drop down menu with the following options:
  - 1:1 / Sitter
  - 15 minute checks
  - 2 hour checks
  - 2:1 / Sitter
  - Line of Sight
  - Video Camera
  - Elopement Risk
  - 30 minute checks

- If the "Level of Supervision" is not listed, please provide information in the "Comment" field.

- If Major Neurocognitive Disorder is indicated primary on the Level One Form, the information should reflect in this section.

Mobility:



Mobility:

- **Determine the applicant or recipient's primary mode of locomotion**
- **Determine the amount of assistance the applicant or recipient 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.

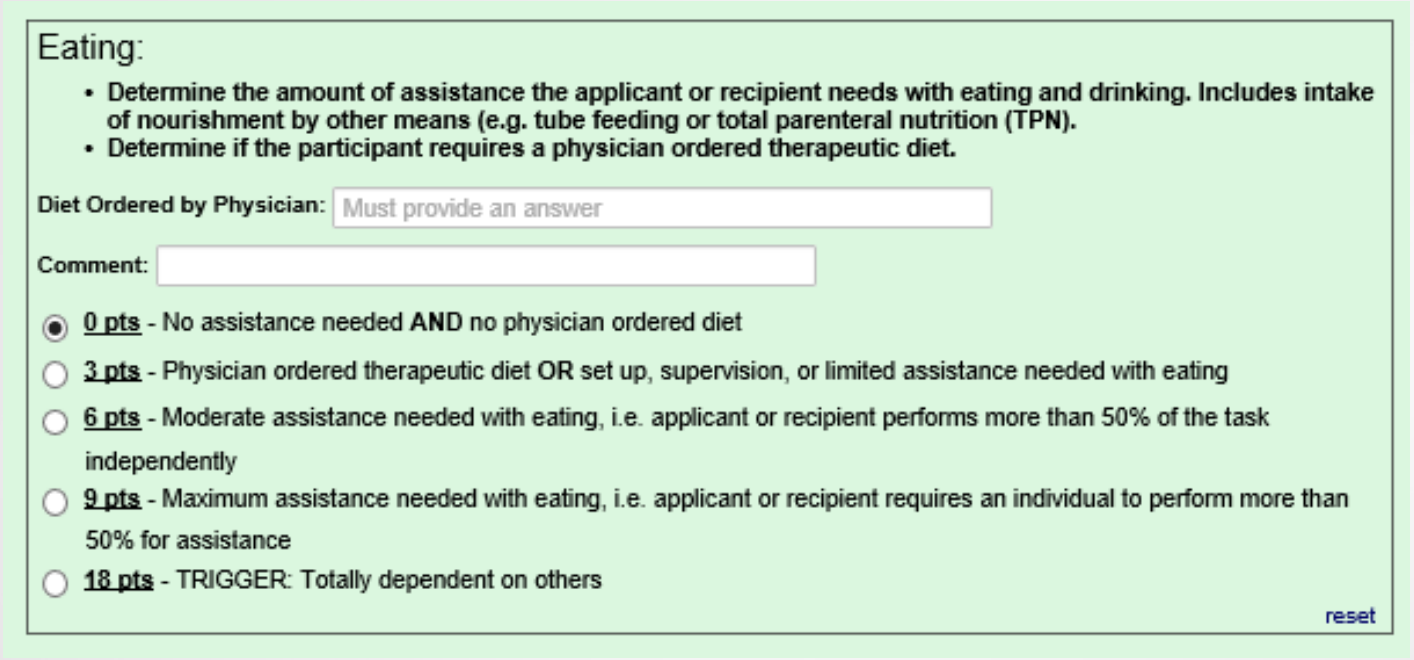
Comment:

- (●) **0 pts** - No assistance needed **OR** only set up or supervision needed
- ( ) **3 pts** - Limited or moderate assistance needed, i.e. applicant or recipient performs more than 50% of tasks independently
- ( ) **6 pts** - Maximum assistance needed, i.e. applicant or recipient needs two (2) or more individuals or more than 50% weight-bearing assistance **OR** total dependent for bed mobility
- ( ) **18 pts** - TRIGGER: Applicant or recipient is bedbound **OR** totally dependent on the others for locomotion

reset

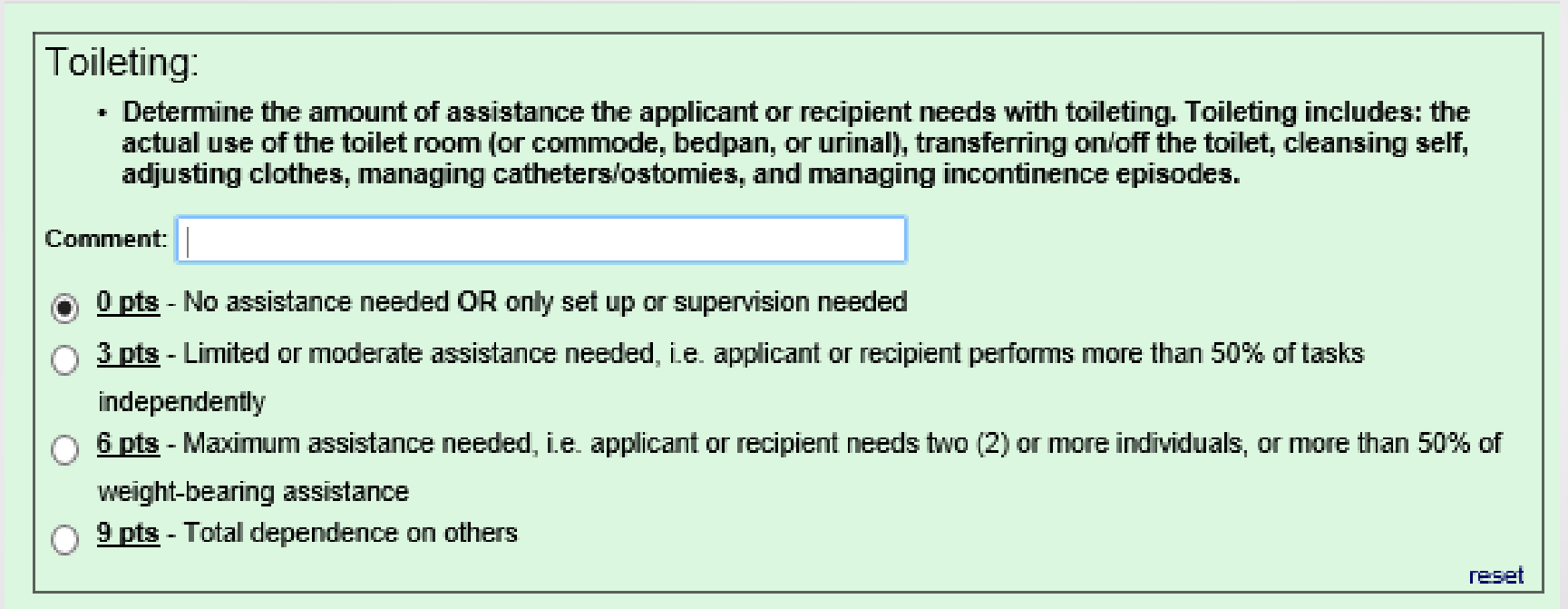
- Points should be given in this section based on a current assessment of the individual's mobility needs

Eating:



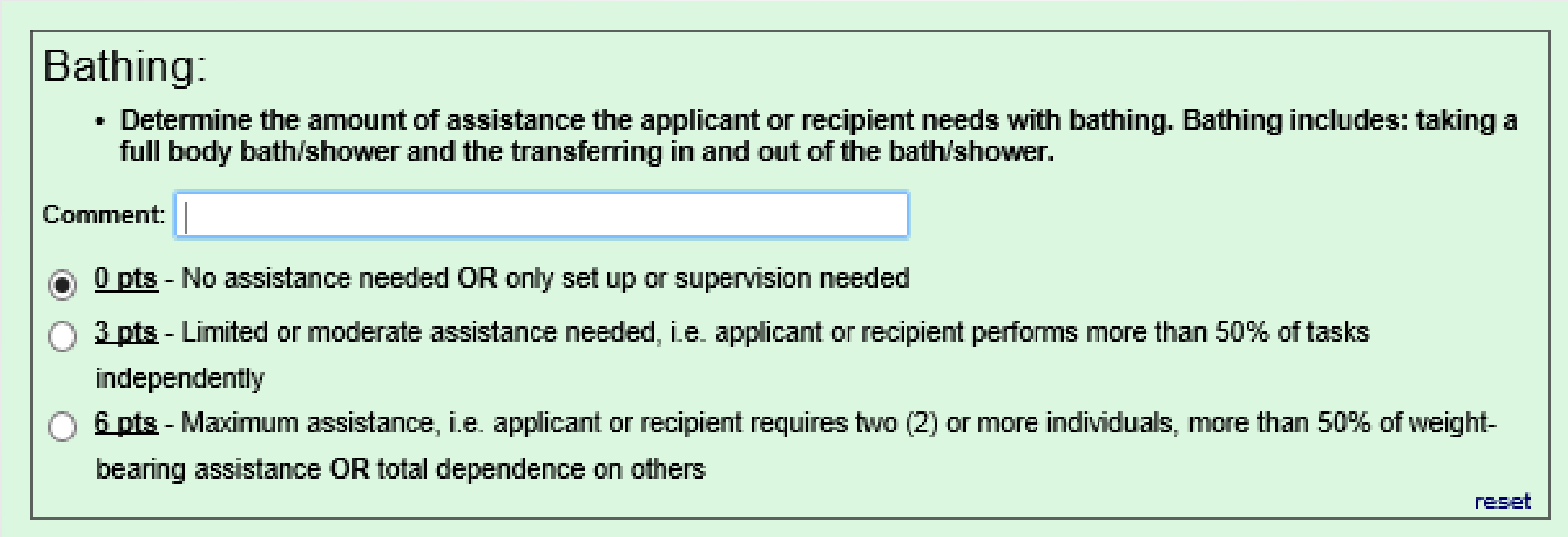
- The "Diet Ordered by Physician" is a required field.
- Points should be given in this section based on a current assessment of the individual's eating needs.

Toileting:



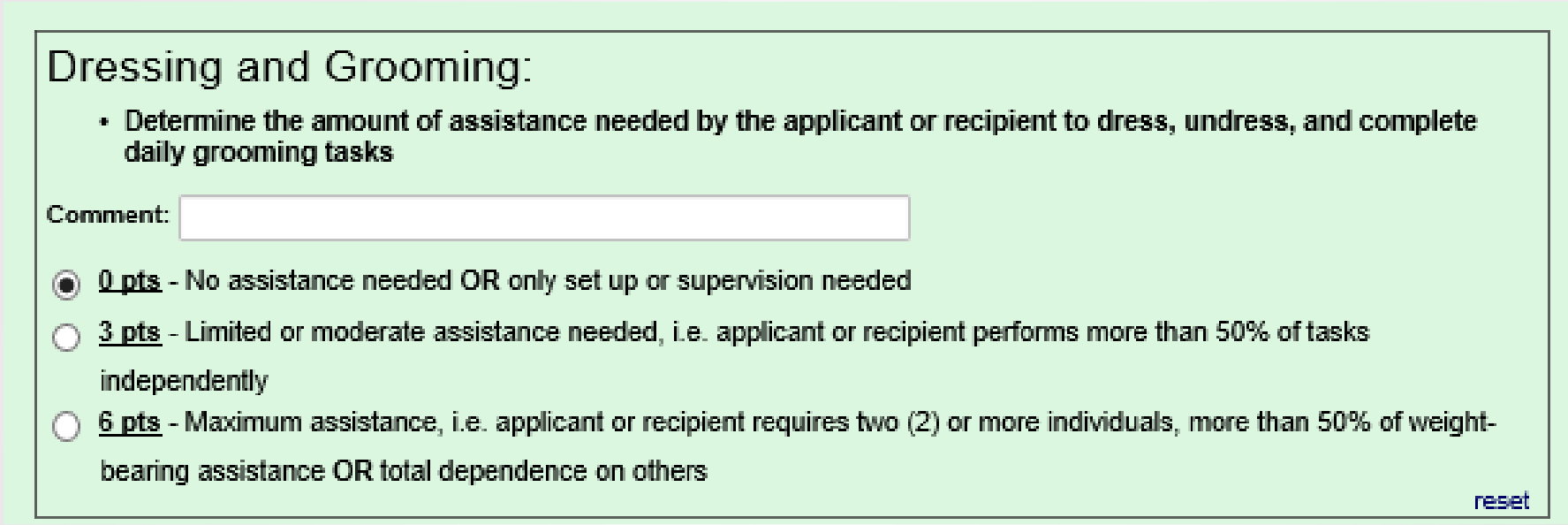
- Points should be given in this section based on a current assessment of the individual's toileting needs

Bathing:



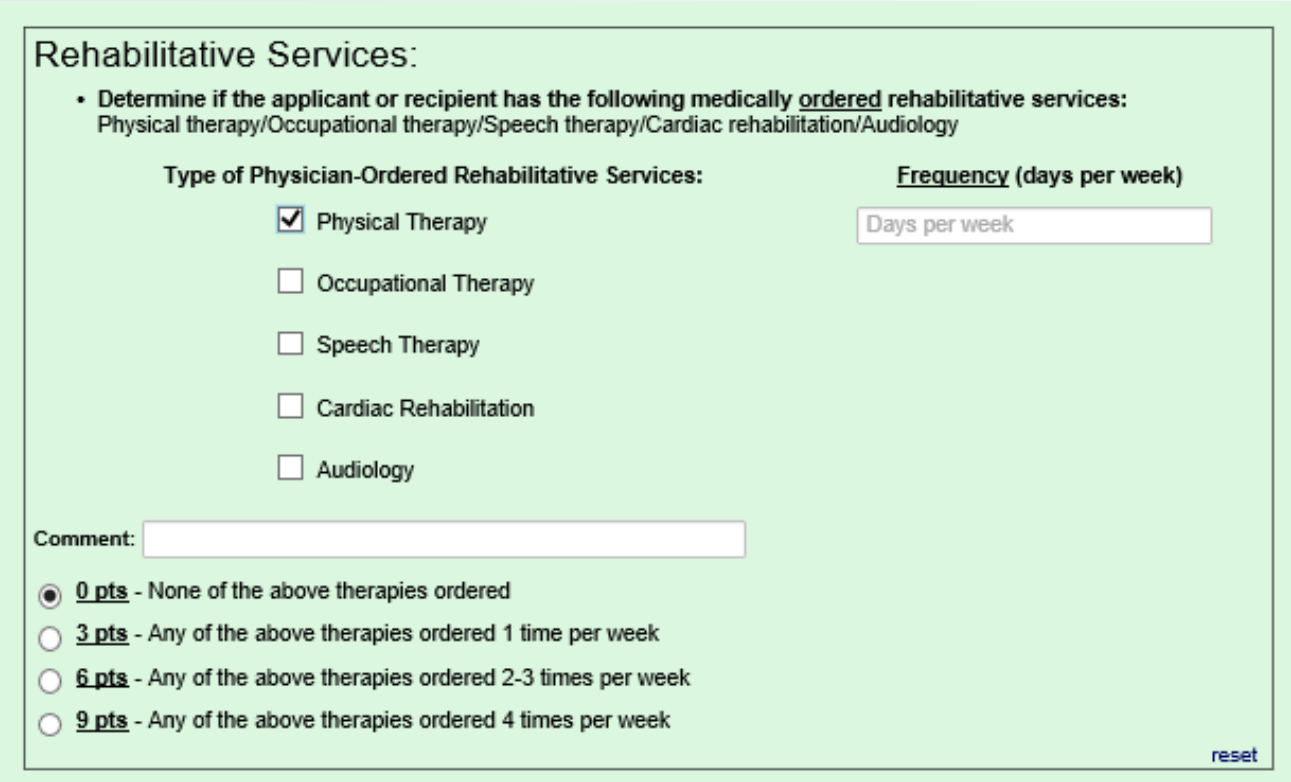
- Points should be given in this section based on a current assessment of the individual's bathing needs

Dressing and Grooming:



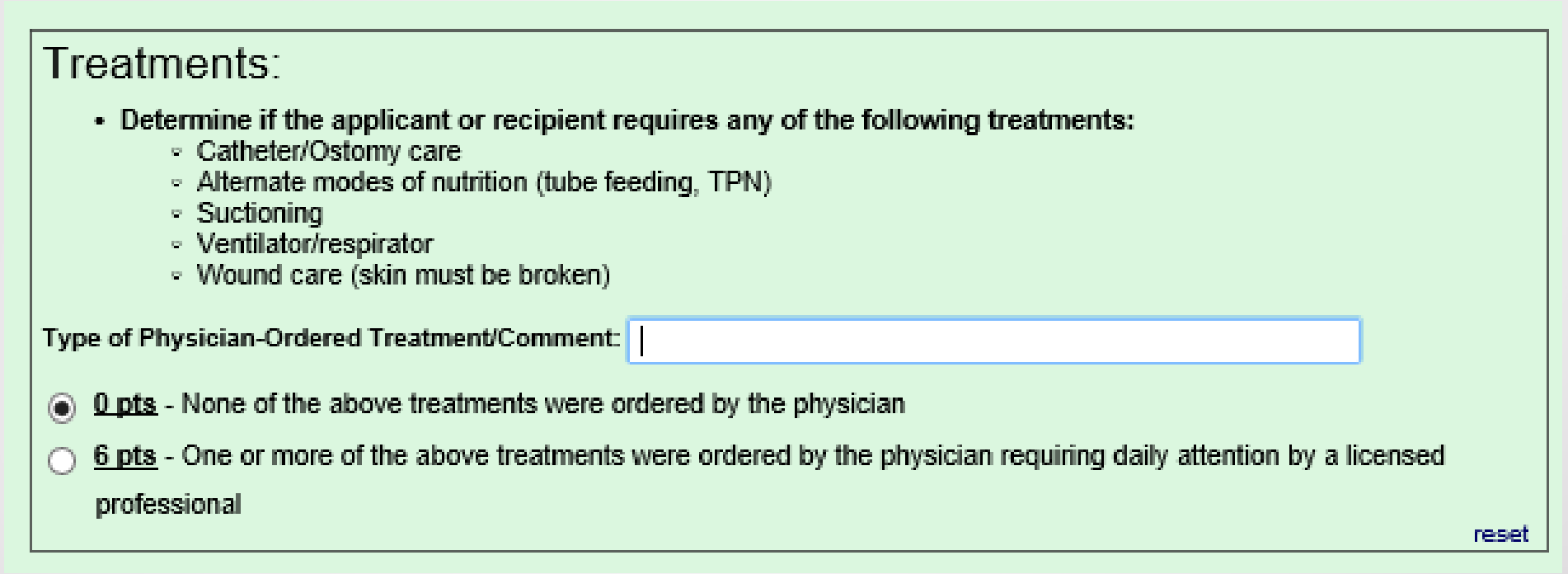
- Points should be given in this section based on a current assessment of the individual's dressing and grooming needs

Rehabilitative Services:



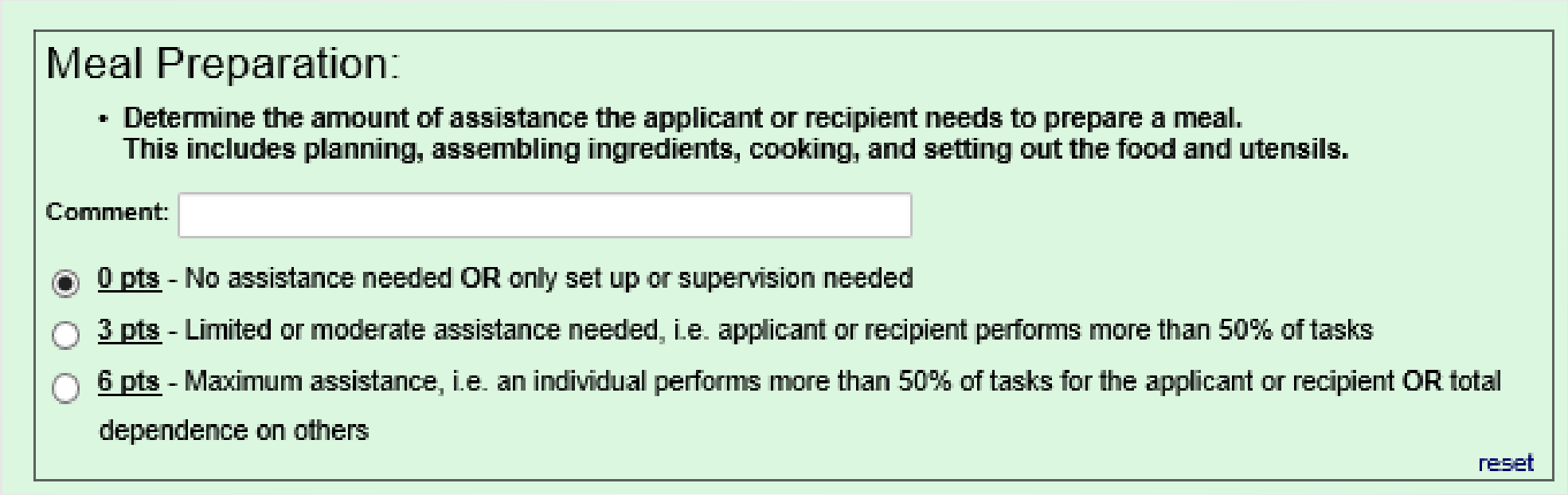
- A "Frequency" field will appear when any of the boxes are marked for Physician-Ordered Rehabilitative Services. The submitter would provide the frequency of the Rehabilitative Service the individual is currently receiving.
- A physician order for "evaluate and treat" will be evaluated as O pts.
- If multiple Rehabilitative Services are being received, the submitter would combine their frequency together to assess for a total point count.

Treatments:



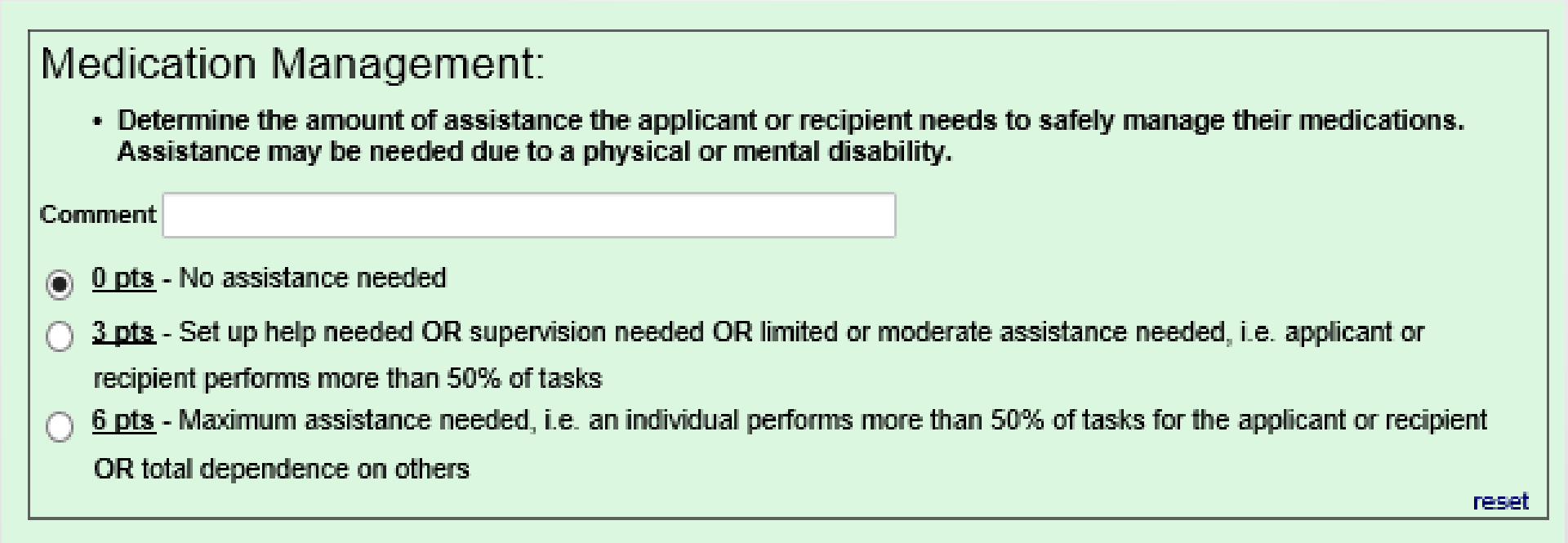
- Only the treatments **listed above** will be assessed for points in this category.
- The type of Physician-Ordered Treatment **must** be listed to obtain points in this category.

Meal Preparation:



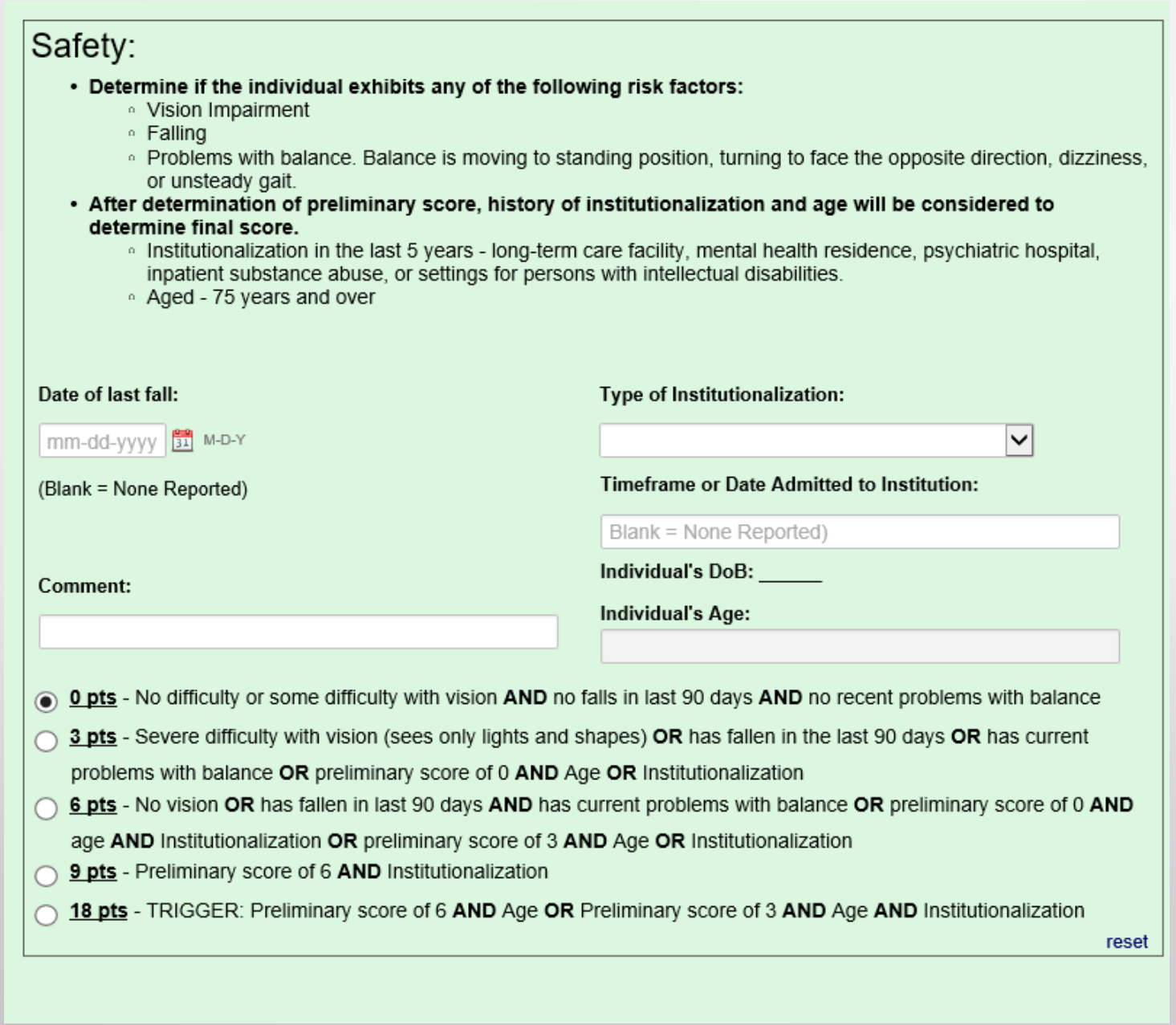
- This is not based on the SNF providing general dietary services to all individuals.
- The submitter must assess the individual's current ability to prepare their own meals.

Medication Management:



- This is not based on the SNF providing general medication management services to all individuals.
- The submitter must assess the individual's current ability to safely manage their medications.

Safety:



Safety:

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

Date of last fall:

mm-dd-yyyy M-D-Y

(Blank = None Reported)

Type of Institutionalization:

Timeframe or Date Admitted to Institution:

Blank = None Reported)

Individual's DoB: _____

Comment:

Individual's Age:

- (●) **0 pts** - No difficulty or some difficulty with vision **AND** no falls in last 90 days **AND** no recent problems with balance
- ( ) **3 pts** - Severe difficulty with vision (sees only lights and shapes) **OR** has fallen in the last 90 days **OR** has current problems with balance **OR** preliminary score of 0 **AND** Age **OR** Institutionalization
- ( ) **6 pts** - No vision **OR** has fallen in last 90 days **AND** has current problems with balance **OR** preliminary score of 0 **AND** age **AND** Institutionalization **OR** preliminary score of 3 **AND** Age **OR** Institutionalization
- ( ) **9 pts** - Preliminary score of 6 **AND** Institutionalization
- ( ) **18 pts** - TRIGGER: Preliminary score of 6 **AND** Age **OR** Preliminary score of 3 **AND** Age **AND** Institutionalization

reset

Safety:

- Date of last fall
  If no reported fall, this field is left blank.

- Type of Institutionalization:
  There is a drop down menu with the following options:
  - None
  - DMH Psychiatric Hospital and Facilities
  - SNF (Skilled Nursing Facility)
  - ICF (Intermediate Care Facility)
  - RCF (Residential Care Facility)
  - ALF (Assisted Living Facility)
  - Mental Health Residence
  - Inpatient Substance Abuse Treatment
  - Psychiatric Hospital/Unit
  - Settings for Persons with Intellectual Disabilities

- Timeframe or Date Admitted to Institution:
  If submitter indicates additional points for Institutionalization, the timeframe or date must be provided.
  A response of "unknown" is **not** acceptable.

Safety:

- Age

  The "Individual's DoB" (Date of Birth) will auto-populate based on the information completed on the Level One Form. The "Individual's Age" appears automatically.

- Points
  - Determination of preliminary score
    - Assess the individual's vision, falls status, and current balance problems
      Fall risk is not the same as having a current problem with balance.

  Which point count (0-3) best portrays the individual – (do not assess age or institutionalization)?

  After the preliminary score is obtained, the submitter will assess the age and institutionalization.

  Example #1: Yesterday, an 89-year-old individual admitted to the hospital for falls. The individual fell at home and reported they have issues with balance. The individual indicated no previous institutionalization. The individual has no issues with their vision.

  The individual would have a preliminary score of 6. Individual is 89-years-old (over 75) and no institutionalization.

  The submitter would choose 18 points, based upon a preliminary score of 6 and Age.

Safety:

Example #2 : Yesterday, A 45-year-old individual admitted to the psychiatric hospital for Schizophrenia. The Individual has been residing at a Residential Care Facility (RCF) for 2 years. The individual has no issues with vision. The individual has had no reported falls within the past 90 days nor issues with balance. The individual's record indicates fall risk due to receiving psychotropic medication.

The individual would have a preliminary score of 0. Individual is 45-years-old (under 75) and has been institutionalized (Psychiatric Hospital and RCF).

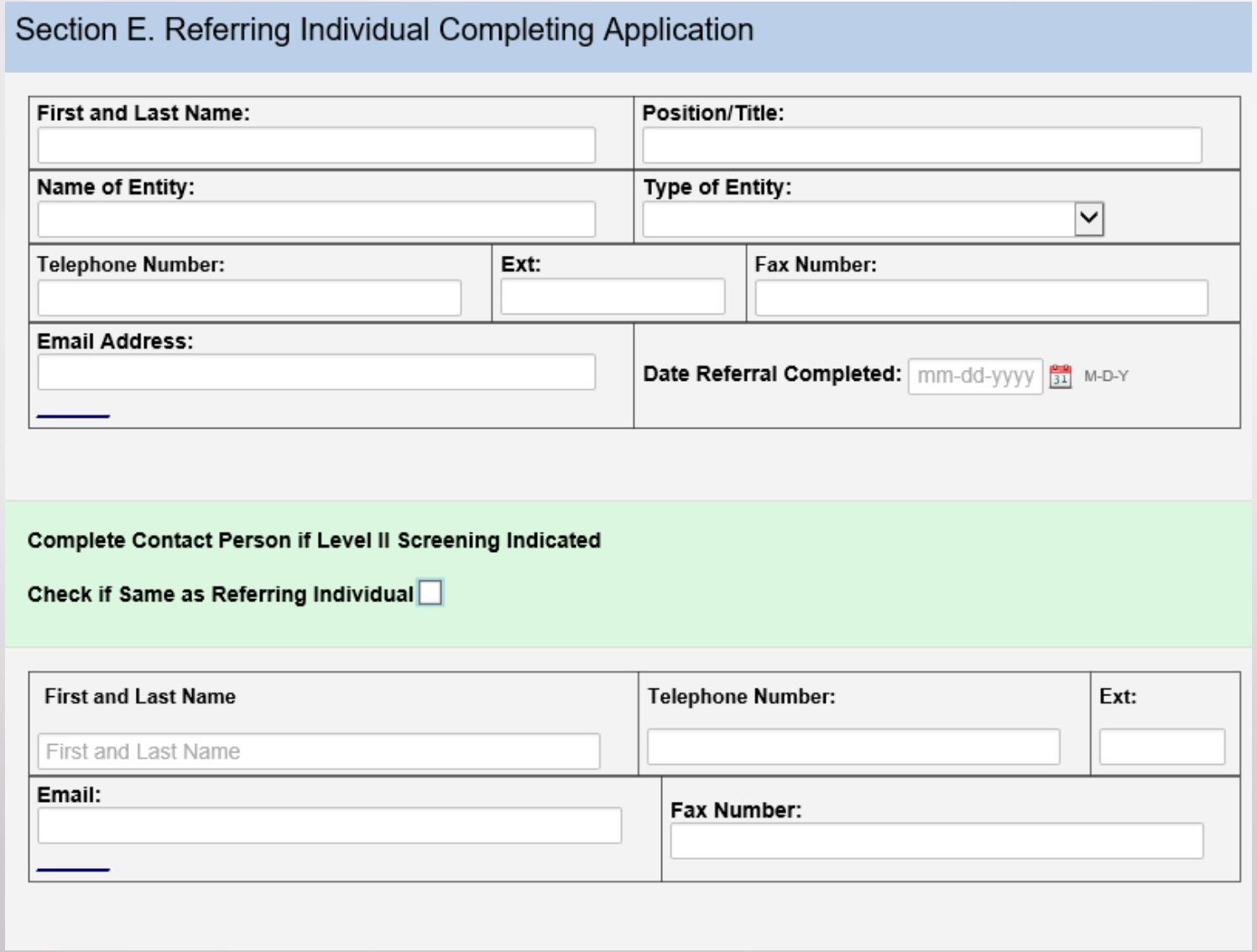
The submitter would choose 3 points, based upon a preliminary score of 0 and Institutionalization.

Example # 3 – Using Example #2 but changing the individual's age to 76.

The individual would have a preliminary score of 0. Individual is 76-years-old (over 75) and has been institutionalized (Psychiatric Hospital and RCF).

The submitter would choose 6 points, based upon a preliminary score of 0 and Institutionalization and Age.

Section E. Referring Individual Completing Application



- Type of Entity

  There is a drop down menu with the following options:
  - DMH Group Home / Individualized Supported Living
  - Family / Legal Guardian
  - Hospital (Medical Unit)
  - Hospital (Psychiatric Unit)
  - Intermediate Care Facility (ICF)
  - Skilled Nursing Facility (SNF)
  - Residential Care Facility (RCF)
  - Assisted Living Facility (ALF)
  - DMH Psychiatric Hospital and Facilities
  - Other
  - ICF-IID (Intermediate Care Facility for Individuals with Intellectual Disabilities)

- Complete Contact Person if Level II Screening Indicated

  If the "Referring Individual Completing Application" and "Contact Person" for the Level II Screening are the same, mark the box and the contact person information will disappear.

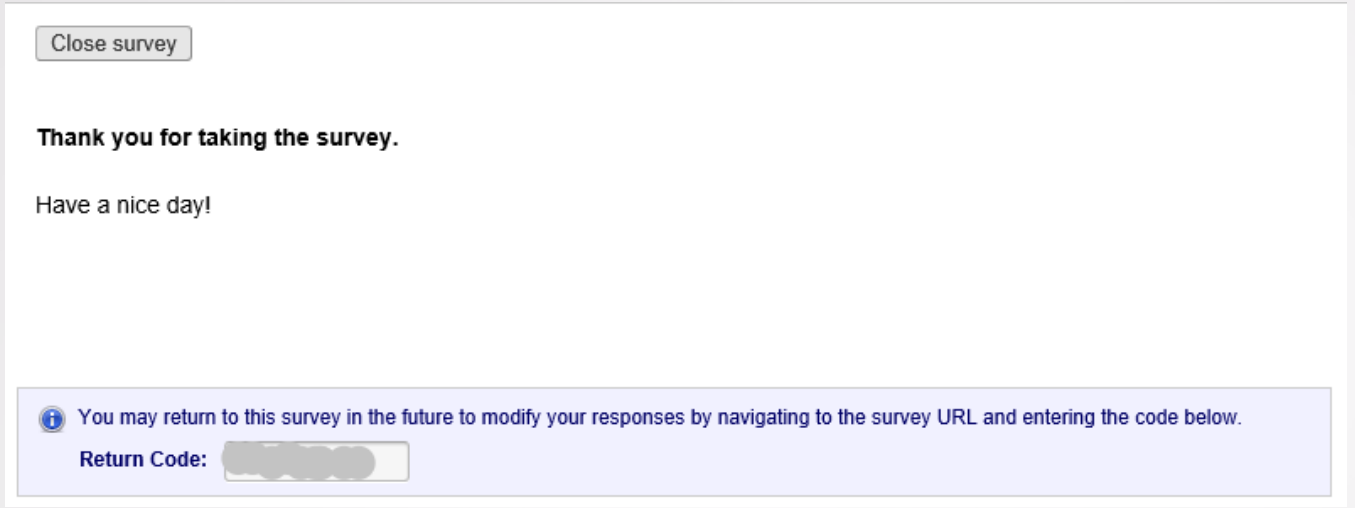
Submitting the Application to COMRU

Central Office Use Only (DRL/COMRU)

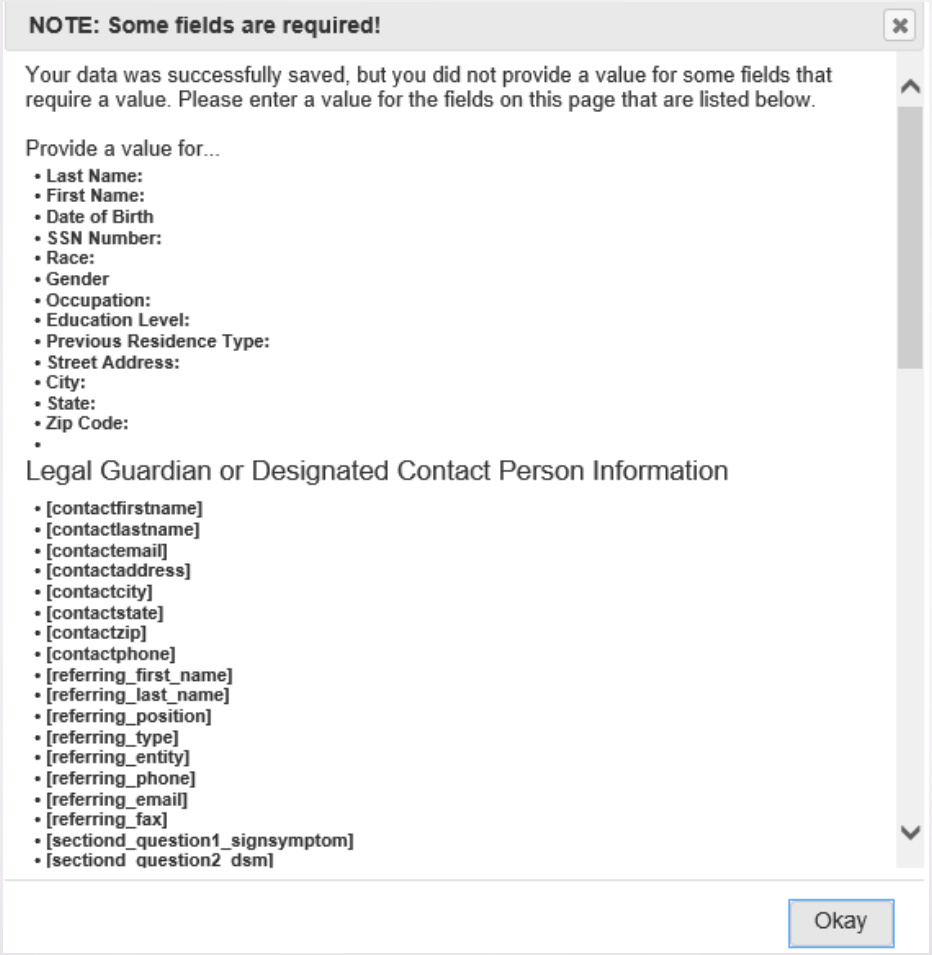
Level of Care Determination by DRL Central Office Meets level of care: _____ **P#:** _____	**Point Count** _____ **DHSS COMRU** _____ **Submitter**
Signature: _____	**Date:** _____
Special Admissions Category: _____	**Valid:** _____
DMH Determination _____	**PASRR Determination** _____

Submit

Save & Return Later

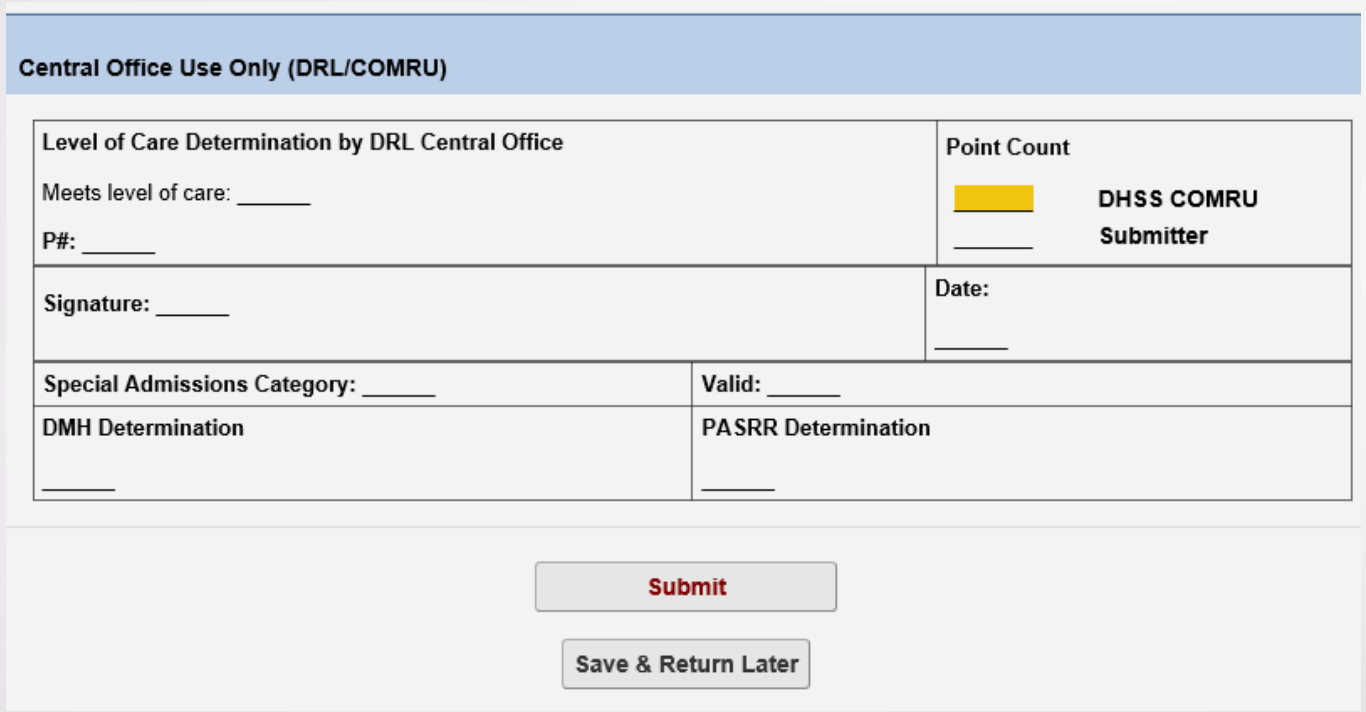


- The "Save and Return Later" button will allow the submitter to complete the application at different times.
- When the application is completed and ready to be processed by COMRU, the submitter will click "Submit."'
- The submitter will receive the above notification when the application is submitted to COMRU for review. The submitter needs to ensure that this screen appears before exiting the application.



- The submitter must ensure all required fields are answered. If the application is not complete, the submitter will receive an error message with the list of missing information.
- The missing information **does not** highlight in the application.
- The submitter will need to locate the section of the application that is referenced by the error message, correct it, and then click "Submit"

Central Office Use Only (DRL/COMRU)



- The submitter can return to the application to check the status and see if it has been processed.

Important: If the application is already submitted and the submitter is checking status,
Do Not click the "Submit" or "Save and Return Later" buttons.
Close the application by clicking on the red "X" in the upper right hand corner

- The submitter can print the assessment. The assessment can also be saved to the submitter's computer depending on their program.

Contact Information

Ammanda Ott
Registered Nurse Specialist/Supervisor
Division of Regulation and Licensure / COMRU

Telephone: 573-522-3092 (option 4)
Email: COMRU@health.mo.gov
Webpage: https://health.mo.gov/seniors/nursinghomes/pasrr.php