

Nursing Facility Level of Care (LOC) Determination Guide

Division of Senior and Disability Services

This document serves as a summary of the DRAFT LOC Algorithm 2.2 which determines a participant's Nursing Facility Level of Care (LOC). The DRAFT LOC Algorithm 2.2 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:				
<ul style="list-style-type: none"> ○ Determine if the participant: <ul style="list-style-type: none"> ● 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 pts	3 pts	6 pts	9 pts	18 pts
Stable mental condition AND No mood or behavior symptoms observed AND No reported psychiatric conditions	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	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	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	

COGNITION:				
<ul style="list-style-type: none"> ○ Determine if the participant has an issue in one or more of the following areas: <ul style="list-style-type: none"> ● 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 pts	3 pts	6 pts	9 pts	18 pts
No issues with cognition AND 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 AND Has issues with memory, mental function, or ability to be understood/understand others	Displays consistent unsafe/poor decision making or requires total supervision AND Has issues with memory, mental function, or ability to be understood/understand others	Rarely or never has the capability to make decisions OR Displays consistent unsafe/poor decision making or requires total supervision AND rarely or never understood/able to understand others	TRIGGER: Comatose state

MOBILITY:				
<ul style="list-style-type: none"> ○ Determine the participant's primary mode of locomotion ○ Determine the amount of assistance the participant needs with: <ul style="list-style-type: none"> ● 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 pts	3 pts	6 pts	9 pts	18 pts
No assistance needed OR Only set up or supervision need	Limited or moderate assistance needed, i.e. participant 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 OR Total dependence for bed mobility		TRIGGER: Participant is bedbound OR Total dependence on others for locomotion

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EATING:				
<ul style="list-style-type: none"> ○ 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 pts	3 pts	6 pts	9 pts	18 pts
No assistance needed AND No physician ordered diet	Physician ordered therapeutic diet OR Set up, supervision, or limited assistance needed with eating	Moderate assistance needed with eating, i.e. participant performs more than 50% of the task independently	Maximum assistance needed with eating, i.e. participant requires caregiver to perform more than 50% for assistance	TRIGGER: Total dependence on others

TOILETING:				
<ul style="list-style-type: none"> ○ 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 pts	3 pts	6 pts	9 pts	18 pts
No assistance needed OR Only set up or supervision needed	Limited or moderate assistance needed, i.e. participant 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	

BATHING:				
<ul style="list-style-type: none"> ○ 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 pts	3 pts	6 pts	9 pts	18 pts
No assistance needed OR Only set up or supervision needed	Limited or moderate assistance needed, i.e. participant 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 OR Total dependence on others		

DRESSING AND GROOMING:				
<ul style="list-style-type: none"> ○ Determine the amount of assistance the participant needs with: <ul style="list-style-type: none"> • Personal Hygiene • Dressing Upper Body • Dressing Lower Body 				
0 pts	3 pts	6 pts	9 pts	18 pts
No assistance needed OR Only set up or supervision needed	Limited or moderate assistance needed, i.e. participant 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 OR Total dependence on others		

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REHABILITATION:				
<ul style="list-style-type: none"> ○ Determine if the participant has the following medically ordered therapeutic services: <ul style="list-style-type: none"> • Physical therapy • Occupational therapy • Speech-language pathology and audiology services • Cardiac rehabilitation 				
0 pts	3 pts	6 pts	9 pts	18 pts
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	

TREATMENTS:				
<ul style="list-style-type: none"> ○ Determine if the participant requires any of the following treatments: <ul style="list-style-type: none"> • Catheter/Ostomy care • Alternate modes of nutrition (tube feeding, TPN) • Suctioning • Ventilator/respirator • Wound care (skin must be broken) 				
0 pts	3 pts	6 pts	9 pts	18 pts
None of the above treatments needed		One or more of the above treatments are needed		

MEAL PREP:				
<ul style="list-style-type: none"> ○ 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 pts	3 pts	6 pts	9 pts	18 pts
No assistance needed OR Only set up or supervision needed	Limited or moderate assistance needed, i.e. participant performs more than 50% of task	Maximum assistance, i.e. caregiver performs more than 50% of task OR Total dependence on others		

MEDICATION MANAGEMENT:				
<ul style="list-style-type: none"> ○ Determine the amount of assistance the participant needs to safely manage their medications. Assistance may be needed due to a physical or mental disability. ○ Determine if the participant has been institutionalized in a mental health or intellectual disability setting ○ Determine if the participant has a cognitive issue in one or more of the following areas: <ul style="list-style-type: none"> • Cognitive skills for daily decision making • Procedural memory or recall ability • Disorganized thinking/awareness – Mental function varies over the course of the day 				
0 pts	3 pts	6 pts	9 pts	18 pts
No assistance needed OR Only set up or supervision needed	Supervision needed AND Has been institutionalized OR Has a cognitive issue OR Limited or moderate assistance needed, i.e. participant performs more than 50% of task	Maximum assistance needed, i.e. caregiver performs more than 50% of task OR Total dependence on others		

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SAFETY:

- o Determine if the participant needs assistance in one or more of the following areas:
 - Vision
 - Falling
 - Balance – moving to standing position, turning to face the opposite direction, dizziness, or unsteady gait
 - Institutionalization – long term care facility, RCF/ALF, mental health residence, psychiatric hospital, settings for persons with intellectual disabilities
 - *** Age – 75 years and over, add 3 additional points to the accumulated score below**

0 pts	3 pts	6 pts	9 pts	18 pts
No difficulty or some difficulty with vision AND No falls in last 90 days AND No recent problems with balance *Age	Severe difficulty with vision (sees only lights and shapes) OR Has fallen in last 90 days OR Has current problems with balance OR Has been institutionalized in the last 5 years *Age	No vision OR Has fallen in last 90 days AND Has current problems with balance *Age		TRIGGER 6 point score AND *Age

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