



**SENIOR & LONG TERM CARE DIVISION  
COMMUNITY SERVICES BUREAU**

**HOME AND COMMUNITY BASED WAIVER  
Policy Manual**

**Section: APPENDIX**

**Subject: Level of Care Determination Form  
Instructions (SLTC 86)**

➤ **References: ARM: 37.40.1408**

**PURPOSE**

This form is used by Mountain Pacific Quality Health (MPQH) to record information to make a level of care determination for nursing facility placement or the Home and Community Based Services (HCBS) program.

**PROCEDURE**

MPQH will complete this form after receiving a request for level of care determination and send to the Case Management Team (CMT) by secured email.

**INSTRUCTIONS**

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**Program Requested:** Check the name of the program being requested.

Nursing Facility or HCBS – HCBS includes HCBS in the community, adult residential care, and residential Hospice. Mark “Unknown” if a decision has not been made as to which program the applicant may choose.

**Screen**

**Requested By:** Enter the name of the person who is requesting the screen.

**Agency:** Enter the name and phone number of the agency requesting the screening determination.

**Applicant Location:** Enter the location of the applicant at the time of the screening.

**Significant Other:** Enter the name of the significant other, whether it be a relative, neighbor, etc. who is a contact person or who knows significant information about the applicant.

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Relationship and Phone:

Enter the relationship and phone number of the significant other; list the work number if appropriate.

Address:

Enter the mailing address of the significant other including street address or P. O. Box number, city, state and zip code.

Other Contacts:

List the name and phone number of other contacts MPQH may call.

Health Care Professional:

Enter the name and phone number of the applicant's health care professional and state the type of professional (M.D., Nurse Practitioner, or Physician Assistant).

Medical Diagnosis/ Summary:

List the diagnosis of the applicant and other pertinent medical information.

Special Treatment/ Medications/ Therapies:

List any special treatments, therapies and medications the applicant is receiving.

Social and Other Information:

List any information the referral source feels would be helpful or significant in making the level of care determination.

Dementia:

Check the "yes" box if the applicant has a diagnosis of dementia. Check the "no" box if this does not pertain to this applicant.

Traumatic Brain Injury (TBI):

Check the "yes" box if the applicant has a diagnosis of TBI. Check the "no" box if applicant does not have a TBI diagnosis.

Communication Deficit:

Check the "yes" box if the applicant has a problem with communication, indicate if the applicant's

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primary language is another language other than English. Check the “no” box if the applicant is able to hear and talk over the phone, etc.

**DETERMINATION:** This section is completed by MPQH.

cc: MPQH will mark who will receive a copy of this screening determination.

**FUNCTIONAL ASSESSMENT**

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Each area should be rated with respect to the person’s age-appropriate capabilities, using the following coding system and explanation of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).

- 0 = Independent: The applicant is able to fulfill ADL/IADL needs without the regular use of human or mechanical assistance, prompting, or supervision.
- 1 = With Aides/Difficulty: To fulfill the ADL/IADL, the applicant requires consistent availability of mechanical assistance or the expenditure of undue effort.
- 2 = With Help: The applicant requires consistent human assistance, in the absence of which the ADL/IADL cannot be completed. The applicant, however, actively participate in the completion of the activity.
- 3 = Unable: The applicant cannot meaningfully contribute to the completion of the task.

**NARRATIVE ASSESSMENT CATEGORIES**

Current Status/Services: Should describe any identified problems/inadequacies and should reflect current human or mechanical assistance the applicant receives to perform that task.

Comments: Should reflect any potential risks to the loss of service provision and any alternative service resources the applicant may access or be eligible for to accommodate the identified deficit.

**ACTIVITIES OF DAILY LIVING**

Bathing: Determine whether the applicant’s ability to access bath needs (shower, bathtub, or bed bath) to maintain adequate hygiene as needed for his/her circumstances. Consider minimum hygiene standards, medical prescription, or health related considerations such as skin ulcers, lesions, or balance problems.

Mobility: Identify the applicant’s capability to navigate his/her internal and external environment, to include ability to maneuver around the house; ability to negotiate entrances and exits to the home; and ability to access essential places outside of the home.

Toileting: Assess the applicant’s capacity to manage bowel and bladder functions. An applicant who has a catheter or stress incontinence but is able to manage self-care associated with that condition should be rated “1” and termed “adequate” in comments.

Transfers: Assess the applicant’s ability to maneuver between positions such as into and out of bed, chair, toilet (including bed pan), etc. Include the ability to reach assistive devices and appliances necessary to ambulate and the ability to transfer between bed and wheelchair, walker, etc.; the ability to adjust the bed or place/remove handrails (if applicable). Do not rate ambulation abilities, as this is measured under mobility.

Eating/Feeding: Assess the applicant’s ability to feed self, cut food into manageable pieces, chew, swallow food/beverages, and pour liquids. This does not refer to meal preparation.

Grooming: Assess the applicant’s grooming skills, including shaving, combing hair, washing face and brushing teeth. If assistance is required (mechanical or human), identify the frequency and nature of assistance required.

Medication: Assess the applicant’s ability to manage his/her medication regimen, to include name, purpose, medication frequency, and ability to manipulate containers and/or equipment.

Dressing: Assess the applicant’s ability to dress and undress self, including fastening, removing clothing, shoes, braces and artificial limbs.

**INSTRUMENTAL  
ACTIVITIES OF  
DAILY LIVING**

Shopping: Address the applicant’s ability to shop for groceries and other essential items, assuming transportation or delivery is available. Assessment items include selection of items, carrying purchases, communicating needs, etc. Do not measure transportation or money management.

Cooking: Determine whether the applicant is able and follows through with preparation of regular, nutritionally balanced meals. If the applicant is on a prescribed diet, assess whether he/she is following the diet as prescribed. Assess whether the applicant can prepare light meals, reheat meals, and whether he/she is aware of the need to eat a wide variety of foods and selects accordingly.

Housework: Assess the applicant’s ability to perform routine housekeeping activities. Assess the applicant’s ability, physically and cognitively, rather than his/her actual performance. Consider minimum hygienic conditions required for the applicant’s health and safety.

Laundry: Assess the applicant’s ability to sort, carry, load and unload, fold and put away clothing. Consider cognitive and physical abilities to complete this task.

Money Management: Assess the applicant’s ability to pay bills, exchange currency, budget, etc. If the applicant is functionally illiterate, consider the level of assistance needed to perform these functions.

Telephone: Assess the applicant’s ability to locate telephone numbers, place calls, reach and use the telephone, and articulate and comprehend calls.

Transportation: Assess both the applicant’s ability to use transportation (ability to enter/exit vehicles, ability to identify destination, etc.) and the availability of transportation.

Socialization/Leisure Activities: Assess the availability of daily social/contacts/supports; the applicant’s participation in groups, clubs, or religious activities; the applicant’s interest/participation in structured leisure activities or hobbies; and the applicant’s level of social support or social isolation.

Home Environment: Assess areas of safety (to include need for structural repairs, fire safety, presence/absence of pest infestation, adequate windows, heating resources), security (adequate locks, safety in neighborhood), and satisfaction (location, cost, accessibility of social support systems) of home environment. Include an assessment of the appropriateness of the environment, in terms of its fit with the applicant and his/her need for adaptive equipment of other resources to maintain residence in that environment.

Ability to Summon Emergency Help: Assess the applicant’s abilities, cognitively and physically, to recognize an emergency situation and to summon appropriate assistance if necessary.

Deficiencies/problems identified through the functional assessment should be weighted to determine those of such severity that imminent harm (injury, illness, or other health consequences) may result from inability to accomplish the identified activity. Applicants for whom ratings indicate the need for mechanical or human assistance should be further assessed to determine the availability of such resources. “Comments” should include identification of supplemental needs and/or resources to improve the adequacy of the assessed area.

Member Mental Status: This section documents any cognitive or emotional factors which may impact the applicant’s current functional capacity. Check all issues which apply to the applicant’s mental status.

Oriented: Check the boxes that are applicable

Coding of Functional Capabilities: This section refers to physiological factors which might impact the applicant’s current functional capabilities. Coding should be interpreted as follows:

0 = Good: Within normal limits

1 = Impaired: Some loss of functioning, however loss is correctable and/or loss does not prevent the applicant’s capacity to meet his/her needs.

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2 = Total Loss: No reasonable functional capacity.

List any assistive devices used by applicant.