

**LEVEL OF CARE CRITERIA  
NURSING FACILITY  
HOME AND COMMUNITY BASED SERVICES (HCBS)  
COMMUNITY FIRST CHOICE (CFC)**



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**COMMUNITY SERVICES BUREAU  
SENIOR AND LONG TERM CARE DIVISION  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN  
SERVICES**

**LEVEL OF CARE CRITERIA  
HCBS WAIVER SERVICES/COMMUNITY FIRST CHOICE/NURSING FACILITY  
REVISED AUGUST 2013**

**PREADMISSION LEVEL OF CARE DETERMINATION  
NURSING FACILITY CRITERIA**

Placement decisions for individuals applying for nursing home/home and community based services should involve a systemic analysis of the individual's medical, functional, cognitive and environmental resources and limitations. Primarily these decisions should be anchored by objective boundaries from which clinical judgment, or subjective expertise, is used to interpret the boundaries. This is particularly true in assessing medical and functional issues, as decisions for long-term care should assure that the proposed restrictive preadmission screen is consistent with the individual's needs.

Obtained data should be compared against specific criteria to determine the individual's functional/medical care needs. In determining medical eligibility for nursing facility services, the individual typically should require or meet a minimum of one of the criteria listed in "Section A" or two criteria included in "Section B" of the following:

**SECTION A**

- 1) Comatose;
- 2) Ventilator dependency;
- 3) Respiratory problems that require consistent treatments, observation, or monitoring that can only be provided by or under the direction of a registered nurse

- 4) Diagnosis of an unstable medical condition(s) that require(s) 24 hour availability of services and/or observation that can only be provided under the direction of a registered nurse;
- 5) Requires nasopharyngeal aspiration for maintenance of a clear airway (exclude self care)
- 6) Presents with a brain injury and requires rehabilitation services which are otherwise unavailable as well as a structured, professionally staffed environment. Preadmission determinations for individuals who have a diagnosis of mental retardation and a co-occurring brain injury must be referred to the central office for approval.
- 7) Requires administration of tube feedings by nasogastric tube
- 8) Requires skilled services for the care of indwelling tubes in a body cavity (i.e.gastrostomy, colostomy, ileostomy). This includes regular catheterization for urinary management (excluding routine maintenance of a foley or supra-pubic catheter) where the individual is unable to supply self care and/or no other resources are available to assist with such care.

## SECTION B

- 1) **Requires constant supervision** or has an impairment level of three or four in at least 2 Activities of Daily Living (ADL) as defined through coding for self-performance criteria (see pages 6-7). The need for home and community based services such as environmental modifications; habilitation or specially trained attendants should be considered. In addition, for the maintenance of safety, the need for personal emergency response systems, PA supervision, respite or housekeeping should be taken into consideration.
- 2) Requires administration 3 or more times per week of prescription medications for which the individual is unable to self-administer and

environmental resources are unavailable or unwilling to assist in provision of such services.

- 3) Exhibits physical, cognitive or medical needs which are deteriorating and will continue to deteriorate in the absence of *regular* monitoring or supervision under the direction of a health care professional or para-professional.
- 4) Requires restorative nursing or therapy treatments (e.g., gait training, bowel and bladder training, PT, OT, ST, or RT) for individuals determined to have restorative potential, and can benefit from training at least 5 days per week;
- 5) Requires skilled bowel care at least three times per week.
- 6) Requires skilled wound care of decubitus ulcers or other widespread skin diseases, or has chronic persistent wounds which has required skilled care over the past year.
- 7) Requires the continuous assistance and support of a professional case manager in all of the following: evaluation and assessment of support service needs; ensuring health and welfare; navigating the long term care service delivery system; negotiating long term care services; and providing general guidance and support to the individual in need of services.

## PREADMISSION LEVEL OF CARE DETERMINATION INSTRUCTIONAL GUIDELINES

Assessment components used to extract information regarding resources and limitations should be guided by an interview and document review to obtain information on medical status, functional capabilities, and available resource options. *Preadmission Determination* protocols are tools used to direct the data collection process. The specific areas of focus for data collection are as follows:

- a) Identification of specific functional/medical barriers or problems;
- b) Assessment of the status of these issues (particularly as they interface with the individual's current living environment and resources) and identification of services, equipment, and/or resources, if any, which currently accommodate those needs, and;
- c) Specification of the types of services, equipment, or resources needed to improve that interface.

Obtained data should next be compared against specific anchors, which reflect services typically required of persons needing institutional care.

### PREADMISSION SCREEN FUNCTIONAL ASSESSMENT/ DETERMINATION

The *Preadmission Level Of Care Determination* should be used as a guide in determining both the individual's medical/functional status and his/her environmental resources and limitations that bear on that status. The individual's physical capacity should be measured in conjunction with his/her cognitive ability to determine comprehensive functioning. Although this is the first step in the assessment, the medical assessment is an interactive process which should involve concomitant use of specific boundaries, typically reflecting the needs of individuals requiring institutional care (page 2) to guide data collection.

## FUNCTIONAL ASSESSMENT

Each area should be rated with respect to the person's age-appropriate capabilities, using the following standards in their completion:

### IMPAREMENT RATINGS FOR INDIVIDUAL'S SELF PERFORMANCE

*0=Independent:* No oversight is needed. The individual is able to fulfill ADL/IADL needs without the regular use of human or mechanical assistance, prompting, or supervision.

*1=Stand by Assistance:* The individual can physically perform activity without human or mechanical assistance. But performing activity may require expenditure of undue effort and/or performing the task may require prompting/cueing or supervision.

*2=Limited Assistance:* The individual requires consistent availability of mechanical and/or human assistance. Individual is highly involved in activity.

*3= Extensive Assistance:* The individual requires consistent human assistance to complete activity; but is still actively involved in completion of activity.

*4=Total Dependence:* Full staff performance of activity – the individual cannot meaningfully contribute to the completion of the activity.

*5=Age Appropriate:* Child is able to perform activity appropriate to his/her age, or the activity is the responsibility of a parent or legal guardian.

*6=unknown:* Unable to determine individual's self performance abilities.

## NARRATIVE/COMMENTS

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

*Comments:* Should also reflect any equipment available for use. In addition, identify specific aspects of a task category that reflects the need(s) of the individual.

## ACTIVITIES OF DAILY LIVING

### **Bathing:**

Determine whether the individual'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 individual'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 individual's capacity to manage bowel and bladder functions. A client 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 individual'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 individual's ability to feed self, cut food into manageable pieces, chew, swallow food/beverages, and pour liquids. This does not refer to meal preparation.

**Cooking:**

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

**Grooming:**

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



**Positioning:**

Assess the individual's ability to position themselves, including in bed or in a chair.

**Exercise:**

Assess the individual's ability to complete their exercise routine which has been ordered by a doctor or therapist and is for the maintenance of their health. This includes physical therapy, occupational therapy, and speech therapy done at home. The exercise program must be done in the consumer's home.

**INSTRUMENTAL ACTIVITIES OF DAILY LIVING**

**Shopping:**

Address the individual'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.

**Housework:**

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

**Laundry:**

Assess the individual'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 individual's ability to pay bills, exchange currency, budget, etc. If the individual is functionally illiterate, consider the level of assistance needed to perform these functions.

**Telephone:**

Assess the individual's ability to locate telephone numbers, place calls, reach and use telephone, and articulate and comprehend calls.

**Transportation:**

Assess both the individual'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 individual's participation in groups, clubs, or religious activities; the individual's interest/participation in structured leisure activities or hobbies, and; the individual'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 of 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 individual and his/her need for adaptive equipment or other resources to maintain residence in that environment.

**Ability to Summon Emergency Help:**

Assess the individual'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. Individuals 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. As these areas are assessed, data collection should be guided by criteria included on page 6, which identifies care needs typically associated with persons requiring institutional placement.

**Patient Mental Status:** This section provides cues to indicate any cognitive or emotional factors that may impact the individual's current functional capacity. Check all issues that apply to the individual's mental status.

**Functional Capabilities:** This section refers to physiological factors that might impact the individual's current functional capabilities. Coding for Functional Capabilities 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 individual's capacity to meet his/her needs;

*2=Total Loss:* No reasonable residual capacity.

**Additional Information:**

*Medical Summary:* should reflect current medical/treatment needs and diagnoses consistent with those needs. Significant treatment history should also be included. List any identified medical criteria that justifies

need for nursing facility preadmission screen (Section A and/or B of "Nursing Facility Criteria").

*Special Treatments:* should reflect any immediate or continuing treatment procedures ordered by the attending physician.

*Other Pertinent Information:* should address current living situation, family resources, and/or categorical resources available to the individual to meet needs identified in the assessment materials.

### HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVER CRITERIA

For individuals determined to require (or who are applying specifically to) home and community based services, the following must occur:

- 1) The individual must be determined to meet minimum criteria for nursing facility placement, as identified in the functional/medical assessment and, if so;
- 2) The individual must be willing to make use of HCBS resources.

#### NOTE:

*Individuals with intellectual disabilities having a co-occurring brain injury must be referred to the central office for approval.*

*Families with children seeking Waiver of Deeming must have an unmet need that can only be resolved through a home & community based service. A need for Waiving of Deeming in and of itself does not make an individual eligible for HCBS Waiver services.*

Response to the first question should occur with the same process used for nursing facility applicants, that of comprehensively identifying functional and medical status and assessing those against specific, objective criteria.

Additional scoring identifies current supports/services and if additional care is needed.

#### CODING FOR AMOUNT OF ASSISTANCE/SUPPORT PROVIDED

*0=None:* No assistance is being provided.

*1=Setup Help or Prompting:* The individual can physically perform activity. But performing activity may require setup/lay out, prompting/cueing or supervision.

*2=One Person/Limited Assistance:* The individual requires consistent availability of human assistance. Individual is highly involved in activity.

*3=Two person/Extensive Assistance:* The individual requires consistent human assistance of two (2) or more people to complete activity. But individual is still able to participate in completion of activity.

*4=Total Dependence:* Full staff performance of activity – the individual cannot meaningfully contribute to the completion of the activity.

*5=Mechanical Assistance:* The individual requires consistent availability of mechanical assistance (i.e. lift, walker, wheel chair, etc). Individual is highly involved in activity.

*6=unknown:* Unable to determine level of support provided to the individual.

#### CODING TO SHOW INDIVIDUAL'S LEVEL OF NEED

*0=Totally Met:* The individual's need is sufficiently met.

*1=Met Now, But Will Need Help:* The need is sufficiently met at the time of the review. But due to health or situation, it is anticipated that the individual will need additional help to meet the need.

*2=Need Is Partially Met:* The individual does have availability of some level of human assistance, however it is not enough to completely meet the individual's need.

*3=Need Not Met:* The individual may or may not have availability of human assistance, but meet the individual's need is not met.

*4=Need Not Relevant:* The task is not applicable to individual's need or situation.

#### CODING TO SHOW WHO IS CURRENTLY INVOLVED IN PROVIDING SUPPORT

*0=Self:* Individual is performing the task.

*1=Spouse:* Individual's spouse is providing the support for a task.

*2=Sibling:* Individual's sibling is providing the support for a task.

*3=Child/Child's Spouse:* Individual's son/daughter or son-in-law/daughter-in-law is providing the support for a task.

*4=Parent:* Individual's parent is providing the support for a task.

*5=Other Relative:* Another relative, such as a granddaughter, is providing support for the task.

*6=PAS/SDPAS:* A Personal Assistance Services agency has scheduled caregivers to assist with a task. Or individual is self directing their care by hiring their own personal care assistant.

*7=Other Agency or Facility:* The Individual has support services from an agency or facility other than PAS/SDPAS. Examples include: Home Health, Nursing Facility, Assisted Living Facility, etc.

*8=Unpaid Other:* Individual has support for a task provided by a friend or neighbor.

*9=No One:* Individual has no support for a task.

### Discharge Criteria

Individuals approved under HCBS and CFC criteria should be reassessed every six months and whenever a significant change in status occurs *by the appropriate oversight entity (i.e. case manager, CFC planner, Independence Advisor)*. *All HCBS waiver and CFC recipients will be reviewed by Mountain/Pacific Quality Health upon request by the appropriate oversight entity or at the request of Department staff.* Procedures performed by Mountain/Pacific Quality Health during the initial assessment should be repeated and discharge should be initiated if the individual no longer presents with the approved medical/functional limitations or needs.

Individuals, who do not meet criteria, can be given an additional 30 days to facilitate discharge planning.