Level of Care Determination
Assessor Preparation Course

Welcome!

Five Things in Common

With a partner, find 4 things you have in common.

One thing should be about assessment.

You have 1 minute to complete this task.
Five Things in Common

In your small group, find something all of you have in common.

*Is it something about assessment?*

You have 3 minutes to complete this task.

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Five Things in Common – Debrief

1. What did your group have in common?
2. Who are you?
3. Where are you located?
4. How long you have been working with assessments?

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Opening Remarks
Course Goals

• Review test-preparation and test-taking techniques to reduce anxiety and improve performance.
• Complete a Practice Exam for each section of the Assessor Certification Exam.
• Review topics and information covered on the Assessor Certification Exam.

Exam Preparation

Preparing for the Exam

Top 10 Tips
Preventing Cramming

Tip #10
Say NO to cramming

Study in 20 – 50 minute intervals. Long-term retention improves when learning is spaced over time.

Preventing Cramming

Tip #9
Say YES to exercise

20 minutes of cardiovascular exercise can improve your memory. Get up and walk, dance, or anything that gets you moving.

Preventing Cramming

Tip #8
Create a study plan

Anxiety affects the ability to retain information. Create a study plan that balances the time needed to study topics and information.
Tip #7
Minimize distractions

Studying in a quiet environment helps retention. This is also important when you are taking the exam.

Tip #6
Maximize practice tests

Using flash cards and taking practice exams are highly effective studying techniques. Review the Practice Exams from this course.

Tip #5
Review the toughest material the night before the test

Studying the most difficult material right before going to bed makes it easier to recall later.
Preparing for the Exam

Tip #4
Get a good night’s sleep
Memory is affected when rapid-eye movement (REM) sleep is interrupted. Stick to your normal sleep schedule.

Preparing for the Exam

Tip #3
Eat oatmeal for breakfast
High-carbohydrate, high-fiber, slow digesting foods will keep you fueled during the exam.

Preparing for the Exam

Tip #2
Plan your exam day
Decrease stress and anxiety by blocking time for the exam, choosing a quiet environment, and turning off your phone.
Preparing for the Exam

Tip #1
Drink plenty of water

Being well hydrated helps your brain work at its best. Keep a water bottle handy.

Assessor Certification Exam

6 Sections:
1. Background: Legal/Regulatory – Definitions – Situational
3. Documentation
4. NFCE Determination
5. Medical
6. Other Factors
Assessor Certification Exam

Each section contains items created from:
• Boston University Training Modules
• Des Moines University Medical Terminology Course
• Level of Care Determination Assessor Webinar
• Level of Care Determination Tool Instructions
• NFCE Clarification APD
• NFCE Definition Webinar
• SLUMS Instructions
• SLUMS Training

Assessor Certification Exam

Types of exam items:
• Multiple choice
• True-False
• Case scenarios – Section 4 – NFCE Determination
  • NFCE (Nursing Facility Clinically Eligible)
  • NFI (Nursing Facility Ineligible)
  • Unable to determine

Section 1
Background:
Legal/Regulatory – Definitions – Situational
Definitions

In your small groups, write a definition for four of the terms listed as assigned.

You have 10 minutes to complete this task.

Definitions – Debrief

Informed Consent
- Process of sharing all available information with an individual regarding a particular decision
- Information must include potential risks and benefits of all possible outcomes of the decision
- Individual must be capable of understanding the information
- Consent must be voluntary

Definitions – Debrief

Consumer Choice
Individual’s freedom to decide what services he or she wants provided, when, and by whom.
**Definitions – Debrief**

**Self-determination**
- The right to make choices about one's own life.
- Individuals have the degree of control they desire over aspects of life that are important to them.

**Self-manage**
Having the knowledge, awareness, and capability to manage their care with the supports that are currently available, as it pertains to a diagnosis or disability. This includes treatments or any prescribed medical measures for the diagnosis as directed by the individual's physician.

**Executive Function**
Ability to organize simple ideas and actions into complex goal-directed behaviors and to solve problems when presented with decisions that have to be made in life.
- Manage time and attention
- Switch focus
- Plan and organize
- Remember details
- Curb inappropriate speech or behavior
- Integrate past experience with present action
- Anticipate outcomes and adapt to changing situations
- Form concepts and think abstractly
Definitions – Debrief

Cultural Competency
- Understanding the specific cultural, linguistic, social, and economic traditions of particular people and families.
- Keeping an open mind and respecting differences, while not making assumptions based on perceptions of individuals’ age, culture, language, sexuality, disability, or any other factor.

Definitions – Debrief

Mandatory Reporting
Legal requirement that assessors must contact authorities if they have reasonable cause to believe that an older adult may be a victim of abuse, neglect, or exploitation.

Definitions – Debrief

OBRA/OBRA Target Groups
Used to screen individuals entering a nursing facility to determine if they need specialized services related to these diagnoses.
- Mental Illness
- Intellectual Developmental Disabilities
- Other Related Conditions.
Practice Exam – Section 1

Complete the Section 1 – Background: Legal/Regulatory – Definitions – Situation Practice Exam.

You have 5 minutes to finish the exam.

Practice Exam – Debrief

The Older Americans Act provides for the delivery of federally funded social and nutrition programs for people over age 60. What is the purpose of this part of the law?

A. Support independent living for older adults.
B. Recognize elder abuse, neglect, and exploitation as National problems.
C. Make Federal aid available to States for elder abuse prevention and intervention programs.
D. All of the above

Source: Boston University

Practice Exam – Debrief

OBRA requires a Level 1 (PASRR-ID) to be completed only on individuals who apply for nursing facility placement and are diagnosed with mental illness, intellectual disability, or other related conditions to determine if nursing facility care is appropriate and if the individual needs specialized services.

A. True
B. False

Source: Boston University
Practice Exam – Debrief

What is the concept that individuals have personal thoughts on what is important in life and should have some degree of control over the methods by which they meet their needs and personal goals?

A. Individualism  
B. Self-determination  
C. Consumer participation  
D. Personal Independence

Source: Boston University

Practice Exam – Debrief

When an AAA (Area Agency on Aging) is requested to complete an LCD (Level of Care Determination) for the Aging Waiver as the Enrollment Broker, how many days does the AAA have to conduct and submit the LCD?

A. 15 calendar days  
B. 7 business days  
C. 7 calendar days  
D. 15 business days

Source: LCD Assessor Webinar

Practice Exam – Debrief

Social isolation among older adults occurs when individuals become separated from social contacts. A lack of communication with others, resulting from life events such as retirement, death of a spouse, health problems, and lack of transportation, may increase feelings of loneliness and depression.

A. True  
B. False

Source: Boston University
Section 2
Assessments: Communication – Procedural – Situational

Communication Skills & Observation
Communication Skills
• Clear Language
  • Use language that is clear, unambiguous, and in individuals’ natural language.
  • If English is not their primary language, an interpreter will be needed.
  • Do not use professional jargon or assume that individuals understand technical language or acronyms.

Why is this important during an assessment?
Can you think of an example of when you may not have used clear language?

Communication Skills & Observation
Communication Skills
• Diversity
  • Be respectful of individuals’ diversity and its impact on your questions and conversations.
  • Consider individuals’ education, culture, religious/spiritual beliefs, and life-changing event(s).

Why is this important during an assessment?
What are some examples of how an assessor can do this?
Communication Skills

• Personal Assumptions
  • It is critical that assessors increase their awareness of assumptions they may have and the potential influence on the assessment process.
  • Assessors should not:
    - Allow personal identities, experiences, biases, and perceptions to influence them.
    - Form assumptions before and during the assessment process.

Why is this important during an assessment? What are some examples of how an assessor can do this?

Communication Skills & Observation

Communication Skills

• Empathy vs. Sympathy
  • Empathy is the capacity to identify with another person's thoughts and feelings and to suspend personal judgment in order to feel with that person.
  • Sympathy is feeling sorry for someone, but not necessarily suspending personal judgment to feel for that person.

Why is this important during an assessment? What are some examples of how an assessor can do this?

Communication Skills & Observation

Communication Skills

• Prompting & Probing
  • Prompting is encouraging someone to begin speaking or to continue speaking. It can also be an invitation for more information, a link between two statements, or used to return to a discussion.
  • Probing is a method of gaining additional detail to understand a situation or statement in greater depth.
Communication Skills & Observation

Communication Skills
• Closing an Assessment
  • Summarize the assessment and discuss agreed-upon tasks, progress made, and goals.
  • Confirm contact information.
  • Communicate the next steps.
  • Provide an opportunity for feedback and questions.

Observation
• Use all of your senses.
  • Gather information not revealed by individuals.
  • Identify inaccuracies in the reported information vs. actual observations.

Exam Section 2
Additional Items
• Assessors should understand the following items:
  • Assessment domains within the LCD tool
  • LCD Instructions
  • Boston University
Practice Exam – Section 2

Complete the Section 2 – Assessments: Communication – Procedural – Situational Practice Exam.

You have 10 minutes to finish the exam.

Practice Exam – Debrief

In your small group, correct your Section 2 Practice Exam using the Answer Key provided.

1. Discuss each of the exam questions.
2. Review the sources listed.

You have 10 minutes to complete this task.

Section 3
Documentation
A&Rs/Journal Entries

• No mandatory A&Rs (Activities & Referrals)
• There are mandatory journal entries.
  • Consumer, family, and other contact
  • Physician contact
• Contents of a journal entry
  • Complete a journal entry for every contact throughout the life of the case.
  • Don’t change the entry date. The date of the activity, if different from the date of entry, must be noted in the journal entry.
  • Any documents referenced in a journal entry must be physically present in the consumer printed records.

SAMS

• Assessments can be exported from OMNIA to your laptop.
• In the field, the Harmony portal can be accessed via Wi-Fi.
• Under Assessment Properties, only complete the agency name, assessor name, & next assessment date.

Practice Exam – Section 3

Complete the Section 3 – Documentation Practice Exam.

You have 5 minutes to finish the exam.
Practice Exam – Debrief

A&Rs (Activities and Referrals) cannot be edited.

A. True
B. False

Source: LCD Assessor Webinar

Practice Exam – Debrief

There are mandatory A&Rs (Activities and Referrals) for assessments.

A. True
B. False

Source: LCD Assessor Webinar

Practice Exam – Debrief

When is it appropriate to make a mental note of a conversation with a consumer, rather than creating a journal entry in SAMS?

A. When the call comes from an informal support person.
B. When the consumer calls to inquire about another service.
C. When the consumer calls to report a change in physical condition.
D. Never. All contact with a consumer is recorded as a journal entry.
E. None of the above

Source: LCD Assessor Webinar
SAMS journal entries are completed when contact is required for a specific program and each time a contact occurs throughout the life of the case.

A. True
B. False

Source: LCD Assessor Webinar

As long as an individual’s case record is updated in SAMS, it does not matter how long it takes to make entries into the electronic record in SAMS.

A. True
B. False

Source: LCD Assessor Webinar

Section 4
NFCE Determination
Level of Care Definition

1. The individual has an illness, injury, disability or medical condition diagnosed by a physician, and
2. As a result of that diagnosed illness, injury, disability or medical condition, the individual requires care and services above the level of room and board, and
3. A physician certifies that the individual is NFCE, and
4. The care and services are either:
   a. Skilled Nursing or Rehabilitation Services as specified by the Medicare Program in 42 CFR §§ 409.31(a), 409.31(b) (1) and (3), and 409.32 through 409.35.
   b. Health-related care and services that may not be as inherently complex as Skilled Nursing or Rehabilitation Services, but which are needed and provided on a regular basis through medical and technical personnel.

NFCE

Practice Exam – Section 4

Complete the Section 4 – NFCE Determination Practice Exam.

You have 10 minutes to finish the exam.

Practice Exam – Debrief

Diagnosed medical condition(s) alone can warrant an NFCE determination.

A. True
B. False

Source: LCD Assessor Webinar
For medical assistance in a nursing facility and Home and Community Based Aging Waiver services, an individual could only be determined to have a NFCE level of care if they need skilled nursing services on a daily basis.

A. True
B. False

Source: NFCE Definition Webinar

Functional deficits in ADLs (Activities of Daily Living) alone do not determine if an individual is NFCE.

A. True
B. False

Source: LCD Assessor Webinar

A physician must certify that an individual is NFCE (Nursing Facility Clinically Eligible) in order for an LCD (Level of Care Determination) to be NFCE.

A. True
B. False

Source: NFCE Clarification APD, NFCE Determination Webinar
Is Valerie NFCE (Nursing Facility Clinically Eligible) or NFI (Nursing Facility Ineligible)?

A. NFI
B. NFCE
C. Unable to determine with the given information

Source: NFCE Clarification APD, NFCE Determination Webinar
Practice Exam – Valerie

<table>
<thead>
<tr>
<th>Relevant information from the scenario:</th>
<th>Does this apply to an NFCE level of care determination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head injuries</td>
<td>No.</td>
</tr>
<tr>
<td>Daily pain, obesity</td>
<td>No, affects functioning but is currently managed.</td>
</tr>
</tbody>
</table>

Practice Exam – Elena

Is Elena NFCE (Nursing Facility Clinically Eligible) or NFI (Nursing Facility Ineligible)?

A. NFI  
B. NFCE  
C. Unable to determine with the given information

Source: NFCE Clarification APD, NFCE Determination Webinar

Practice Exam – Elena

<table>
<thead>
<tr>
<th>Relevant information from the scenario:</th>
<th>Does this apply to an NFCE level of care determination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fracture, Subarachnoid hemorrhage</td>
<td>Yes, she has illnesses diagnosed and treated by a physician.</td>
</tr>
<tr>
<td>Physical therapy 3 times per week, medications</td>
<td></td>
</tr>
</tbody>
</table>
Is Armando NFCE (Nursing Facility Clinically Eligible) or NFI (Nursing Facility Ineligible)?

A. NFI
B. NFCE
C. Unable to determine with the given information

Source: NFCE Clarification APD, NFCE Determination Webinar
**LCD Case Scenarios**

In your small group, review each of the Case Scenarios as assigned.

Complete the table using the information given in the scenario.

Discuss how the information applies to the NFCE definition.

You have 45 minutes to complete this task.

<table>
<thead>
<tr>
<th>Diagnoses &amp; Treatments</th>
<th>Relevant information from the scenario</th>
<th>Does this apply to an NFCE level of care determination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dementia, anxiety, HTN, Hypothyroidism and arthritis</td>
<td>Yes, he has illnesses diagnosed by a physician.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ability to Self-Manage Diagnoses &amp; Treatments</th>
<th>Relevant information from the scenario</th>
<th>Does this apply to an NFCE level of care determination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications</td>
<td>Not enough information to determine.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADL Limitations</th>
<th>Relevant information from the scenario</th>
<th>Does this apply to an NFCE level of care determination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not enough information to determine.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervision</th>
<th>Relevant information from the scenario</th>
<th>Does this apply to an NFCE level of care determination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not enough information to determine.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Factors</th>
<th>Relevant information from the scenario</th>
<th>Does this apply to an NFCE level of care determination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panic attacks</td>
<td>No.</td>
<td></td>
</tr>
</tbody>
</table>
### Scenario 1 – Jackie

<table>
<thead>
<tr>
<th>Relevant Information from the scenario:</th>
<th>Does this apply to an NFCE level of care determination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnoses &amp; Treatments</td>
<td>COPD, HTN, Dehydration, Osteoporosis</td>
</tr>
<tr>
<td></td>
<td>Oxygen, respiratory therapy, medications, special diet, assistive device</td>
</tr>
<tr>
<td>Ability to Self-manage</td>
<td>Assistance with medication management</td>
</tr>
<tr>
<td>Diagnoses &amp; Treatments</td>
<td>Assistance with oxygen, respiratory therapy</td>
</tr>
<tr>
<td>ADL Limitations</td>
<td>Hands-on assistance with bathing, dressing, personal hygiene, reminders to eat and drink</td>
</tr>
<tr>
<td>Supervision</td>
<td>Can be left alone for only 1-2 hours at a time</td>
</tr>
<tr>
<td>Other Factors</td>
<td>Underweight, encouragement needed to eat and drink</td>
</tr>
</tbody>
</table>

### Scenario 2 – John

<table>
<thead>
<tr>
<th>Relevant Information from the scenario:</th>
<th>Does this apply to an NFCE level of care determination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnoses &amp; Treatments</td>
<td>HTN, GERD, ambulatory dysfunction, assistive device – quad cane</td>
</tr>
<tr>
<td>Ability to Self-manage</td>
<td>Not enough information to determine</td>
</tr>
<tr>
<td>Diagnoses &amp; Treatments</td>
<td></td>
</tr>
<tr>
<td>ADL Limitations</td>
<td></td>
</tr>
<tr>
<td>Supervision</td>
<td>Informal weekly visits from his daughter, daily visits from his neighbor</td>
</tr>
<tr>
<td>Other Factors</td>
<td>Help with ADLs, increased confusion</td>
</tr>
</tbody>
</table>

### Scenario 3 – Cindy Lou

<table>
<thead>
<tr>
<th>Relevant Information from the scenario:</th>
<th>Does this apply to an NFCE level of care determination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnoses &amp; Treatments</td>
<td>DA</td>
</tr>
<tr>
<td>Ability to Self-manage</td>
<td>No, although she has been diagnosed, she is not being treated for this condition</td>
</tr>
<tr>
<td>Diagnoses &amp; Treatments</td>
<td></td>
</tr>
<tr>
<td>ADL Limitations</td>
<td>Assistance with bathing to wash her back and dressing (buttons and zippers)</td>
</tr>
<tr>
<td>Supervision</td>
<td>Ability to be left alone more than 8 hours a day or night</td>
</tr>
<tr>
<td>Other Factors</td>
<td>History of poor nutrition, weight loss</td>
</tr>
</tbody>
</table>
### Scenario 4 – Sonja

<table>
<thead>
<tr>
<th>Relevant information from the scenario</th>
<th>Does this apply to an NFCE level of care determination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnoses &amp; Treatments: Self-reported, fasting well, no treatments reported</td>
<td>Not enough information to determine</td>
</tr>
<tr>
<td>Ability to Self-manage Diagnoses &amp; Treatments: Possible bathing difficulty</td>
<td>Not enough information to determine</td>
</tr>
<tr>
<td>Supervision: Currently unsupervised</td>
<td>Not enough information to determine</td>
</tr>
<tr>
<td>Other Factors: Possible hoarding, exhibits paranoid thinking</td>
<td>Not enough information to determine</td>
</tr>
</tbody>
</table>

### Scenario 5 – Althea

<table>
<thead>
<tr>
<th>Relevant information from the scenario</th>
<th>Does this apply to an NFCE level of care determination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnoses &amp; Treatments: Dyslipidemia, HTN, Osteoporosis, arthritis, Gout, Diabetes, Diabetic Neuropathy, medications, assistive devices</td>
<td>Yes, she has illnesses diagnosed and treated by a physician.</td>
</tr>
<tr>
<td>Ability to Self-manage Diagnoses &amp; Treatments: Self-manages treatment of musculoskeletal diagnosis with assistive device, assistance with medications</td>
<td>No, she is self-managing.</td>
</tr>
<tr>
<td>Supervision: Ability to be left alone more than 8 hours day or night, fatigue, pain and edema</td>
<td>No.</td>
</tr>
<tr>
<td>Other Factors: Completes ADL tasks slowly but independently</td>
<td>No.</td>
</tr>
</tbody>
</table>

### Scenario 6 – Berta

<table>
<thead>
<tr>
<th>Relevant information from the scenario</th>
<th>Does this apply to an NFCE level of care determination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnoses &amp; Treatments: Cellulitis, wounds, phlebitis, PVC, edema, GERD, anxiety, depression, medications, special diet, wound care</td>
<td>Yes, she has illnesses diagnosed and treated by a physician.</td>
</tr>
<tr>
<td>Ability to Self-manage Diagnoses &amp; Treatments: Assistance with medications, diet</td>
<td>Yes, she is not self-managing.</td>
</tr>
<tr>
<td>Supervision: Assistance with bathing, dressing, eating, and grooming</td>
<td>Yes.</td>
</tr>
<tr>
<td>Other Factors: Prompts for care and assistance every 4 hours, anxiety, depression, history of poor decision-making, obesity</td>
<td>Yes.</td>
</tr>
</tbody>
</table>
### Scenario 7 – Joan

<table>
<thead>
<tr>
<th>Relevance Information from the scenario:</th>
<th>Does this apply to an NFCE level of care determination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD, shortness of breath</td>
<td>Yes, she was previously diagnosed and treated by a physician.</td>
</tr>
<tr>
<td>Physical therapy, medication</td>
<td>Yes, she is not self-managing.</td>
</tr>
<tr>
<td>Medication reminders</td>
<td>Yes, she requires skilled rehabilitation services provided on a regular basis through medical and technical personnel.</td>
</tr>
<tr>
<td>ADL Limitations</td>
<td>Yes, the services needed are above the level of room and board.</td>
</tr>
<tr>
<td>Supervision</td>
<td>Yes, the services needed are above the level of room and board.</td>
</tr>
<tr>
<td>Other Factors</td>
<td>Present or fall detected. This could contribute to an NFCE determination.</td>
</tr>
</tbody>
</table>

### Scenario 8 – Vladimir

<table>
<thead>
<tr>
<th>Relevance Information from the scenario:</th>
<th>Does this apply to an NFCE level of care determination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Fib, CAD, DVT, Anemia, GERD, irritable bowel, colon cancer</td>
<td>Yes, he has illness diagnosed and treated by a physician.</td>
</tr>
<tr>
<td>Medications, special diet, monitoring, oxygen care, and physical therapy</td>
<td>No, he is not self-managing.</td>
</tr>
<tr>
<td>In-home care and monitoring of coping, physical therapy</td>
<td>Yes, he needs health-related care and services provided on a regular basis through medical and technical personnel. He also receives skilled rehabilitation services.</td>
</tr>
<tr>
<td>ADL Limitations</td>
<td>Limited assistance with bathing, dressing, grooming, and transfers.</td>
</tr>
<tr>
<td>Supervision</td>
<td>Supervision can only be left at home one or two hours at a time.</td>
</tr>
<tr>
<td>Other Factors</td>
<td>Present or frailty detected. This could contribute to an NFCE determination.</td>
</tr>
</tbody>
</table>

### Scenario 9 – Mike

<table>
<thead>
<tr>
<th>Relevance Information from the scenario:</th>
<th>Does this apply to an NFCE level of care determination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAD, CHF, Epilepsy Disorder and Thyroid Disorder</td>
<td>Yes, he was previously diagnosed and treated by a physician.</td>
</tr>
<tr>
<td>Not taking prescribed medications</td>
<td>Yes, he is not self-managing.</td>
</tr>
<tr>
<td>Low salt diet</td>
<td>Not enough information to determine.</td>
</tr>
<tr>
<td>ADL Limitations</td>
<td>Not enough information to determine.</td>
</tr>
<tr>
<td>Supervision</td>
<td>Not enough information to determine.</td>
</tr>
<tr>
<td>Other Factors</td>
<td>Shortness of breath, edema. Not enough information to determine.</td>
</tr>
</tbody>
</table>
### Scenario 10 – David

<table>
<thead>
<tr>
<th>Relevant Information from the scenario:</th>
<th>Does this apply to an NFCE level of care determination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>GERD, ulcers/ulcer/stomach condition, medications</td>
<td>Yes, he has illnesses diagnosed and treated by a physician.</td>
</tr>
<tr>
<td>Ability to Self-manage: Diagnoses &amp; Treatments</td>
<td>Independent with medication management</td>
</tr>
<tr>
<td>ADL Limitations</td>
<td>Independent with ADLs</td>
</tr>
<tr>
<td>Supervision</td>
<td>No.</td>
</tr>
<tr>
<td>Other Factors</td>
<td>SLUMS indicated mild dementia This could contribute to an NFCE determination.</td>
</tr>
</tbody>
</table>

### Scenario 11 – Willie

<table>
<thead>
<tr>
<th>Relevant Information from the scenario:</th>
<th>Does this apply to an NFCE level of care determination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>HTN, CHF, ambulatory dysfunction, arthritis, and diabetes medications</td>
<td>Yes, he has illnesses diagnosed and treated by a physician.</td>
</tr>
<tr>
<td>Ability to Self-manage: Diagnoses &amp; Treatments</td>
<td>Not enough information to determine.</td>
</tr>
<tr>
<td>ADL Limitations</td>
<td>Limited assistance with bathing, dressing, grooming, and transfers</td>
</tr>
<tr>
<td>Supervision</td>
<td>Ability to be left alone for eight to twelve hours</td>
</tr>
<tr>
<td>Other Factors</td>
<td>Depressed This could contribute to an NFCE determination.</td>
</tr>
</tbody>
</table>

### Scenario 12 – Trudy

<table>
<thead>
<tr>
<th>Relevant Information from the scenario:</th>
<th>Does this apply to an NFCE level of care determination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>HTN, GERD, IBD, diverticulitis, arthritis, and diabetes monitoring</td>
<td>Yes, she has illnesses diagnosed and treated by a physician.</td>
</tr>
<tr>
<td>Ability to Self-manage: Diagnoses &amp; Treatments</td>
<td>No, she is self-managing.</td>
</tr>
<tr>
<td>ADL Limitations</td>
<td>Supervision for bathing and hands-on assistance with outside transfers</td>
</tr>
<tr>
<td>Supervision</td>
<td>Ability to be left alone 8 hours</td>
</tr>
<tr>
<td>Other Factors</td>
<td>No.</td>
</tr>
</tbody>
</table>
Section 5
Medical

Medical Jeopardy

Practice Exam – Section 5
Complete the Section 5 – Medical Practice Exam.

You have 10 minutes to finish the exam.
Practice Exam – Debrief

The medical definition of bedbound is that an individual never gets out of the bed.
A. True
B. False

Source: LCD & LCD Instructions

Practice Exam – Debrief

COPD (Chronic Obstructive Pulmonary Disease) results in which of the following?
A. Slow deterioration of muscle tissue and loss of leg movement.
B. Progressive destruction of the air sacs in the lungs and loss of the respiratory membrane.
C. Rapid increase in respiration rate and increasing blood flow throughout body.
D. Progressive destruction of red blood cells in lungs.

Source: Des Moines University

Practice Exam – Debrief

What term refers to a blood clot developing in a brain vessel, depriving brain tissue of oxygen, and depending upon the area of the brain affected, causes paralysis, loss of speech or loss of vision?
A. Epileptic seizure
B. Transient ischemic attack
C. Cerebrovascular accident
D. Myocardial infarction

Source: Des Moines University
Practice Exam – Debrief

An individual has a prescription with the frequency noted as PRN. Which term describes how the medication should be taken?

A. Daily for pain as needed  
B. As necessary  
C. Per registered nurse instructions  
D. None of the above

Source: LCD & LCD Instructions

Practice Exam – Debrief

Which of the following word root identifies with liver?

A. Entero  
B. Hepato  
C. Nephro  
D. Cardio  
E. None of the above

Source: Des Moines University

Section 6
Other Factors
In addition to NFCE definition criteria, other factors may impact an individual's functioning.

Cognition

Medication Management
Whole Person = Whole Decision

In your small group, review the Whole Person worksheet.

Discuss and answer each of the questions.

You have 15 minutes to complete this task.

Orientation, Cognition, Level of Alertness

In addition to the SLUMS, what questions can you ask individuals to help identify concerns with their cognitive status?
Whole Person = Whole Decision

Medication Management
What are some questions to ask during an assessment to gain an understanding of the individual's knowledge of prescribed medications and to identify potential intentional or unintentional misuse?

Whole Person = Whole Decision

Pain
What is an example of when an individual's pain severely influenced his or her ability to function?

Whole Person = Whole Decision

Mobility & Frailty
How can you evaluate an individual's mobility through observation and questioning?
Whole Person = Whole Decision

**Depression**

What are symptoms of depression specific to older adults?

Whole Person = Whole Decision

**Elopement & Supervision**

When assessing an individual’s need for supervision, what are some considerations and factors that impact the amount of supervision a person may need?

Practice Exam – Section 6

Complete the Section 6 – Other Factors Practice Exam.

You have 10 minutes to finish the exam.
Practice Exam – Debrief

The SLUMS (Saint Louis University Mental Status) examination consists of 11 exam questions and measures which of the following?

- A. Short-term memory
- B. Long-term memory
- C. Orientation
- D. Anxiety
- E. Both A and C are correct

Source: LCD & LCD Instructions

Practice Exam – Debrief

 Modifications for individuals with visual impairments may be made to the clock drawing and geometric figures by enlarging the figures on a separate sheet and attaching it to the examination form.

- A. True
- B. False

Source: SLUMS Instructions

Practice Exam – Debrief

The SLUMS exam can be conducted in a group setting if all participants speak the same language.

- A. True
- B. False

Source: SLUMS Training – LTLTI Webinar
Practice Exam – Debrief

Administering the SLUMS does not require any formal training or annual retraining.

A. True  
B. False

Source: SLUMS Training – LTLTI Webinar

Practice Exam – Debrief

The scoring ranges on the SLUMS examination are the same regardless of the education level of the individual.

A. True  
B. False

Source: SLUMS Training – LTLTI Webinar

Practice Exam – Debrief

The SLUMS assists the assessor to determine the cognitive ability of the individual to answer questions regarding medical diagnoses and functional limitations.

A. True  
B. False

Source: LCD & LCD Instructions
If the assessor discovers a cognitive impairment when administering the SLUMS, whom should the assessor contact to assist with accurate information?

A. Formal and informal supports  
B. Attending physician  
C. Supervisor and RN  
D. Both A and B are correct

Source: SLUMS Training – LT/LTi Webinar

Which of the following explains the meaning of elopement behavior?

A. Taking a leisurely walk and then returning home.  
B. Showing up at a distant relative’s home unannounced.  
C. Wandering behavior that puts an individual’s safety or well-being at risk.  
D. Running away to get married.

Source: LCD Assessor Webinar

Orientation refers to the cognitive ability of an individual to know person, place, and time.

A. True  
B. False

Source: LCD & LCD Instructions
Practice Exam – Debrief

Which of the following questions are explored in the Frailty Score?

A. Are you tired?
B. Do you sleep at least six hours per night?
C. Do you have more than five illnesses?
D. Do you eat three meals per day?
E. Both A and C are correct

Source: LCD & LCD Instructions

Practice Exam – Debrief

Which of the following are considered as factors when assessing risk of falls?

A. Impaired balance
B. Decreased vision
C. Environmental barriers
D. All of the above

Source: LCD & LCD Instructions

Wrap Up
LCD Assessor Exam

- Read all of the exam instructions before beginning.
- You cannot change your answer after you click NEXT.
- If you are unsure of the answer, SKIP the question. You can review and answer the question later.
Wrap-Up

Questions?
Send additional questions and comments to
RA-AQUALITYACREDENT@pa.gov

Thank You!
Level of Care Determination
Assessor Preparation Course