



LONG TERM LIVING
TRAINING INSTITUTE
OF PENNSYLVANIA



pennsylvania
DEPARTMENT OF AGING



Level of Care Determination

Assessor Webinar



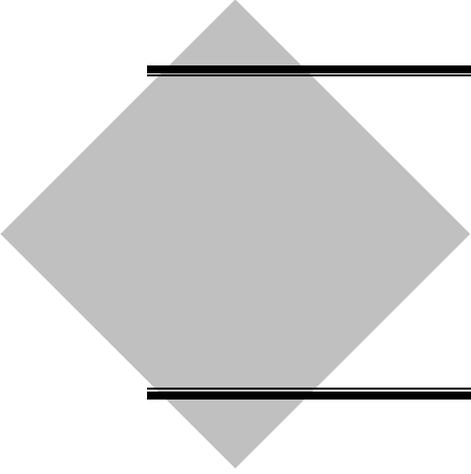


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Level of Care Determination

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Introduction

Course Description and Goals

Course Description

This course is designed to familiarize assessors with the level of care definition, requirements of assessor certification, assessor roles and responsibilities, supervisor responsibilities, and the Level of Care Determination Tool.

Course Goals

- ❖ Explain the requirements of assessor certification.
- ❖ Review the Level of Care (LOC) definition and important guidelines for determining the level of care.
- ❖ Review the role and responsibilities of the assessor in determining the level of care, completing the Level of Care Determination Tool, and completing the assessment process.
- ❖ Review the role and responsibilities of the supervisor in the completion of level of care assessments, the determination of level of care and quality assurance.
- ❖ Review the new Level of Care Determination Tool and instructions for completion.



Assessor Certification

Certification of Assessors

Certification Overview

- ❖ Historically, Level of Care (LOC) assessment determination consistency has been questioned frequently and has been brought to the attention of the Department.
 - In the past, the Department has provided training and oversight on LOC decisions and has found that the LOC determinations are fairly consistent.
 - The inconsistencies, although minimal, have been identified and technical assistance has been provided to clarify and strengthen LOC decisions.
 - In order to minimize this scrutiny and proactively continue with consistency efforts in level of care determinations, the Department is developing and providing assessor training and certification that will provide a certification system in Pennsylvania for LOC assessors.
- ❖ Certification can increase the professional stature of individuals certified and be a positive influence on their attitudes about the work they do.
- ❖ Certification provides a message to consumers, families, competitors, and the community that you serve. Certification communicates that you:
 - Are knowledgeable about the work you do.
 - Are serious about your work.
 - Are in a position that requires ongoing professional growth and development.
 - Have the skills that are necessary in your professional practice as an assessor.
- ❖ Certification can be approached in many different ways. The Department has determined that assessor certification will entail testing to determine understanding of a standardized knowledge base.
- ❖ Recertification requirements will be forthcoming and will include core courses and enrichment activities.

Assessor Certification

Who Needs to Be Certified?

- ❖ Any person who completes an assessment is considered an assessor and needs to be certified.
- ❖ Job titles of those who need to be certified include:
 - Assessors.
 - Care Managers.
 - Registered Nurses.
 - Supervisors.

Certification Requirements

- ❖ Minimum certification requirements for current assessors will include:
 - SAMS competency demonstration.
 - Communication competency demonstration.
 - Boston University Training Modules prerequisites.
 - Level of Care Determination Assessor Webinar.
 - Des Moines University Medical Terminology Course – <http://www.dmu.edu/medterms/>.
 - NFCE Definition Webinar (available on P4A's website under Resources).
 - Other identified prerequisites as determined by the Department.
 - Successful completion of the assessor certification exam.
- ❖ At the conclusion of the **December 31, 2014** certification period, all individuals that conduct level of care assessments must be certified prior to independently completing assessment(s).
- ❖ Current assessor supervisors will sign off and attest that each certification candidate has:
 - Demonstrated core competencies in utilization and documentation in the SAMS/OMNIA system.
 - Shown communication competency as demonstrated in their historical work product.
 - Completed the required Boston University Training Modules identified for assessor certification.
 - Completed the SAMS online training related to assessments.
 - Completed the Des Moines University Medical Terminology course.
 - Participated in the Level of Care Determination Assessor Webinar prior to testing.

Assessor Certification

Assessor Certification Process

- ❖ Supervisors will assess current assessor certification candidates for the ability to:
 - Understand the level of care (LOC) definition.
 - Complete the Level of Care Determination (LCD) Tool and case records successfully, including:
 - Chronological narrative notes.
 - Grammatically correct assessment supportive information.
 - Documentation of inconsistencies in the Notes section.
 - Interact with clients using the following skills:
 - Listening skills – accurately receiving and interpreting messages during the communication process.
 - Reflecting skills – paraphrasing and restating both the feelings and the words of the individual.
 - Record assessments in SAMS accurately and comprehensively.
- ❖ The supervisor will attest that the candidate successfully demonstrates the identified abilities and the application of the knowledge identified for testing.

Sample of Attestation

I hereby attest that I, (supervisor's name) as the supervisor of (assessor's name) have verified that (assessor's name) from the (area agency's name) completed all the necessary prerequisite courses to become a certified assessor. The aforementioned assessor has completed the Boston University Training Modules requirements, has the skills and knowledge to complete level of care assessments, has the knowledge and skills to manage assessments in the SAMS database, and has completed the Des Moines University Medical Terminology Course. The assessor is recommended for testing.

I declare that the above statement is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

Assessor Certification



Review the following list of items to be tested on the assessor certification exam.

Refer to the following materials found in the Resources section.

- **Boston University Training Modules – page 97**
- **Assessor Certification Checklist – page 102**
- **Assessor Certification FAQs – page 105**

Submit your questions through the chat feature.

Testing will include, but is not limited to, knowledge of:

1. The “isms”, such as ageism, racism, sexism, and their impact (Boston University Training).
2. The importance of a comprehensive assessment (Boston University, LCD Assessor Webinar).
3. The importance of confidentiality and release of information (Boston University, LCD Assessor Webinar).
4. Recognition that the assessment process is dependent on professional knowledge, judgment, and ability to relate to an individual (Boston University, LCD Assessor Webinar).
5. The ability to explain the purpose of the visit while putting the client at ease (Boston University, LCD Assessor Webinar).
6. The ability to interact with clients in a manner that is non-judgmental and sensitive to cultural values and differences (Boston University).
7. The ability to distinguish client responses from those of other family and/or informal support responses (LCD Assessor Webinar).
8. The importance of a functional approach in assessment and an ability to describe functional areas and document such in the designated database (Harmony Portal – SAMS 3 Modules, LCD Assessor Webinar).
9. Inter-relatedness of all functional areas (All required training).
10. The ability to determine an individual’s cognitive functioning (SLUMS Webinar, LCD Assessor Webinar).
11. Ability to recognize client responses that represent potential problems (Boston University, LCD Assessor Webinar, SLUMS Webinar).

Assessor Certification

12. Ability to follow up appropriately on problematic client responses to get additional information (Boston University, LCD Assessor Webinar).
13. Appropriately record and use a standardized assessment tool (Harmony Portal – SAMS 3 Modules, LCD Assessor Webinar).
14. Major social problems and issues specifically affecting the aged (Boston University).
15. Physiological, psychological, and social changes that are associated with old age and the aging process (Boston University).
16. The entitlements, benefits, and services available to meet the needs of the aged (PDA Website).
17. Service planning and delivery issues confronting older adults and the service sector (LCD Assessor Webinar).
18. Sensory related changes in aging (Boston University, Des Moines University Training).
19. The differentiation between normal aging changes and pathology (Boston University, Des Moines University Training, LCD Assessor Webinar).
20. Accepted medical terminology for typical physical and health-related problems, conditions, and/or treatments (Des Moines University Training).
21. The health care service delivery system and other community-based resources (Available at your agency).
22. Health care professionals in terms of their particular specialties and/or concentrations and what they may offer clients (Des Moines University Training).
23. Common laboratory and x-ray procedures commonly performed on the elderly (Des Moines University Training).
24. Common diseases and common treatment approaches (Des Moines University Training).
25. Differentiation between acute illness and long-term illness (Des Moines University Training, LCD Assessor Webinar).
26. The difference between a formal resource system and informal supports (Boston University Training, LCD Assessor Webinar).
27. Obstacles encountered when facing the use of informal resources (LCD Assessor Webinar).
28. Documentation requirements (LCD Assessor Webinar).
29. SAMS proficiency (Harmony Portal – SAMS 3 Modules).



Level of Care Definition

Level of Care Definition Overview

Under Federal and State laws and regulations, which identify the Level of Care provided in a nursing facility, an individual should be considered Nursing Facility Clinically Eligible (NFCE) if the following criteria are met:

| | |
|---|---|
| <p>1. The individual has an illness, injury, disability or medical condition diagnosed by a physician, and</p> | <p>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</p> |
| <div style="background-color: black; color: white; padding: 5px 20px; display: inline-block; border-radius: 10px;">NFCE</div> | |
| <p>3. A physician certifies that the individual is NFCE, and</p> <p><i>The physician's certification (MA-51 or Script) is required as part of the determination process and is used by the assessor in making a determination regarding NFCE. The certification, in and of itself, is not the final determination.</i></p> | <p>4. The care and services are either:</p> <ul style="list-style-type: none"> • 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. • 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. |

Guidelines When Determining the Level of Care

- ❖ Consider the following important criteria for determining the level of care.
 - The individual has a diagnosed condition that requires treatment.
 - The individual's illness, injury, or disability impacts his or her functional ability to manage his or her own care, treatments, and interventions.
 - If the individual has a diagnosis of Alzheimer's disease, Dementia, Traumatic Brain Injury, or mental health diagnosis, the Level of Care is based on the degree to which psychological problems are affecting the individual's functioning and ability to safely maintain himself or herself in their environment.
 - Deficits in Activities of Daily Living (ADLs) alone will not meet the criteria for NFCE.
 - The individual must have a medical condition that is currently being treated and creates a medical need that requires care and services of a health care professional.
 - The individual requires care and services above the level of room and board.
 - Deficits in Instrumental Activities of Daily Living (IADLs) alone will not meet the criteria for NFCE.
 - The ability to perform IADL tasks can help an assessor determine the impact of physical and mental impairments.
 - Performance of these tasks requires a combination of memory, judgment, and physical ability.
- ❖ Focus on the level of care required (not locus/location of care).
 - Assessors must review hospital and nursing facility charts, and talk with hospital staff, family members, and the consumer.
 - An individual assessed in these facilities may present well because they are receiving care in these settings for activities that they may be capable of performing.

Level of Care Definition

- ❖ Gather information from various resources, including:
 - Direct observation.
 - Medical information.
 - Demonstration of ADLs and IADLs (if capable of demonstrating safely).
 - Information from family and informal supports.
 - Input from the primary care physician (as needed).

The level of care determination is not just a self-report from the individual or family.

Level of Care Definition



Review and consider the following case studies with your small group.

Record your thoughts as you discuss each case study.



Consider this...

What has your experience taught you about the factors in determining an individual's ability to manage their care?

Case Study #1 — Jane

Jane is a 92-year-old female diagnosed with high blood pressure, congestive heart failure, and edema, which is currently being treated with diuretics. She experiences shortness of breath upon exertion, as well as a thyroid condition, bleeding ulcer, and severe back pain due to arthritis and osteoporosis. She has been diagnosed with Diabetes Mellitus Type II, macular degeneration and dementia. Jane can sponge bathe with set-up but cannot get into the shower or tub due to her back pain. She requires total assistance with getting into the tub. She dresses slowly with set-up and has to rest periodically due to her shortness of breath. She is unable to groom because of pain in her arms from arthritis. She requires assistance with all IADLs, except for telephone and money management. Her mobility is fragile when she walks with a walker. She has fallen twice in the last 6 months and suffered a broken hip. She cannot ambulate alone outdoors because she complains of dizziness and fear of falling. She requires set-up and reminders to take her medications.

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| What is the Level of Care Determination? | |
| What is this determination based on? | Medical condition: Implications for care: |

Level of Care Definition

Case Study #2 — Jake

Jake is a 60-year-old male and has been diagnosed with severe depression, gastro-esophageal reflux disease, and congestive heart failure. He is alert and oriented. He has been evaluated for signs of early dementia, for which the results were negative. He is ambulatory and requires no assistance with mobility but occasionally requires total assistance with ADLs and IADLs. He is physically capable of preparing meals but does not do it. He frequently spends long periods of time in bed due to his depression and wants limited contact with others. However, infrequently and on a good day, he is physically capable of performing most tasks with cueing and coaxing. He still occasionally drives his car. Generally, he is able to manage medications unless his depression interferes with that ability. He has had inpatient psychiatric treatment once in the past year and requires adjustment in psychiatric medications from time to time.

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| What is the Level of Care Determination? | |
| What is this determination based on? | Medical condition: Implications for care: |

Level of Care Definition

Case Study #3 — Sally

Sally is a 50-year-old female diagnosed with cerebral palsy. She has generalized muscular weakness and tremors (tremors and spasticity are more prevalent in upper extremities) and acid reflux. Because of these conditions, she requires monitoring of skin for signs and development of breakdown. Sally also requires oversight, administration, and monitoring for adverse side effects of medications ordered by the physician, including over-the-counter medications and supplements for pain and discomfort. Sally requires hands-on assistance with all ADLs, including bathing, dressing, transferring, and toileting. She is unable to ambulate without hands-on assistance and a walker, but usually utilizes a wheelchair, which must be propelled for her. She is functionally incontinent of bowel and bladder due to mobility issues and unable to assist with personal hygiene if an incontinent episode occurs. Sally is unable to complete any IADLs without maximum hands-on assistance or total assistance.

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| What is the Level of Care Determination? | |
| What is this determination based on? | Medical condition: Implications for care: |

Level of Care Definition

Case Study #4 — John

John is a 62-year-old male diagnosed with poor vision, hard of hearing (HOH), history of left hip fracture, edema in his feet, gastro-esophageal reflux disease (GERD), hyperthyroidism, and anxiety disorder. He requires the use of a walker when ambulating and is able to self-transfer with the use of an assistive device. John requires hands-on assistance with washing his back and hair. He is able to dress himself independently and will usually wear clothing items that do not require being pulled over his head. John requires assistance with completing laundry, as he cannot carry more than 10 pounds. He also requires assistance with grocery shopping. John is able to cook for himself and has an adaptive kitchen to address visual impairment. He manages his own medication that is pre-poured by the pharmacy in blister packs. John is alert and oriented to person, place, and time and he is able to make his needs known and is able to make his own medical decisions.

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| What is the Level of Care Determination? | |
| What is this determination based on? | Medical condition: Implications for care: |

Level of Care Definition

Case Study #5 — Josephine

Josephine is an 80-year-old female diagnosed with dementia and arthritis in both knees. She is oriented to self and occasionally to other familiar persons only. She confuses names and the relationship of others to herself. Josephine requires monitoring of all bodily functions due to an inability to recognize impairments. She also requires monitoring of diet, encouragement to elevate lower extremities and monitoring of pain levels and complications due to pain levels in her knees. Josephine requires hands-on assistance with all ADLs. Her increased frequency of urinary incontinence, due to impaired gait and increased confusion, requires assistance 3 to 4 times per day. Josephine requires all medications to be administered. She has difficulty making her needs known and is reported and observed to be disoriented and unable to follow simple requests. Josephine requires all foods to be soft in texture to ease swallowing. She must be fed and cued to chew and swallow. She requires hands-on assistance and cueing to ambulate with a walker for a short distance inside and uses a wheelchair that needs to be maneuvered for her when outside the home. Josephine is unable to climb stairs.

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| What is the Level of Care Determination? | |
| What is this determination based on? | Medical condition: Implications for care: |

Level of Care Definition

Case Study #6 — Carl

Carl is a 67-year-old male and has been diagnosed with asthma, gastro-esophageal reflux disease (GERD), osteoarthritis, and severe burning in his feet. He is independent with all ADLs, but it takes a long time for bathing, dressing, and grooming due to the osteoarthritis and burning in his feet. Carl also has great difficulty getting into and out of the shower. He requires the use of a cane when ambulating indoors and outdoors. Carl is able to prepare his own meals, but it takes him a long time. He has difficulty completing his laundry. Carl requires assistance with shopping and is unable to do housework. He is able to manage his own medications, with the exception of assistance with set-up.

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| What is the Level of Care Determination? | |
| What is this determination based on? | Medical condition: Implications for care: |

Level of Care Definition

Case Study #7 — Mary

Mary is an 83-year-old female on dialysis 3 times a week for end stage renal disease. Dialysis leaves Mary very weak. She is retaining fluid in her legs and needs monitoring of her intake and output. She is beginning to show an onset of dementia. She requires hands-on assistance with bathing and dressing. Limited assistance is required with grooming and toileting. She is continent of bowel and bladder. Her mobility is limited due to weakness in her lower limbs. She has fallen 3 times in the past 6 months. One fall required a trip to the Emergency Room but no hospital admission. She is not bedbound but does need assistive devices for mobility. She does not walk outdoors due to her instability and weakness. She cannot perform any IADLs except money management and use of the telephone due to her weakened state. She requires set-up and verbal reminders for medications.

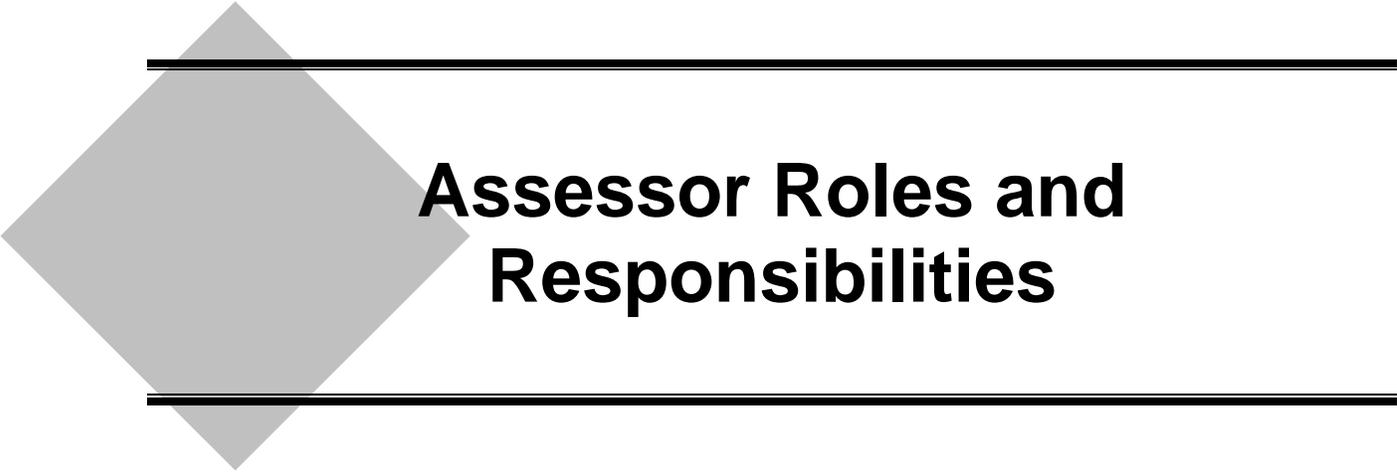
| | |
|---|--|
| What is the Level of Care Determination? | |
| What is this determination based on? | Medical condition: Implications for care: |

Level of Care Definition

Case Study #8 — Jason

Jason is a 23-year-old male who was injured in a motorcycle accident in September 2005 that resulted in a diagnosis of traumatic brain injury (TBI). He has basilar skull fracture with intracranial hemorrhage and subarachnoid hemorrhage. He suffers from ambulatory dysfunction due to episodes of tingling and faint sensation when attempting to maneuver his lower extremities. He has a history of blood clots, depression, and cognitive impairment as a result of the TBI. He is able to bathe, dress, and groom but requires constant cueing. Jason can use the toilet himself. He is sometimes incontinent of bladder and needs some assistance with continence products. He is currently being re-trained in performing IADLs. Jason requires monitoring of medications for signs and symptoms. He can identify his medications only by color. However, if there is a change in his medication, he requires repeated explanations as to what medication he takes and for what condition. Therefore, he requires set-up and reminders for medication management.

| | |
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| What is the Level of Care Determination? | |
| What is this determination based on? | Medical condition: Implications for care: |



Assessor Roles and Responsibilities

Pre-Assessment Activity

Scheduling and Tracking

❖ SAMS 3 My Dashboard

- Use My Dashboard for:
 - Scheduling.
 - Time Management.
- Configure the My Dashboard panels to personalize available information.

❖ Saved Searches

- Use the Saved Search feature in SAMS 3 to create up to 10 Saved Search widgets to show on My Dashboard.
- Use filters in any of the three main Saved Searches in order to specify the desired information. The Saved Search titles include:
 - Activity Search.
 - Consumer Search.
 - Service Delivery Search.
- Save the filtered custom search and create a Saved Search widget to view on My Dashboard.



Consider This...

How have you used custom searches and dashboards to enhance your assessment activities?

***See Resources section on page 108 for additional information about My Dashboard and Saved Searches, page 112 for SAMS 3 Reports for Assessors, and page 116 for the SAMS 3 Sandbox.*

Assessor Roles and Responsibilities

Pre-Visit Activity

- ❖ Contact the consumer to:
 - Confirm the appointment.
 - Explain the purpose of the visit and the LCD.
 - Use language that is clear, unambiguous, and in the individual's natural language.
 - Do not use professional jargon or assume that an individual understands technical language or acronyms.
 - Assure the individual of privacy and confidentiality requirements when obtaining information necessary for completing the assessment.
 - Discuss access such as:
 - Parking.
 - Safety.
 - Pets.
- ❖ Contact the referral source or formal/informal supports for clarification or additional information prior to the visit.

Onsite Assessment Activity

Conducting an Assessment

- ❖ Explain that information gathered through the assessment is entered into a laptop for accuracy.
 - Position the computer so that a barrier is not created between you and the individual.
 - Keep your attention on the individual, not the technology.
 - Consider the individual's familiarity with computers.
 - Assure the individual that the information is confidential and secure.
- ❖ Discuss the importance and content of the LCD for purposes of determining the appropriate level of care and eligibility for long-term care services.
- ❖ Engage the individual in every aspect of the completion of the LCD. The assessment should be a conversation with the consumer, not just a structured walkthrough of the LCD tool.
- ❖ Use all of your senses during the assessment.
 - Gather information not revealed by the individual.
 - Identify inaccuracies in the reported information vs. actual observations.
- ❖ Be aware and respectful of the individual's diversity and its impact on your questions and conversations. Consider the individual's:
 - Education.
 - Culture.
 - Religious/spiritual beliefs.
 - Life-changing event(s) that have occurred.

Assessor Roles and Responsibilities

- ❖ Assess functional ability based on individual capability.
- ❖ Understand executive function, which includes the ability to:
 - 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.

Care Facility Assessment

In addition to the face-to-face visit, you will need to:

- ❖ Engage the individual in the assessment.
- ❖ Review the medical chart, including:
 - Admission notes – summarize how and why the individual came to be in a facility.
 - History and physical – detail an individual’s medical condition.
 - Diagnostic tests and results.
 - Results may be comprehensive depending on the condition of the consumer (e.g. EKG, specific lab works).
 - Most laboratory results include the normal range and indicate a high or low result. Further information on a high or low result may be researched on the internet.
 - When unclear of the individual’s condition, ask the agency nurse.
 - MDS information (if available).
 - Are completed on all nursing facility residents. The nursing facility has up to 14 days to complete the MDS.
 - Include the functional level of the individual.

Assessor Roles and Responsibilities

- Therapies, which:
 - Indicate current functional levels.
 - Show how the individual is progressing with their therapies.
 - Identify rehabilitation potential.
 - Medications.
 - Skilled services, which:
 - Are found on the physician orders and in the nursing notes.
 - Include dressings, treatments, therapies, tube feedings, etc.
 - Progress notes – provide a day-to-day picture of the individual's health status.
- ❖ Verify all assessment domains through conversations with and observations of the individual.
- ❖ Talk to the nursing facility staff.

Components of the Assessment

- ❖ **Cognitive Assessment** is relevant to determine the individual's cognitive ability to respond appropriately to questions. This can impact the accuracy of the LCD, pertaining to the individual's knowledge base to report on their medical conditions, treatments, and how they function. At this point in the assessment process, the assessor will need to explore formal and informal supports.
- ❖ **Physical Health Status** is important for the assessor to understand the individual's medical conditions and treatments and their impact on the functions of daily living. The medical condition or prescription may offer insight on the individual's diagnosis and treatment. Therefore, it could serve as a basis for further evaluation and probing.
- ❖ **Medications and Drug Use** is very critical to the individual's well-being, for not only purposes of knowing medications used and how they are taken, but also for drug interactions/allergies that they may have encountered. It is also critical for the assessor to understand whether or not the individual has an understanding of managing their medications.
- ❖ **Supports** are important for the assessor to understand the individual's entire social support system including formal, informal, and extended community involvement.
- ❖ **Abuse and Neglect** of an individual is very important in the assessment process. The assessor must be able to identify signs and symptoms of physical and emotional abuse. They must also understand the laws and requirements of reporting.

Assessor Roles and Responsibilities

Concluding the Assessment

Three fundamental steps necessary for closing an assessment are:

- ❖ 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.



Consider This...

What challenges have you experienced when conducting an assessment, and how have you addressed these challenges?

Follow-up Assessment Activity

Gathering All Appropriate Ancillary Paperwork

Keep various documents, not affiliated within the SAMS database, that are required in printed form, including:

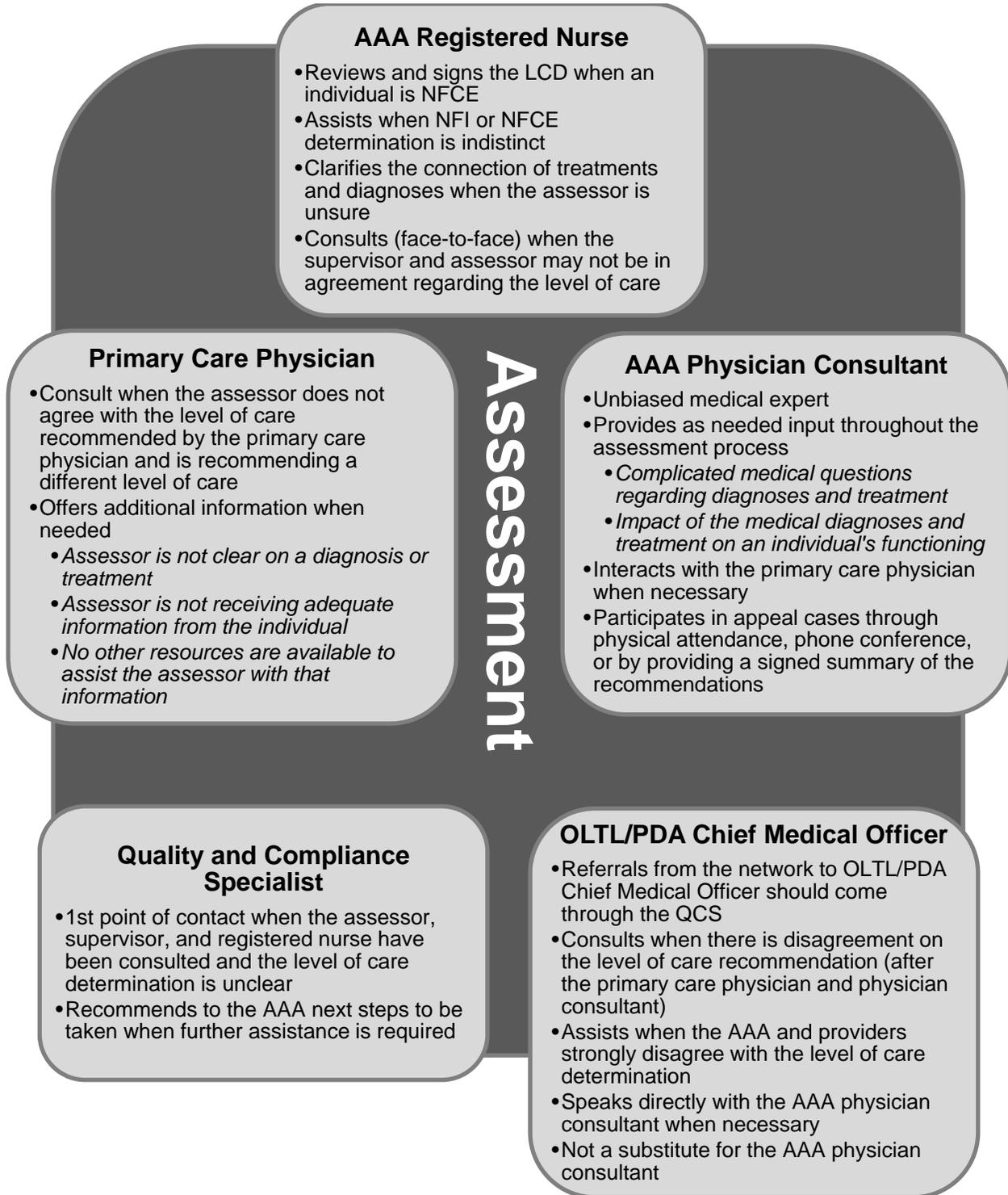
- ❖ MA-51/Script.
- ❖ Release of Information forms.
- ❖ Medical documents that may be acquired from a physician, hospital, or nursing facility.

Determining the Level of Care

- ❖ Gather input from the supervisor and registered nurse (when appropriate).
 - A registered nurse review is required for all NFCE determinations.
 - The registered nurse may be consulted or asked to make a face-to-face visit when the assessor is having difficulty determining a level of care.
- ❖ The supervisor reviews all assessments and is the last to sign off on the LCD when all are in agreement with the level of care determination.
- ❖ Use consultants that are available to the AAA.

Assessor Roles and Responsibilities

The AAA has consultants available to assist when making a level of care determination.



***See Resources section on page 118 for the Assessment Protocol.*

Assessor Roles and Responsibilities

Level of Care Determination Process

For a level of care assessment to be deemed complete, the following must be met:

- ❖ The assessor has completed the face-to-face visit with the individual.
- ❖ The MA-51/Script is received by the AAA for:
 - An NFCE determination.
 - NFI individuals for PCH or Dom Care initial and reassessment.
- ❖ The assessor has fully documented the LCD using all sources of information available.
- ❖ The assessor has completed detailed summary documentation for the Assessment Outcome in Section 13.A.
- ❖ The AAA registered nurse (as appropriate) and supervisor have reviewed, signed, and dated the LCD.

Note: Individuals who are deceased or have been discharged prior to being assessed and are in need of medical assistance payment must have a record review.

- ❖ Documentation must be consistent and clear.
- ❖ The information provided in the tool must be supportive of the information documented in Section 13.A.4.

13.A.4.

Summarize how the functional limitations of the individual's medical conditions support the level of care determination. Document a summary of diagnoses & treatments and how the limitations impede the individual's ability to manage own care needs.

Assessor Roles and Responsibilities

Activities and Referrals

- ❖ Activities and referrals are no longer mandatory.
- ❖ The A&Rs noted in the Resource section, while not required, are recommended for use through dashboards and other reports to manage workload, scheduling, and tracking.
- ❖ If the AAA chooses to use A&Rs, any activity associated with that A&R must be documented in a journal entry with the same title.

***See Resources section on page 119 for additional information about Recommended Activities and Referrals*

Journal Entries

- ❖ Several journal topics are mandatory.
- ❖ Other journal topics can be used, but cannot be substituted for those indicated as mandatory.
- ❖ All journal entries are critical and should convey all activities and interactions, as well as document obstacles that may have occurred and impacted assessment requirements.
- ❖ All journal entries should be completed in a timely manner; no later than one week to 10 days after the activity/contact occurs.
- ❖ Journal entries should be completed according to the following:
 - Complete a journal entry, when not only contact is required for a specific program but also each time contact occurs throughout the life of the case.
 - Document all ongoing contacts and interactions with, for, or about an individual.
 - Use concise and accurate language.
 - Clearly distinguish between facts, observations, and opinions.
 - Do not use acronyms or abbreviations — each entry should be able to be understood by all readers.
 - If a journal entry is made after the date the activity/contact occurred, the entry date must not be changed, as the entry date is part of the official case record. The date of the activity, if different from the date of entry, must be noted in the comment section.

***See Resources section on page 121 for additional information about Mandatory Journal Topics.*

Assessor Roles and Responsibilities

If you have made an error in a journal entry, create a new journal entry indicating the date and time of the entry made in error, and document the corrected information.

Service Delivery of LCDs

- ❖ LCDs are recorded under the Non Care-Managed Care Enrollment.
- ❖ For Aging Waiver, Annual Recertification LCDs are recorded in SAMS under the Aging Waiver Care Program.



Review the Key Concepts on the following pages.

Refer to the following materials found in the Resources section.

- **OLTL Bulletin 55-12-03 – page 122**
- **Mosley vs. Alexander Settlement, Exhibit C – page 126**
- **OBRA Target Assessments – page 135**

Discuss any questions and comments with the group.

Assessor Roles and Responsibilities

Key Concepts

OLTL Bulletin 55-12-03

1. Ensures compliance with the 90-day federal requirement for Medicaid waiver eligibility determination.
2. The total number of days from date of request to issuance of Level of Care must not exceed 15 calendar days.
3. Provides parameters for contact with applicant, including:
 - Initial phone contact with applicant.
 - Guidance when applicant cannot be reached.
 - Sample letters for applicant contact.
 - Procedures for terminating an application.

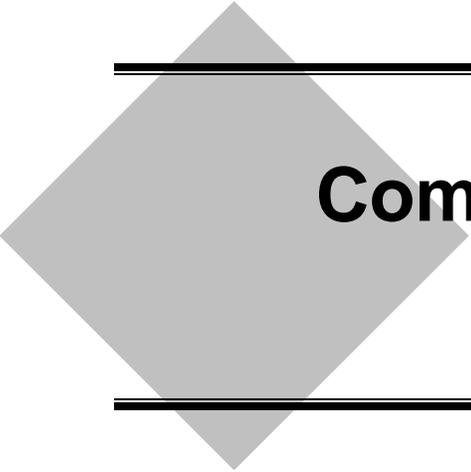
Mosley vs. Alexander Settlement, Exhibit C

1. Establishes required time frames for level of care determination.
 - In-home intake visit occurs within seven calendar days.
 - Level of care determination occurs within 15 calendar days.
 - Documentation is forwarded to CAO within 40 calendar days.
2. Provides guidance for applicant contact, including:
 - Initial contact.
 - Intake visit.
 - Post-intake visit process for applicants.
 - Post-intake visit process for non-applicants.
3. Outlines all required documentation.
 - All paperwork is required at the time of intake visit.
 - Written correspondence is required of the IEB throughout the application process.
 - How to handle the level of care if the Physician Certification is not received by the IEB.

Assessor Roles and Responsibilities

OBRA

1. Pre-Admission Screening Resident Review (PASRR) assessments to be completed for all individuals initially entering Nursing Facilities to determine if they have a Mental Illness (MI), Intellectual Disability (ID), or an Other Related Condition (ORC).
2. There are 2 levels of assessments:
 - PASRR Level 1 Identification Form (PASRR-ID) must be completed prior to or on day of admission for all individuals applying for nursing facility placement regardless of payment source.
 - PASRR Level 2 Evaluation (PASRR-EV) which must be completed prior to admission for all individuals identified through the Level 1 assessment as meeting the criteria of having an MI, ID, or ORC.
3. The AAA is responsible for:
 - Verifying that the MA-51 is completed appropriately by the physician.
 - Ensuring that the PASRR-ID is routinely completed by a nursing facility, hospital, primary care physician, or in some cases, a psychiatrist.
 - Reviewing the PASRR-ID to determine that it is appropriately completed. The AAA may have to complete the PASRR-ID when an individual is residing in the community. The assessor can refer to local resources, such as the mental health/mental retardation network or primary care physician, for assistance.
 - Completing the PASRR-EV and the Transmittal Form.
4. AAA assessors must refer to the Program Office submission packet checklist for additional information that must be submitted to the Program Office for each target diagnosis.



Compliance and Quality Assurance

Monitoring the Level of Care

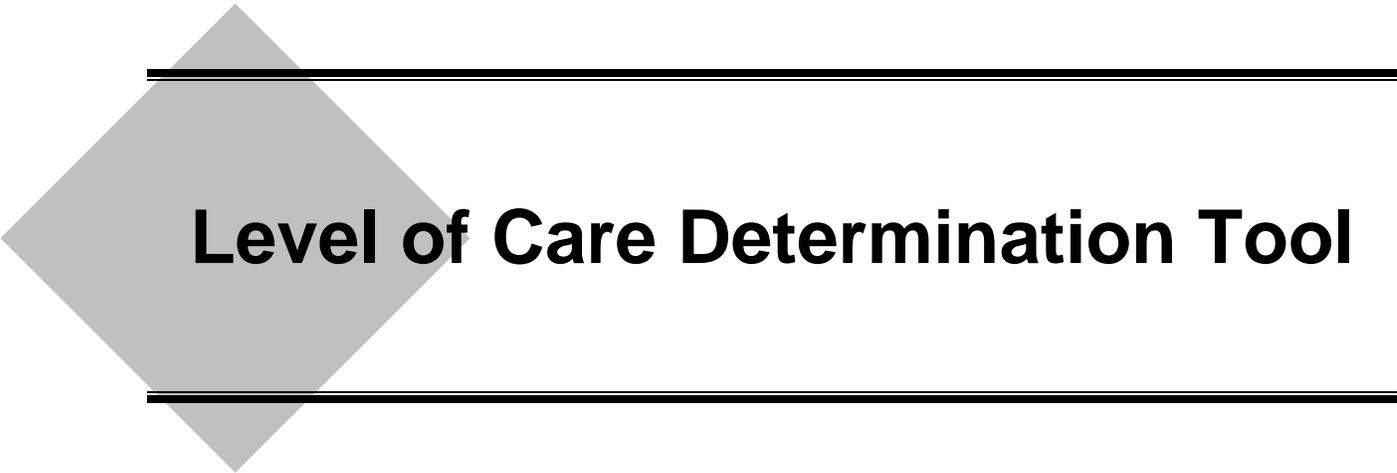
PDA Monitoring of Level of Care

- ❖ The Department of Aging has administrative responsibility for the oversight of all Federal and State funding that is paid or allocated to the AAAs for the provision of level of care assessments.
- ❖ Monitoring of the Area Agencies on Aging for compliance with all policies and procedures set forth by the Department is conducted by the Quality and Compliance Division in the Bureau of Quality Assurance.
- ❖ The monitoring instrument has four (4) parts, including:
 - Time frame requirements as outlined in the Mosley vs. Alexander Settlement.
 - Level of Care Assessment quality contents – Does the LOC determination documentation support the decision?
 - OBRA target requirements.
 - PCH/Dom Care initial and recertification.
 - Is the level of care accurate as NFI, or in isolated cases, NFCE with waiver?
 - Recertification must be no greater than 364 days.
- ❖ Cases are selected through various reports, including but not limited to:
 - SAMS Reports for Initial/Change in Condition LCDs.
 - PCH/Dom Care initial and recertification.
 - Benchmark reports that contain statewide trends and averages.

***See Resources section on page 139 for a Sample Assessment Benchmark Report.*
- ❖ Consumer records are reviewed electronically through SAMS/OMNIA prior to an on-site review.
- ❖ An exit interview is conducted to:
 - Review the findings.
 - Provide recommendations and technical assistance.
 - Engage the agency in a collaborative discussion on program and system improvements.

Compliance and Quality Assurance

- ❖ If the AAA is non-compliant in any of the requirements,
 - The Quality and Compliance Team completes a Statement of Findings and issues the findings to the agency.
 - Any identified deficiencies require a Corrective Action Plan (CAP) from the agency.
 - The CAP outlines the following:
 - The steps to be taken to correct the deficiency.
 - The staff in the agency who are responsible for the implementation of the CAP.
 - The time frame for implementation of the CAP.
 - The actions the agency will take to monitor that the corrective action is sustained. This should be included in the development of a quality management process – which emphasizes ongoing quality assurance activities, to prevent future occurrences.
- **See Resources section on page 140 for the Statement of Findings and Corrective Action Plan.*
- The Quality and Compliance Team conducts a follow up visit to verify that the corrective action has occurred and that the quality management process is in place.
- **See Resources section on page 142 for the Quality and Compliance Division Regions and contact information and on page 144 for the On-site Level of Care Monitoring Tool.*



Level of Care Determination Tool

Summary of What Is New and Changed

- ❖ All information contained in the LCD is essential to determine a level of care.
- ❖ Federal reporting requirements (e.g. NAPIS) necessitate retention of some information that may not appear relevant to level of care.
- ❖ Some information previously found in the LOCA has been moved to the Needs Assessment Tool (NAT) because the information was found to be most appropriate when developing a care plan.
- ❖ The Short Portable Mental Status Questionnaire has been replaced with the Saint Louis University Mental Status Examination (SLUMS).
 - This enables the assessor to determine the cognitive ability of the individual to answer questions pertaining to medical diagnosis and functional ability.
 - In the event of cognitive impairment, the assessor may need to contact the individual's primary care physician, as well as any formal and informal support systems, to get accurate information for the assessment.
- ❖ There is no longer any reference to locus/location of care.
- ❖ Use of the LCD will improve consistency with documentation in the assessments by decreasing text entries.
 - Medical conditions now display drop down boxes for each type of diagnosis.
 - The category of *Other* is available in each section for selection of diagnoses not provided.
 - A Notes section is included for expanded documentation.
 - Each section also contains a question on the individual's ability to manage their care based on the functional limitations of their diagnosis.

Level of Care Determination Tool

- ❖ The tool also has an algorithm to assist with clinical eligibility determinations. The algorithm computes a combination of factors, including:
 - Medical diagnoses that may cause admission to a nursing facility.
 - Function limitations outlined in the ADLs and IADLs.
 - Skilled treatments and supervision, which require nursing facility level of care.
- ❖ It is important that you accurately complete the tool and use *Other* only in instances where the choice is not present. Otherwise, the algorithm will not capture the assistance needed, treatments, and diagnoses.
- ❖ Section 13.A Assessment Outcome on the tool will facilitate the appropriate clinical eligibility determination to trigger further thought processes for the assessor.
 - Summary documentation to support the level of care determination is now included in Section 13.A. This information should not be repeated in the Decision Narrative.
 - The Department no longer requires the Decision Narrative. However, the Decision Narrative is available in the system for additional information if necessary.
- ❖ The tool will improve documentation and the results can be utilized by the Department for quality initiatives and general data collection regarding the people that are served.



Overview of the Level of Care Determination Tool

A blank copy of the Level of Care Determination Tool is shown on the following pages.

Level of Care Determination Tool

LCD

1. INTRODUCTION

1.A. INDIVIDUAL'S IDENTIFICATION

1. Date when AAA received the referral for the Level of Care Assessment:

2. Individual's Last Name

3. Individual's First Name

4. Individual's Middle Initial

5. Individual's Name Suffix (If applicable)

6. Individual's Nickname/ Alias

7. Individual's Date of Birth (DOB)

8. Individual's Gender

- Male
 Female

9. Individual's Ethnicity (Check only one)

- Hispanic or Latino
 Not Hispanic or Latino
 Unknown

10. Individual's Race

- American Indian/ Native Alaskan
 Asian
 Black/ African American
 Native Hawaiian/Other Pacific Islander
 Non-Minority (White, Non-Hispanic)
 White-Hispanic
 Unknown/ Unavailable
 Other-Document Details in Notes

11. Individual's Social Security Number (SSN)

12a. Does the individual have a Medicaid number?

- No
 Yes
 Pending

12b. Indicate Medicaid recipient number

13a. Does the individual have Medicare?

- No
 Yes

13b. Indicate Medicare recipient number

14a. Does the individual have any other insurance?

- No
 Yes
 Don't know

14b. Indicate other insurance information

1.B. ASSESSMENT INFORMATION

1. PSA number conducting assessment

- 01
 02
 03
 04
 05
 06
 07
 08
 09
 10
 11
 12
 13
 14
 15
 16
 17
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 21
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 37
 38
 39

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1. PSA number conducting assessment

- 40
- 41
- 42
- 43
- 44
- 45
- 46
- 47
- 48
- 49
- 50
- 51
- 52

2. Indicate type of assessment

- Aging Waiver Annual
- Change in Condition
- DC-Domiciliary Care Annual
- Initial
- OBRA
- PCH-Personal Care Home Annual
- Other-Document Details in Notes

3. Where was the individual interviewed?

- AAA-Area Agency on Aging
- AL-Assisted Living
- Chart Review
- DC-Domiciliary Care
- Deceased Individual
- Home
- Home of Relative/ Caregiver
- Hospital
- Mental Health Facility
- Nursing Home
- PCH-Personal Care Home
- Specialized/ Rehab Facility
- Other-Document Details in Notes

4. Date of the visit/ chart review:

5. Did the individual participate in the assessment?

- No-Document Details in Notes
- Yes

6. If anyone else participated during the time of the determination, please document the relationship. (Document Name in Notes)

- 1 - Spouse/ Domestic Partner
- 2 - Family-Other than Spouse
- 3 - Legal Guardian
- 4 - Durable Power of Attorney (POA)
- 5 - Friend
- 6 - Other-Document Name and Relationship in Notes

7. Identify who referred the individual

- AAA-Conducting Assessment
- AAA-Other
- Family
- Hospital
- IEB-Independent Enrollment Broker
- Nursing or Rehab Facility
- PCH-Personal Care Home
- Physician
- Self
- Social Services Agency
- Supports Coordination Agency
- Unavailable
- Other-Document Details in Notes

1.C. INDIVIDUAL'S DEMOGRAPHICS

1. Type of PERMANENT residence in which the individual resides

- AL-Assisted Living
- Apartment
- DC-Domiciliary Care
- Group Home
- Homeless
- Nursing Home
- Own Home
- PCH-Personal Care Home
- Relative's Home
- Specialized Rehab/ Rehab Facility
- State Institution
- Unknown
- Other-Document Details in Notes

2. What is the individual's PERMANENT living arrangement? (Include in the "Lives Alone" category individuals who live in an AL, DC or PCH, pay rent and have NO ROOMMATE.)

- Lives Alone
- Lives with Spouse Only
- Lives with Child(ren) but not Spouse
- Lives with other Family Member(s)
- Unknown
- Other-Document Details in Notes

3. Individual's marital status

- Single
- Married
- Divorced
- Legally Separated
- Widowed
- Other-Document Details in Notes

4a. Is the individual a Veteran?

- No
- Yes-Skip to 1.C.5a
- Unable to Determine

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4b. Is the individual the spouse or child of a Veteran?

- No
 Yes
 Unable to Determine

5a. Does the individual require communication assistance?

- No-Skip to 1.C.6a
 Yes-Complete 1.C.5b
 Unable to Determine

5b. What type of communication assistance is required?

Document Details in Notes

- Assistive Technology
 Interpreter
 Large Print
 Picture Book
 Unable to Communicate
 Unknown
 Other-Document Details in Notes

6a. Does the individual use sign language as their PRIMARY language?

- No-Skip to 1.C.7
 Yes-Complete 1.C.6b

6b. What type of sign language is used?

- American Sign Language
 International Sign Language
 Makaton
 Manually Coded Language-English
 Manually Coded Language-Non-English
 Tactile Signing
 Other-Document Details in Notes

7. What is the individual's PRIMARY language?

- English
 Russian
 Spanish
 Other-Document Details in Notes

1.D. INDIVIDUAL'S PERMANENT RESIDENTIAL ADDRESS INFORMATION - MUNICIPALITY IS REQUIRED

1. Is the individual's postal/ mailing address exactly the same as the residential address?

- No-Complete Section 1.E (Postal /Mailing address)
 Yes
-

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2a. Residential County

- Adams
- Allegheny
- Armstrong
- Beaver
- Bedford
- Berks
- Blair
- Bradford
- Bucks
- Butler
- Cambria
- Cameron
- Carbon
- Centre
- Chester
- Clarion
- Clearfield
- Clinton
- Columbia
- Crawford
- Cumberland
- Dauphin
- Delaware
- Elk
- Erie
- Fayette
- Forest
- Franklin
- Fulton
- Greene
- Huntingdon
- Indiana
- Jefferson
- Juniata
- Lackawanna
- Lancaster
- Lawrence
- Lebanon
- Lehigh
- Luzerne
- Lycoming
- McKean
- Mercer
- Mifflin
- Monroe
- Montgomery
- Montour
- Northampton
- Northumberland
- Perry
- Philadelphia
- Pike

- Potter
- Schuylkill
- Snyder
- Somerset
- Sullivan
- Susquehanna
- Tioga
- Union
- Venango
- Warren
- Washington
- Wayne
- Westmoreland
- Wyoming
- York
- Out of State

2b. Residential Street Address

2c. Residential Address Second Line (Apt or Room #, Building or Complex Name, etc.)

2d. Residential Municipality - REQUIRED (usually a Township or Boro where individual votes, pays taxes)

2e. Residential City/ Town

2f. Residential State

2g. Residential Zip Code

3. Directions to the individual's home

4. Does individual reside in a rural area?

- No
- Yes

5a. Primary Phone Number

5b. Mobile Phone Number

5c. Other Phone Number (Enter number where individual can be reached.)

5d. E-mail Address

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6. What was the outcome when the individual was offered a voter registration form? **REQUIRED**

- AAA will submit completed voter registration
- Individual declined application
- Individual declined-already registered
- Individual will submit completed voter registration
- Does not meet voter requirements (i.e. citizenship, etc.)
- No Response

1.E. INDIVIDUAL'S POSTAL /MAILING ADDRESS INFORMATION

1a. Postal Street Address

1b. Postal Address Line 2 (optional)

1c. Postal City/ Town

1d. Postal State

1e. Postal Zip Code

1.F. EMERGENCY CONTACT

1. Name of Emergency Contact

2. Relationship of Emergency Contact

3. Telephone Number of Emergency Contact

4. Work Telephone Number of Emergency Contact

2. USE OF MEDICAL SERVICES

2.A. HOSPITAL, NURSING FACILITY, ER, INPATIENT PSYCHIATRIC VISITS /STAYS

1. What is the individual's current level of consciousness?

- Comatose-Skip to 13.A
- Conscious-Complete Assessment
- Deceased- Complete assessment based on individual's condition prior to dying.
- Persistent Vegetative State-Skip to 13.A

2. Has the individual stayed in the HOSPITAL in the LAST 12 MONTHS?

- No-Skip to 2.A.4
- Yes-Complete 2.A.3
- Unable to Determine-Document Details in Notes

3. The approximate number of times the individual has stayed overnight in the HOSPITAL in the LAST 12 MONTHS. Document Details in Notes.

4. The approximate number of times the individual has visited the ER in the LAST 12 MONTHS and was NOT admitted.

5. The approximate number of times the individual was admitted to a NURSING FACILITY in the LAST 12 MONTHS. Document Details in Notes.

6. The approximate number of times the individual was an inpatient in a PSYCHIATRIC facility in the LAST 24 MONTHS. Document Details in Notes.

2.B. PRIMARY PHYSICIAN INFORMATION

1. Does the individual have a PRIMARY Care Physician?

- No
- Yes

2. PRIMARY Physician's Name

3. PRIMARY Physician's Street Address

4. PRIMARY Physician's City or Town

5. PRIMARY Physician's State

6. PRIMARY Physician's Zip Code

7. PRIMARY Physician's Business Phone Number (Requires 10 digits to transfer to SAMS, optional 1-5 digit extension.)

8. PRIMARY Physician's FAX Number

9. PRIMARY Physician's E-MAIL ADDRESS

10. Additional Physicians:

3. SAINT LOUIS UNIVERSITY MENTAL STATUS (SLUMS)

3.A. SLUMS PREPARATION

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1. Determine if the individual is alert. Alert indicates that the individual is fully awake and able to focus.

- Alert
- Confused
- Distractible
- Drowsy
- Inattentive
- Preoccupied

2. Do you have trouble with your memory?

- No
- Yes

3. May I ask you some questions about your memory?

- No
- Yes
- Other-Document Details in Notes

4. Is the individual able to complete the SLUMS Exam?

- No-Document Details in Notes
- Yes

3.B. SLUMS QUESTIONNAIRE

1. What DAY of the week is it?

- 1 - Correct (1)
- 2 - Incorrect (0)

2. What is the YEAR?

- 1 - Correct (1)
- 2 - Incorrect (0)

3. What is the name of the STATE we are in?

- 1 - Correct (1)
- 2 - Incorrect (0)

4. Please remember these five objects. I will ask you what they are later. Apple, Pen, Tie, House, Car

5a. You have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20. How much did you spend?

- 1 - Correct (\$23) (1)
- 2 - Incorrect (0)
- 3 - Unanswered (0)

5b. How much do you have left?

- 1 - Correct (\$77) (2)
- 2 - Incorrect (0)
- 3 - Unanswered (0)

6. Please name as many animals as you can in one minute.

- 0-4 (0)
- 5-9 (1)
- 10-14 (2)

- 15+ (3)
- Unanswered (0)

7. What were the five objects I asked you to remember? One point for each correct response.

- Apple (1);
- Pen (1);
- Tie (1);
- House (1);
- Car (1);
- Unanswered/ None Correct (0)

8. I am going to give you a series of numbers and I would like you to give them to me backwards. For example, if I say four-two, you would say two-four.

- 8-7 (78) (0);
- 6-4-9 (946) (1);
- 8-5-3-7 (7358) (1);
- Unanswered/ None correct (0)

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.

- Hour markers correct (2);
- Time correct (2)
- Unanswered/ None Correct (0)

10a. Place an X in the triangle

- 1 - Correct (Triangle) (1)
- 2 - Incorrect (0)

10b. Which of the figures is the largest?

- 1 - Correct (Square) (1)
- 2 - Incorrect (0)

11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.

- What was the female name? (Jill) (2);
- What state did she live in? (Illinois) (2);
- What work did she do? (Stockbroker) (2);
- When did she go back to work? (Kids were teenagers) (2);
- Unanswered/ None Correct (0)

3.C. SLUMS RESULTS

1. SLUMS Consumers Total Score

2. Record the highest grade (1-12) the individual completed in school.

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3. Identify the highest educational degree that the individual obtained.

- High School Graduate/ or GED
- Associate's Degree
- Bachelor's Degree
- Graduate's Degree
- Doctoral's Degree
- Other-Document Details in Notes

4. Assessor's conclusion after completion of the Individual's SLUMS Exam:

- Normal (HS 27+, Non HS 25+)
- MNCD-Mild Neurocognitive Disorder (HS 21-26, Non HS 20-24)

- Mild Dementia (HS 16-20, Non HS 15-19)
- Moderate Dementia (HS 11-15, Non HS 11-14)
- Severe Dementia (Any 10 or Less)

4. DIAGNOSES

4.A. RESPIRATORY

1. Select all RESPIRATORY diagnoses:

- None-Skip to 4.B.1
- Asthma
- COPD-Chronic Obstructive Pulmonary Disease
- Emphysema
- Pulmonary Edema
- Respiratory Failure
- Other-Document Details in Notes

2. Current treatments for RESPIRATORY diagnoses:

- None
- Medications-List in 9.D
- Oxygen
- Respiratory Treatments (Nebulizers, Inhalants, etc.)
- Suctioning
- Tracheostomy/ Trach Care
- Ventilator/ Vent Care
- Other-Document Details in Notes

3. Does the RESPIRATORY diagnoses affect the individual's ability to function?

- No
- Yes-Document Details in Notes

4. Is the individual able to self-manage care of the RESPIRATORY condition(s)?

- No-Document Details in Notes
- Yes
- Unable to Determine-Document Details in Notes

4.B. HEART /CIRCULATORY SYSTEMS

1. Select all HEART/ CIRCULATORY system diagnoses:

- None-Skip to 4.C.1
- A-Fib and other Dysrhythmia, Bradycardia, Tachycardia

- Anemia
- Ascites
- CAD-Coronary Artery Disease, including Angina, Myocardial Infarction, ASHD
- DVT-Deep Vein Thrombosis
- Heart Failure, including CHF, Pulmonary Edema
- Hypertension
- PE-Pulmonary Embolus
- PVD/ PAD (Peripheral Vascular/ Artery Disease)
- Other-Document Details in Notes

2. Current treatments for HEART/ CIRCULATORY system diagnoses:

- None
- Cardiac Rehabilitation
- Compression Device, TED Hose, Ace Bandage Wrap(s)
- Medications-List in 9.D
- Pacemaker
- Special Diet
- Other-Document Details in Notes

3. Does the HEART/ CIRCULATORY diagnoses affect the individual's ability to function?

- No
- Yes-Document Details in Notes

4. Is the individual able to self-manage care of the HEART/ CIRCULATORY system condition(s)?

- No-Document Details in Notes
- Yes
- Unable to Determine-Document Details in Notes

4.C. GASTROINTESTINAL

1. Select all GASTROINTESTINAL diagnoses:

- None-Skip to 4.D.1
- Barrett's Esophagus
- Crohn's Disease
- Diverticulitis
- GERD
- Hernia
- IBS-Irritable Bowel Syndrome
- Laryngeal Reflux Disease
- Other-Document Details in Notes

2. Current treatments for GASTROINTESTINAL diagnoses:

- None
- Aspiration Precautions
- Feeding Tube (Any)
- Medications-List in 9.D
- Ostomy (Any)
- Speech Therapy
- TPN-Total Parenteral Nutrition
- Other-Document Details in Notes

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3. Does the GASTROINTESTINAL diagnoses affect the individual's ability to function?

- No
 Yes-Document Details in Notes

4. Is the individual able to self-manage care of GASTROINTESTINAL condition(s)?

- No-Document Details in Notes
 Yes
 Unable to Determine-Document Details in Notes

4.D. MUSCULOSKELETAL

1. MUSCULOSKELETAL diagnoses and/ or signs and symptoms of MUSCULOSKELETAL diagnoses:

- None-Skip to 4.E.1
 Ambulatory Dysfunction
 Arthritis-Document Type of Arthritis in Notes
 Contracture(s)
 Frequent Fractures
 Joint Deformity
 Limited Range of Motion
 Paraplegia
 Osteoporosis
 Poor Balance
 Quadriplegia
 Spasms
 Spinal Stenosis
 Weakness
 Other-Document Details in Notes

2. Current treatments for MUSCULOSKELETAL diagnoses:

- None
 Assistive Devices-Document Details in Notes
 Brace(s)
 Cast
 Elevate Legs
 Medications-List in 9.D
 Physical/ Occupational Therapy
 Prosthesis(es)
 Splint
 Traction
 Other-Document Details in Notes

3. Does the MUSCULOSKELETAL diagnoses affect the individual's ability to function?

- No
 Yes-Document Details in Notes

4. Is the individual able to self-manage care of the MUSCULOSKELETAL condition(s)?

- No-Document Details in Notes
 Yes
 Unable to Determine-Document Details in Notes

4.E. SKIN

1. Select all SKIN diagnoses:

- None-Skip to 4.F.1
 Dry Skin
 Incision (surgical)
 Psoriasis
 Rash
 Ulcer
 Wound
 Other-Document Details in Notes

2. Check ALL affected SKIN location(s):

- Abdomen
 Ankle(s)
 Arm(s)
 Back of Knee(s)
 Buttock(s)
 Chest
 Face
 Foot/Feet
 Hip(s)
 Leg(s)
 Lower Back
 Shoulder Blade(s)
 Spine
 Tailbone
 Other-Document Details in Notes

3. Identify the highest known ULCER STAGE:

- 0 - Unstageable
 1 - Stage 1 - Redness
 2 - Stage 2 - Partial Skin Loss
 3 - Stage 3 - Full Thickness
 4 - Stage 4 - Muscle and/ or Bone Exposed
 5 - Unknown

4. Current treatments for SKIN diagnoses:

- None
 Debridement
 Medications-List in 9.D
 Pressure Relieving Devices
 Surgery
 Unna Boot(s)
 Wound Dressing
 Wound Therapy
 Wound VAC
 Other-Document Details in Notes

5. Does the SKIN diagnoses affect the individual's ability to function?

- No
 Yes-Document Details in Notes

6. Is the individual able to self-manage care of the SKIN condition(s)?

- No-Document Details in Notes
 Yes
 Unable to Determine-Document Detail in Notes

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4.F. ENDOCRINE / METABOLIC SYSTEMS

1. Select all ENDOCRINE / METABOLIC diagnoses:

- None-Skip to 4.G.1
- Ascites
- Cirrhosis
- Diabetes Mellitus (DM)-Insulin Dependent
- Diabetes Mellitus (DM)-Non-insulin Dependent
- Diabetic Neuropathy
- Hypoglycemia
- Thyroid Disorder
- Other-Document Details in Notes

2. Select all the current treatments for ENDOCRINE / METABOLIC diagnoses:

- None
- Blood Transfusions
- Blood Sugar Monitoring
- Medications-List in 9.D
- Special Diet
- Other-Document Details in Notes

3. Does the ENDOCRINE / METABOLIC diagnoses affect the individual's ability to function?

- No
- Yes-Document Details in Notes

4. Is the individual able to self-manage care of the ENDOCRINE / METABOLIC condition(s)?

- No-Document Details in Notes
- Yes
- Unable to Determine-Document Details in Notes

4.G. GENITOURINARY

1. Select all GENITOURINARY diagnoses:

- None - Skip to 4.H.1
- Benign Prostatic Hypertrophy (BPH)
- Ascites
- Bladder Disorders, including neurogenic or overactive bladder, urinary retention
- Frequent Urinary Tract Infections (UTI)
- Renal Insufficiency /Failure (ESRD)
- Other-Document Details in Notes

2. Current treatments for GENITOURINARY diagnoses:

- None
- Catheter
- Dialysis
- Fluid Restrictions
- Medications-List in 9.D
- Ostomy
- Other-Document Details in Notes

3. Does the GENITOURINARY diagnoses affect the individual's ability to function?

- No

- Yes-Document Details in Notes

4. Is the individual able to self-manage care of the GENITOURINARY condition(s)?

- No-Document Details in Notes
- Yes
- Unable to Determine-Document Details in Notes

4.H. INFECTIONS / IMMUNE SYSTEM

1. Select all INFECTION / IMMUNE system diagnoses:

- None-Skip to 4.I.1
- AIDS Asymptomatic
- AIDS Symptomatic
- Hepatitis
- HIV
- MRSA/ VRE/ C-Dif
- TB-Tuberculosis
- Other-Document Details in Notes

2. If HIV or AIDS is indicated in 4.H.1, has the individual ever had lab results of CD4 count under 400?

- No
- Yes
- Unknown

3. Current treatments for INFECTION / IMMUNE system diagnoses:

- None
- Intravenous Therapy
- Isolation
- Laboratory Result Monitoring
- Medications-List in 9.D
- Transfusion(s)
- Wound Therapy
- Other-Document Details in Notes

4. Does the INFECTIONS / IMMUNE SYSTEM diagnoses affect the individual's ability to function?

- No
- Yes-Document Details in Notes

5. Is the individual able to self-manage care of the INFECTION / IMMUNE system conditions?

- No-Document Details in Notes
- Yes
- Unable to Determine-Document Details in Notes

4.I. CANCER

1. Does the individual have any current CANCER diagnoses?

- No-Skip to 5.A.1
- Yes

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2. If Yes, identify the Cancer Stage:

- 0 - Unstageable
- 1 - Stage 1
- 2 - Stage 2
- 3 - Stage 3
- 4 - Stage 4
- 5 - Unknown

3. Select all current CANCER Diagnoses:

- Basal Cell
- Bile Duct
- Bladder
- Bone
- Brain
- Breast
- Cervical
- Colon
- Colorectal
- Endometrial
- Esophageal
- Gallbladder
- Gastric
- Hodgkin's Disease
- Kidney
- Leukemia
- Liver
- Lung
- Lymphatic
- Multiple Myeloma
- Non-Hodgkin's Lymphoma
- Oral
- Ovarian
- Pancreatic
- Prostate
- Sarcoma
- Skin
- Testicular
- Throat
- Thyroid
- Uterine
- Vaginal
- Other-Document Details in Notes

4. Current treatments for CANCER diagnoses:

- None
- Aspiration Precautions
- Bone Marrow Transplant
- Chemo/ Radiation Combination
- Chemotherapy
- Hospice Care
- Indwelling Catheter/ Services
- Maintenance/ Preventative Skin Care
- Medications-List in 9.D
- Occupational Therapy

- Ostomy/ Related Services
- Oxygen
- Palliative Care
- Physical Therapy
- Radiation
- Respiratory Therapy
- Restorative Care
- Speech Therapy
- Suctioning
- Surgery
- Transfusion(s)
- Tube Feedings/ TPN
- Other-Document Details in Notes

5. Does the CANCER diagnoses affect the individual's ability to function?

- No
- Yes-Document Details in Notes

6. Is the individual able to self-manage the CANCER conditions?

- No-Document Details in Notes
- Yes
- Unable to Determine

5. NEUROLOGICAL (MANDATORY completion of Section 8 if Neurological diagnosis)
5.A. NEUROLOGICAL

1. If there is any NEUROLOGICAL diagnoses, select all types & completion of Section 8 Behaviors is MANDATORY.

- None-Skip to 6.A.1
- ALS
- Alzheimer's Disease
- Autism
- Cerebral Palsy
- CVA/ TIA/ Stroke
- Dementia (Include all Non-Alzheimer's Dementia)
- Multiple Sclerosis
- Muscular Dystrophy
- Neuropathy
- Parkinson's Disease
- Seizure Disorder
- TBI-Traumatic Brain Injury
- Other-Document Details in Notes

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2. Current treatments for NEUROLOGICAL diagnoses:

- None
- Braces
- Cervical Collar
- Cognitive/ Behavioral Therapy
- Electrical Stimulation Device
- Medications-List in 9.D
- Seizure Precautions
- Therapy-Document Details in Notes
- Traction
- Other-Document Details in Notes

3. Is the individual ABLE to communicate?

- No-Document Details in Notes
- Yes

4. What characteristics describe the individual's cognitive state?

- Appears to be cognitively intact
- Executive functioning impaired-Document Details in Notes
- Inability to adapt to changes in routine or location
- Inability to follow commands
- Non-communicative
- Poor long term memory
- Poor short term memory
- Slow response to questions
- Other-Document Details in Notes

5. Does the NEUROLOGICAL diagnoses affect the individual's ability to function?

- No
- Yes-Document Details in Notes

6. Is the individual able to self-manage care of the NEUROLOGICAL condition(s)?

- No-Document Details in Notes
- Yes
- Unable to Determine-Document Details in Notes

6. INTELLECTUAL DEVELOPMENTAL DISABILITY (IDD) (MANDATORY completion of Section 8 if IDD diagnosis)

6.A. INTELLECTUAL DEVELOPMENTAL DISABILITY (IDD)

1. Does the individual have any diagnoses of Intellectual Developmental Disability (IDD) from birth to 22nd birthday or known to the ID system?

- No-Skip to 7.A.1
- Yes-Section 8-Behaviors is MANDATORY

2. Is the individual able to self-manage care of the IDD condition?

- No-Document Details in Notes
- Yes
- Unable to Determine

3. Does the IDD diagnoses affect the individual's ability to function?

- No

- Yes-Document Details in Notes
- Unable to Determine

7. MENTAL HEALTH (MANDATORY completion of Section 8 if Psychiatric diagnosis)

7.A. PSYCHIATRIC

1. If there is any PSYCHIATRIC diagnosis, select all types & completion of Section 8 Behaviors is mandatory.

- None-Skip to 8.A.1
- Anxiety Disorders
- Bipolar Disorders
- Depressive Disorders
- Disruptive Impulse Control/ Conduct Disorders
- Eating Disorders
- Obsessive Compulsive Disorders
- Personality Disorders
- Schizophrenia/ Other Psychotic Disorders
- Sleep/ Wake Disorders
- Somatic Symptom/ Related Disorders
- Trauma, Stress/ Related Disorders
- Other-Document Details in Notes

2. Current treatments for PSYCHIATRIC diagnoses:

- None
- ECT-Electroconvulsive Therapy
- Medications-List in 9.D
- Outpatient Psychiatric Care
- Other-Document Details in Notes

3. Does the PSYCHIATRIC diagnoses affect the individual's ability to function?

- No
- Yes-Document Details in Notes

4. Is the individual able to self-manage care of the PSYCHIATRIC conditions?

- No-Document Details in Notes
- Yes
- Unable to Determine-Document Details in Notes

8. BEHAVIORS - MANDATORY if Neurological, IDD or Psychiatric Diagnosis

8.A. BEHAVIORS

1. Does the individual present with any BEHAVIORAL signs/ symptoms? This Section is REQUIRED if a Neurological, IDD or Psychiatric diagnoses was noted in Section 5, 6 or 7.

- No-Skip to 9.A.1
- Yes-Complete ALL of Section 8
- Unable to Determine-Complete ALL of Section 8

2a. Does the individual exhibit PHYSICAL behavioral symptoms toward OTHERS?

- No-Skip to 3a
- Yes-Complete 2b-c

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2b. Specify ALL types of aggressive PHYSICAL behavior toward OTHERS (If not listed, document in Notes.)

- Biting
- Hair pulling
- Hitting
- Kicking
- Picking
- Scratching
- Sexual acting out /behavior
- Spitting
- Other-Document Details in Notes

2c. Does the aggressive PHYSICAL behavior toward OTHERS interfere with the individual's ability to function daily?

- No-Document Details in Notes (Why the behavior does NOT interfere.)
- Yes-Document Details in Notes (How the behavior interferes.)

3a. Does the individual exhibit aggressive PHYSICAL behavioral symptoms towards SELF?

- No-Skip to 4a
- Yes-Complete 3b-c

3b. Specify ALL types of aggressive PHYSICAL behavior towards SELF (If not listed, document in Notes.)

- Biting
- Hair pulling
- Hitting
- Kicking
- Picking
- Scratching
- Spitting
- Other-Document Details in Notes

3c. Does the aggressive PHYSICAL behavior toward SELF interfere with the individual's ability to function daily?

- No-Document Details in Notes (Why the behavior does NOT interfere.)
- Yes-Document Details in Notes (How the behavior interferes.)

4a. Does the individual exhibit aggressive VERBAL behavior symptoms toward OTHERS?

- No-Skip to 5a
- Yes-Complete 4b-c

4b. Specify ALL types of aggressive VERBAL behavior towards OTHERS (If not listed, document in Notes.)

- Cursing
- Screaming
- Threatening
- Other-Document Details in Notes

4c. Does the aggressive VERBAL behavior toward OTHERS interfere with the individual's ability to function daily?

- No-Document Details in Notes (Why the behavior does NOT interfere.)
- Yes-Document Details in Notes (How the behavior interferes.)

5a. Does the individual exhibit any GENERAL aggressive VERBAL behavior symptoms not specifically directed toward self or others?

- No-Skip to 6a
- Yes-Complete 5b-c

5b. Select ALL GENERAL aggressive VERBAL behaviors (If not listed, document in Notes.)

- Disruptive sounds
- Yelling out
- Other-Document Details in Notes

5c. Does the GENERAL aggressive VERBAL behavior interfere with the individual's ability to function daily?

- No-Document Details in Notes (Why the behavior does NOT interfere.)
- Yes-Document Details in Notes (How the behavior interferes.)

6a. Does the individual exhibit any OTHER behavioral symptoms?

- Yes-Complete 6b-c
- No-Skip to Section 9

6b. Specify ALL OTHER types of behaviors reported (If not listed, document in Notes.)

- Fecal Smearing
- Hoarding
- Pacing
- Public Disrobing
- Rummaging
- Sundowner's Syndrome
- Other-Document Details in Notes

6c. Do the OTHER types of behaviors interfere with the individual's ability to function daily?

- No-Document Details in Notes (Why the behavior does NOT interfere.)
- Yes-Document Details in Notes (How the behavior interferes.)

9. OTHER MEDICAL INFORMATION

9.A. INFORMATION

1. Has the individual exhibited ELOPEMENT behavior in the PAST 6 MONTHS? If so, indicate the FREQUENCY.

- Never
- Daily
- Less than once a month
- Several times a week
- Several times a month
- Once a month
- Other-Document Details in Notes

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2. Does the individual require supervision?

- No-Skip to 9.A.4
 Yes-Complete 9.A.2a

2a. How long can the individual be routinely left alone?

- Indefinitely
 Entire day and overnight
 Eight (8) hours or more - day or night
 Eight (8) hours or more - daytime only
 Four (4) hours or more - day or night
 Four (4) hours or more - daytime only
 Less than four (4) hours
 Cannot be left alone

3. Why does the individual require supervision?

- Cognitive diagnosis
 General physical condition
 Environmental issue
 Other-Document Details in Notes

4. Can the individual evacuate their home in the event of a fire?

- No-Document Details in Notes
 Yes

9.B. FRAILTY SCORE

1. Are you tired?

- No
 Yes

2. Can you walk up a flight of stairs?

- No
 Yes

3. Can you walk a city block (250-350 feet)?

- No
 Yes

4. Do you have more than 5 illnesses?

- No
 Yes

5. Have you lost more than 5% of your weight in the last year?

- No
 Yes

6. Individual shows symptoms of being frail?

9.C. DEPRESSION /LIFE SATISFACTION

1. Are you basically satisfied with your life?

- No
 Yes

2. Do you often get bored?

- No
 Yes

3. Do you often feel hopeless?

- No
 Yes

4. Do you prefer to stay at home, rather than going out and doing new things?

- No
 Yes

5. Do you ever have feelings of worthlessness?

- No
 Yes

6. Individual shows symptoms of being depressed?

9.D. MEDICATION MANAGEMENT

1. Does the individual take any PRESCRIBED medications?

- No-Skip to 9.D.5
 Yes

2. Does the individual have a central venous line?

- No
 Yes-Document Type & Details in Notes

3. List all PRESCRIBED medications taken by the individual:

- a. Name and Dose:** Record the name of the medication and dose ordered.
- b. Form:** Code the route of administration using the following list:
- | | |
|------------------------|------------------|
| 1 = by mouth (PO) | 7 = topical |
| 2 = sub lingual (SL) | 8 = inhalation |
| 3 = intramuscular (IM) | 9 = enteral tube |
| 4 = intravenous (IV) | 10 = other |
| 5 = subcutaneous (SQ) | 11 = eye drop |
| 6 = rectal (R) | 12 = transdermal |
- d. Frequency:** Code the number of times per period the med is administered using the following list:
- | | |
|------------------------------|------------------------------|
| PR = (PRN) as necessary | OO = every other day |
| 1H = (Q1H) every hour | 1W = (Q week) once each week |
| 2H = (Q2H) every 2 hours | 2W = 2 times every week |
| 3H = (Q3H) every 3 hours | 3W = 3 times every week |
| 4H = (Q4H) every 4 hours | 4W = 4 times each week |
| 6H = (Q6H) every 6 hours | 5W = 5 times each week |
| 8H = (Q8H) every eight hours | 6W = 6 times each week |
| 1D = (QD or HS) once daily | 1M = (Q month) once/mo. |
| 2D = (BID) two times daily | 2M = twice every month |
| (includes every 12 hours) | C = Continuous |
| 3D = (TID) 3 times daily | O = Other |
| 4D = (QID) four times daily | |

a. Name and Dose b. Form c. # Taken d. Freq e. Comments

4. Does the individual take all medications as prescribed?

- No-Document Details in Notes
 Yes

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5. List all OVER THE COUNTER (OTC) medications taken by the individual

a. Name and Dose: Record the name of the medication and dose ordered.

b. Form: Code the route of administration using the following list:

- | | |
|------------------------|------------------|
| 1 = by mouth (PO) | 7 = topical |
| 2 = sub lingual (SL) | 8 = inhalation |
| 3 = intramuscular (IM) | 9 = enteral tube |
| 4 = intravenous (IV) | 10 = other |
| 5 = subcutaneous (SQ) | 11 = eye drop |
| 6 = rectal (R) | 12 = transdermal |

d. Frequency: Code the number of times per period the med is administered using the following list:

- | | |
|----------------------------------|------------------------------|
| PR = (PRN) as necessary | OO = every other day |
| 1H = (QH) every hour | 1W = (Q week) once each week |
| 2H = (Q2H) every 2 hours | 2W = 2 times every week |
| 3H = (Q3H) every 3 hours | 3W = 3 times every week |
| 4H = (Q4H) every 4 hours | 4W = 4 times each week |
| 6H = (Q6H) every 6 hours | 5W = 5 times each week |
| 8H = (Q8H) every eight hours | 6W = 6 times each week |
| 1D = (QD or HS) once daily | 1M = (Q month) once/mo. |
| 2D = (BID) two times daily | 2M = twice every month |
| <i>(includes every 12 hours)</i> | C = Continuous |
| 3D = (TID) 3 times daily | O = Other |
| 4D = (QID) four times daily | |

a. Name and Dose b. Form c. # Taken d. Freq e. Comments

-

6. Does the individual have any allergies or adverse reactions to any medication?

- No
 Yes-Document Details in Notes

7. What is the individual's ability level to manage medication?

- 1 - Independent-Skip to 9.E
 2 - Limited Assistance
 3 - Total Assistance

8. If limited assistance, indicate all types needed for MEDICATION MANAGEMENT:

- Assistance with Self-Injections/ Independent with Oral Medications
- Coaxing
 Medication Dispenser
 Set-up/ Prepackaged
 Verbal Reminders
 Other-Document Details in Notes

9. Who assists the individual with medication administration?

- Formal Support-Document Details in Notes
 Informal Support-Document Details in Notes
 Other-Document Details in Notes

9.E. HEIGHT /WEIGHT

1. What is the individual's height?

2. What is the individual's weight?

3. What is the individual's weight type?

- Normal height/ weight appropriate
 Morbidly obese

- Obese
 Overweight
 Underweight

9.F. PAIN

1. Does the individual report PAIN?

- No-Skip to 10.A.1
 Yes
 Unable to Determine-Skip to 10.A.1

2. Location(s) of PAIN site(s):

- Back
 Bone
 Chest
 Head
 Hip
 Incision site
 Knee
 Soft tissue (muscle)
 Stomach
 Other Joint-Document Details in Notes
 Other-Document Details in Notes

3. Indicate the level of PAIN the individual reports using a scale from 0-10 (0=no pain, 10=severe pain):

- 0=No pain
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10=Severe pain

4. Indicate the frequency the individual reports the PAIN.

- Less than Daily
 Daily-One Episode
 Daily-Multiple Episodes
 Continuous
 Other-Document Details in Notes

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5. Select all the current treatments for PAIN diagnoses:

- None
- Acupuncture
- Chiropractic Care /Services
- Exercises
- Heat/ Cold Applications
- Massage
- Medications-List in 9.D
- Pain Management Center
- Physical Therapy
- Other-Document Details in Notes

6. Does PAIN affect the individual's ability to function?

- No
- Yes-Document Details in Notes

10. ACTIVITIES OF DAILY LIVING (ADLs)

10.A. ADLs

1a. BATHING Ability to prepare a bath and wash oneself, includes turning on the water, regulating temperature, etc.

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

1b. If Limited Assistance, indicate ALL types needed for BATHING

- Assistance with the use of equipment or assistive devices
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs
- Set-up
- Supervision
- Other-Document Details in Notes

2a. DRESSING Ability to remove clothes from a closet/drawer; application of clothing, including shoes /socks (regular / TEDS); orthotics; prostheses; removal/storage of items; managing fasteners; and to use any needed assistive devices.

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

2b. If Limited Assistance, indicate ALL types needed for DRESSING:

- Assistance with the use of equipment or assistive device
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs
- Set-up
- Supervision
- Other-Document Details in Notes

3a. GROOMING/ PERSONAL HYGIENE Ability to comb/ brush hair; brush teeth; care for/ inset dentures; shave; apply make-up (if worn); apply deodorant, etc.

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

3b. If Limited Assistance, indicate ALL types needed for GROOMING/ PERSONAL HYGIENE:

- Assistance with the use of equipment or assistive devices
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs
- Set-up
- Supervision
- Other-Document Details in Notes

4a. EATING Ability to eat, drink, cut, chew, swallow food, and to use any needed assistive devices

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance
- 4 - Does not eat-Skip to 10.A.4c

4b. If Limited Assistance, indicate ALL types needed for EATING:

- Assistance with the use of equipment or assistive devices
- Encouragement, cueing or coaxing
- Guided maneuvering of limbs
- Set-up
- Supervision
- Other-Document Details in Notes

4c. If response to 9.A.4a is "4-Does not eat", indicate type of nutritional intake. Check ALL that apply:

- IV Fluids
- NPO (nothing by mouth)
- Parenteral Nutrition
- Tube Feeding
- Other-Document Details in Notes

5a. TRANSFER Ability to move between surfaces, including to/ from bed, chair, wheelchair, or to a standing position; onto or off a commode; and to manage/ use any needed assistive devices.

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

5b. If Limited Assistance, indicate ALL types needed for TRANSFER:

- Assistance with the use of equipment or assistive devices
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs
- Set-up
- Supervision
- Other-Document Details in Notes

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6a. TOILETING Ability to manage bowel and bladder elimination

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance
- 4 - Self management of indwelling catheter or ostomy

6b. If Limited Assistance, indicate ALL types needed for TOILETING:

- Assistance with incontinence products
- Assistance with the use of equipment or assistive devices
- Clothing maneuvers/ adjustment
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs
- Personal hygiene post toileting
- Setup
- Supervision
- Other-Document Details in Notes

6c. BLADDER CONTINENCE Indicate the description that best describes the individual's BLADDER function

- 1 - Continent - Complete control, no type of catheter or urinary collection device
- 2 - Usually Continent - Incontinence episodes once a week or less
- 3 - Incontinent - Inadequate control, multiple daily episodes
- 4 - Continent - with indwelling catheter

6d. BOWEL CONTINENCE Indicate the description that best describes the individual's BOWEL function

- 1 - Continent - Complete control, no ostomy device
- 2 - Usually Continent - Incontinence episodes once a week or less
- 3 - Incontinent - Inadequate control, multiple daily episodes
- 4 - Continent - with ostomy

7a. WALKING Ability to safely walk to/from one area to another; manage/use any needed ambulation devices

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

7b. If Limited Assistance, indicate ALL types needed for WALKING:

- Assistance with the use of equipment or assistive devices
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs
- Set-up
- Supervision
- Other-Document Details in Notes

11. MOBILITY

11.A. INDIVIDUAL'S MOBILITY

1. BEDBOUND Is the individual bedbound? Indicate in notes any comments or relevant information.

- No
- Yes-Skip to 12.A
- Unable to Determine

2a. INDOOR MOBILITY Ability of movement within INTERIOR environment

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

2b. If Limited Assistance, indicate ALL types needed for INDOOR MOBILITY:

- Assistance with the use of equipment or assistive devices
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs
- Set-up
- Supervision
- Other-Document Details in Notes

3a. OUTDOOR MOBILITY Ability of movement OUTSIDE living arrangement

- 1 - Independent
- 2 - Limited Assistance
- 3 - Extensive/ Total Assistance

3b. If Limited Assistance, indicate ALL types needed for OUTDOOR MOBILITY:

- Assistance with the use of equipment or assistive devices
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs
- Set-up
- Supervision
- Other-Document Details in Notes

4a. STAIR MOBILITY Movement safely up and down STEPS

- 1 - Independent
- 2 - Limited Assistance
- 3 - Extensive/ Total Assistance

4b. If Limited Assistance, indicate ALL types needed for STAIR MOBILITY:

- Assistance with the use of equipment or assistive devices
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs
- Set-up
- Supervision
- Other-Document Details in Notes

5. What is the individual's weight bearing status?

- Full weight bearing
- Non-weight bearing
- Partial weight bearing
- Toe touch weight bearing
- Unable to Determine

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6. Select all that affect the individual's MOBILITY:

- None
- Ambulation Dysfunction
- Aphasia
- Fatigues Easily
- Muscle Stiffness
- Pain
- Poor Balance
- Rigidity
- Shuffling Gait
- Spasms
- Tremors/ Twitches
- Other-Document Details in Notes

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

11.B. FALLS

1. Is the individual at risk of falling?

- No
- Yes
- Unable to Determine

2. Select the number of times the individual has fallen in the LAST 6 MONTHS.

- None
- 1
- 2
- 3 or More

3. Reasons for falls-Document Details in Notes

- Accidental
- Environmental
- Medical
- Other-Document Details in Notes

12. INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)

12.A. IADLs

1. MEAL PREPARATION Ability to plan/ prepare meals, use of kitchen appliances, heat meals. List any needed adaptive equipment/ assistive devices in Notes.

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

2. HOUSEWORK Ability to maintain living space, includes tasks such as dishwashing, making the bed, dusting, running the vacuum or sweeping an area. List any needed adaptive equipment/assistive devices in Notes.

- 1 - Independent
- 2 - Limited Assistance
- 3 - Extensive/ Total Assistance

3. LAUNDRY Ability to gather clothes, place clothes in washing machine, turn on appliance, remove clothes and place in dryer, or hand wash items and hang to dry. List any needed adaptive equipment/assistive devices in Notes.

4. SHOPPING Ability to go to the store and purchase needed items, includes groceries and other items. List any needed adaptive equipment/ assistive devices in Notes.

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

5. TRANSPORTATION Ability to travel on public transportation or drive a car. List any needed adaptive equipment/ assistive devices in Notes.

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

6. MONEY MANAGEMENT Ability to manage financial matters, writing checks, paying bills, going to the bank. List any needed adaptive equipment/ assistive devices in Notes.

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

7. TELEPHONE Ability to obtain phone numbers, dial the telephone and communicate with person on the other end. List any needed adaptive equipment/ assistive devices in Notes.

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

8. HOME MANAGEMENT Ability to perform heavier household tasks such as taking out the trash, completing minor repairs around the living space, yard work and/ or snow removal. List any needed adaptive equipment/ assistive devices in Notes.

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

13. LEVEL OF CARE DETERMINATION (LCD) ASSESSMENT DATA

13.A. ASSESSMENT OUTCOME

1. What Level of Care did the physician recommend?

- NFCE-Nursing Facility Clinically Eligible
- NFI-Nursing Facility Ineligible
- Evaluation not required

2. What is the date the AAA received the individual's MA-51 or Rx Script, signed by a physician?

Level of Care Determination Tool

' (1385506838)

5/27/2014

3. What is the Level of Care determination for this individual?

- NFCE-Nursing Facility Clinically Eligible
 NFI-Nursing Facility Ineligible

4. Summarize how the functional limitations of the individual's medical conditions support the Level of Care determination. Document a summary of diagnoses & treatments and how the limitations impede the individual's ability to manage own care needs.

5. Individual is recommended NFCE:

False

6. Recommended Tier for NFCE Consumers. If 0, consumer is recommended NFI.

0

7. Are the assessor and the model clinical eligibility results the same? If False, document reasons in NOTES.

False

8. Document the reason(s) why assessor disagrees with indicator:

13.B. INDIVIDUAL'S PLACE OF SERVICE PREFERENCE

1. Does the individual want to be served in the community?

- No
 Yes

2. Having been determined NFI, what is the individual's PREFERRED RESIDENTIAL setting?

- Home
 DC-NFI (Domiciliary Care)
 PCH-NFI (Personal Care Home)
 Other-Document Details in Notes

3. Having been determined NFI, what is the individual's PREFERRED COMMUNITY Service Program?

- ACT 150
 CSP-NFI (Caregiver Support Program)
 OPTIONS-NFI
 Other-Document Details in Notes

13.C. LEVEL OF CARE AUTHENTICATION

1. Name of the assessor completing this assessment

2. Date of assessor's signature:

3. Name of Registered Nurse reviewing the assessment for Clinical Eligibility:

4. Date of Registered Nurse review:

5. Name of assessment supervisor who reviewed and approved the Level of Care:

6. Date assessment supervisor approved the assessment:

7. Date the Level of Care is being issued

Level of Care Determination Tool



Review each section of the LCD Tool.

Refer to the following materials found in the Resources section.

- **Instructions for Completing the LCD Tool – page 146**
- **Assessor Webinar FAQs – page 194**

Record your thoughts as you discuss each section.

Submit your questions for each tool section.

Completed Level of Care Determination Tool Review



Review the 2 completed LCD Tools for Heather High and Edward Ellis.

Determine the level of care.

Develop documentation to support the level of care determination.

Heather High

| | |
|---|--|
| What is the Level of Care Determination? | |
| Documentation: | |

Level of Care Determination Tool

LCD DRAFT 4-30-14

High, Heather H (1325725960)
05/14/2014

1. INTRODUCTION

1.A. INDIVIDUAL'S IDENTIFICATION

1. Date when AAA received the referral for the Level of Care Assessment

5/12/2014

2. Individual's Last Name

High

3. Individual's First Name

Heather

4. Individual's Middle Initial

H

5. Individual's Name Suffix (If applicable)

6. Individual's Nickname /Alias

7. Individual's Date of Birth (DOB)

12/1/1931

8. Individual's Gender

Male

Female

9. Individual's Ethnicity (Check only one)

Hispanic or Latino

Not Hispanic or Latino

Unknown

10. Individual's Race

American Indian /Native Alaskan

Asian

Black /African American

Native Hawaiian /Other Pacific Islander

Non-Minority (White, non-Hispanic)

White-Hispanic

Unknown /Unavailable

Other-Document Details in Notes

11. Individual's Social Security Number (SSN)

208-26-9055

12a. Does the individual have a Medicaid number?

No

Yes

Pending

12b. Indicate Medicaid recipient number

090623119

13a. Does the individual have Medicare?

No

Yes

13b. Indicate Medicare recipient number

208262355A

14a. Does the individual have any other insurance?

No

Yes

Don't know

14b. Indicate other insurance information

1.B. ASSESSMENT INFORMATION

1. PSA number conducting assessment

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10
- 11
- 12
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- 47
- 48
- 49
- 50
- 51
- 52

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2. Indicate type of assessment

- Aging Waiver Annual
- Change in Condition
- DC-Domiciliary Care Annual
- Initial
- OBRA
- PCH-Personal Care Home Annual
- Other-Document Details in Notes

3. Where was the individual interviewed?

- AAA-Area Agency on Aging
- AL-Assisted Living
- Chart Review
- Deceased Individual
- DC-Domiciliary Care
- Home
- Home of Relative /Caregiver
- Hospital
- Mental Health Facility
- Nursing Home
- PCH-Personal Care Home
- Specialized /Rehab Facility
- Other-Document Details in Notes

4. Date of the visit / chart review

5/14/2014

5. Did the individual participate in the assessment?

- No-Document Details in Notes
- Yes

Notes: Daughter-Susan

6. If anyone else participated during the time of the determination, please document the Relationship. (Document Name in Notes)

- 1 - Spouse /Domestic Partner
- 2 - Family-Other than Spouse
- 3 - Legal Guardian
- 4 - Durable Power of Attorney
- 5 - Friend
- 6 - Other-Document Name and Relationship in Notes

7. Identify who referred the individual

- AAA-Conducting Assessment
- AAA-Other
- Family
- Hospital
- IEB-Independent Enrollment Broker
- Nursing or Rehab Facility
- PCH-Personal Care Home
- Physician
- Self
- Social Services Agency
- Supports Coordination Agency
- Unavailable
- Other-Document Details in Notes

1.C. INDIVIDUAL'S DEMOGRAPHICS

1. Type of PERMANENT residence in which the individual resides

- AL-Assisted Living
- Apartment
- DC-Domiciliary Care

- Group Home
- Homeless
- Nursing Home
- Own Home
- PCH-Personal Care Home
- Relative's Home
- Specialized Rehab /Rehab Facility
- State Institution
- Unknown
- Other-Document Details in Notes

2. What is the individual's PERMANENT living arrangement? (Include in the "Lives Alone" category individuals who live in an Assisted Living, Dom Care, or PCH, pay rent and have NO ROOMMATE.)

- Lives Alone
- Lives with Spouse Only
- Lives with Child(ren) but not Spouse
- Lives with other Family Member(s)
- Unknown
- Other-Document Details in Notes

3. Individual's marital status

- Single
- Married
- Divorced
- Legally Separated
- Widowed
- Other-Document Details in Notes

4a. Is the individual a Veteran?

- No
- Yes-Skip to 1.C.5a
- Unable to Determine

4b. Is the individual the spouse or child of a Veteran?

- No
- Yes
- Unable to Determine

5a. Does the individual require communication assistance?

- No-Skip to 1.C.6a
- Yes-Complete 1.C.5b
- Unable to Determine

5b. What type of communication assistance is required? Document Details in Notes

- Assistive Technology
- Interpreter
- Large Print
- Picture Book
- Unable to Communicate
- Unknown
- Other-Document Details in Notes

6a. Does the individual use sign language as their PRIMARY language?

- No-Skip to 1.C.7
- Yes-Complete 1.C.6b

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6b. What type of sign language is used?

- American Sign Language
- International Sign Language
- Makaton
- Manually Coded Language-English
- Manually Coded Language-Non-English
- Tactile Signing
- Other-Document Details in Notes

7. What is the individual's PRIMARY language?

- English
- Russian
- Spanish
- Other-Document Details in Notes

1.D. INDIVIDUAL'S PERMANENT RESIDENTIAL ADDRESS INFORMATION - MUNICIPALITY IS REQUIRED

1. Is the individual's postal / mailing address exactly the same as the residential address?

- No-Complete Section 1.E (Postal /Mailing address)
- Yes

2a. Residential County

- Adams
- Allegheny
- Armstrong
- Beaver
- Bedford
- Berks
- Blair
- Bradford
- Bucks
- Butler
- Cambria
- Cameron
- Carbon
- Centre
- Chester
- Clarion
- Clearfield
- Clinton
- Columbia
- Crawford
- Cumberland
- Dauphin
- Delaware
- Elk
- Erie
- Fayette
- Forest
- Franklin
- Fulton
- Greene
- Huntingdon
- Indiana
- Jefferson
- Juniata
- Lackawanna
- Lancaster
- Lawrence
- Lebanon
- Lehigh
- Luzerne

- Lycoming
- McKean
- Mercer
- Mifflin
- Monroe
- Montgomery
- Montour
- Northampton
- Northumberland
- Perry
- Philadelphia
- Pike
- Potter
- Schuylkill
- Snyder
- Somerset
- Sullivan
- Susquehanna
- Tioga
- Union
- Venango
- Warren
- Washington
- Wayne
- Westmoreland
- Wyoming
- York
- Out of State

2b. Residential Street Address

122 Wood Street

2c. Residential Address Second Line (Apt or Room #, Building or Complex Name, etc.)

2d. Residential Municipality - REQUIRED (usually a Township or Boro where individual votes, pays taxes)

Telford borough (pt.)

2e. Residential City /Town

Telford

2f. Residential State

PA

2g. Residential Zip Code

18969

3. Directions to the individual's home

4. Does individual reside in a rural area?

- No
- Yes

5a. Primary Phone Number

215-226-9090

5b. Mobile Phone Number

5c. Other Phone Number (Enter number where individual can be reached.)

Level of Care Determination Tool

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5d. E-mail Address
hhigh@gmail.com

- 6. What was the outcome when the individual was offered a voter registration form? REQUIRED**
- AAA will submit completed voter registration
 - Individual declined application
 - Individual declined-already registered
 - Individual will submit completed voter registration
 - Does not meet voter requirements (i.e. citizenship, etc.)
 - No Response

1.E. INDIVIDUAL'S POSTAL /MAILING ADDRESS INFORMATION

1a. Postal Street Address
122 Wood Street

1b. Postal Address Line 2 (optional)

1c. Postal City /Town
Telford

1d. Postal State
PA

1e. Postal Zip Code
18969

1.F. EMERGENCY CONTACT

- 1. Name of Emergency Contact**
Susan High
- 2. Relationship of Emergency Contact**
Daughter
- 3. Telephone Number of Emergency Contact**
215-721-0255
- 4. Work Telephone Number of Emergency Contact**
215-919-5090

2. USE OF MEDICAL SERVICES

2.A. HOSPITAL, NURSING FACILITY, ER, INPATIENT PSYCHIATRIC VISITS /STAYS

- 1. What is the individual's current level of consciousness?**
 - Comatose-Skip to 13.A
 - Conscious-Complete Assessment
 - Deceased-Skip to 13.A
 - Persistent Vegetative State-Skip to 13.A
- 2. Has the individual stayed in the HOSPITAL in the LAST 12 MONTHS?**
 - No-Skip to 2.A.4
 - Yes-Complete 2.A.3
 - Unable to Determine-Document Details in Notes
- 3. The approximate number of times the individual has stayed overnight in the HOSPITAL in the LAST 12 MONTHS. Document Details in Notes.**
0
- 4. The approximate number of times the individual has visited the ER in the LAST 12 MONTHS and was NOT admitted.**
0

5. The approximate number of times the individual was admitted to a NURSING FACILITY in the LAST 12 MONTHS. Document Details in Notes.
0

6. The approximate number of times the individual was an Inpatient in a PSYCHIATRIC Facility in the LAST 24 MONTHS. Document Details in Notes.
0

2.B. PRIMARY PHYSICIAN INFORMATION

- 1. Does the individual have a PRIMARY Care Physician?**
 - No
 - Yes
- 2. PRIMARY Physician's Name**
Dr. Tracey Roesing
- 3. PRIMARY Physician's Street Address**
Skyview Medical Center, 3456 Bethlehem Pike
- 4. PRIMARY Physician's City or Town**
Souderton
- 5. PRIMARY Physician's State**
PA
- 6. PRIMARY Physician's Zip Code**
18964
- 7. PRIMARY Physician's Business Phone Number (Requires 10 digits to transfer to SAMS, optional 1-5 digit extension.)**
215-721-6500
- 8. PRIMARY Physician's FAX Number**
- 9. PRIMARY Physician's E-MAIL ADDRESS**
- 10. Additional Physicians**

3. SAINT LOUIS UNIVERSITY MENTAL STATUS (SLUMS)

3.A. SLUMS PREPARATION

- 1. Determine if the individual is alert. Alert indicates that the individual is fully awake and able to focus.**
 - Alert
 - Confused
 - Distractible
 - Drowsy
 - Inattentive
 - Preoccupied
- 2. Do you have trouble with your memory?**
 - No-Skip to 4.A.1
 - Yes

Notes: At times I forget things.
- 3. May I ask you some questions about your memory?**
 - No
 - Yes
 - Other-Document Details in Notes

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4. Is the individual able to complete the SLUMS Exam?

- No-Document Details in Notes
 Yes

3.B. SLUMS QUESTIONNAIRE

1. What DAY of the week is it?

- 1 - Correct answer
 2 - Incorrect or not answered

2. What is the YEAR?

- 1 - Correct answer
 2 - Incorrect answer

3. What is the name of the STATE we are in?

- 1 - Correct answer
 2 - Incorrect answer

4. Please remember these five objects. I will ask you what they are later. Apple, Pen, Tie, House, Car

Apple, pen, tie, house, c

Notes: Apple, tie, pen, house, car

5a. You have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20. How much did you spend?

- 1 - Correct
 2 - Incorrect
 3 - Unanswered

5b. How much do you have left?

- 1 - Correct
 2 - Incorrect
 3 - Unanswered

6. Please name as many animals as you can in one minute.

- 0-4
 5-9
 10-14
 15+
 Unanswered

7. What were the five objects I asked you to remember? One point for each correct response.

- Apple
 Pen
 Tie
 House
 Car
 Unanswered /None Correct

8. I am going to give you a series of numbers and I would like you to give them to me backwards. For example, if I say four-two, you would say two-four.

- 8-7
 6-4-9
 8-5-3-7
 Unanswered /None correct

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.

- Hour markers correct
 Time correct
 Unanswered /None Correct

10a. Place an X in the triangle

- 1 - Correct
 2 - Incorrect

10b. Which of the figures is the largest?

- 1 - Correct
 2 - Incorrect

11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.

- What was the female's name? (Jill)
 What state did she live in? (Illinois)
 What work did she do? (Stockbroker)
 When did she go back to work? (Kids were teenagers)
 Unanswered /None Correct

3.C. SLUMS RESULTS

1. SLUMS Total Score - This will be an INDICATOR
26

2. Record the highest grade (1-12) the individual completed in school.
12

3. Identify the highest educational degree that the individual obtained.

- High School Graduate /or GED
 Associate's Degree
 Bachelor's Degree
 Graduate's Degree
 Doctoral Degree
 Other-Document Details in Notes

4. Assessor's conclusion after completion of the Individual's SLUMS Exam:

- Normal
 MNCD-Mild Neurocognitive Disorder
 Mild Dementia
 Moderate Dementia
 Severe Dementia

4. DIAGNOSES

4.A. RESPIRATORY

1. Select all RESPIRATORY diagnoses

- None-Skip to 4.B.1
 Asthma
 COPD-Chronic Obstructive Pulmonary Disease
 Emphysema
 Pulmonary Edema
 Respiratory Failure
 Other-Document Details in Notes

2. Current treatments for RESPIRATORY diagnoses

- None
 Medications-List in 9.D
 Oxygen
 Respiratory Treatments (Nebulizers, Inhalants, etc.)
 Suctioning
 Tracheostomy /Trach Care
 Ventilator /Vent Care
 Other-Document Details in Notes

Level of Care Determination Tool

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3. Does the RESPIRATORY diagnosis affect the individual's ability to function?

- No
 Yes-Document Details in Notes

4. Is the individual able to self-manage care of the RESPIRATORY condition(s)?

- No-Document Details in Notes
 Yes
 Unable to Determine-Document Details in Notes

4.B. HEART /CIRCULATORY SYSTEMS

1. Select all HEART /CIRCULATORY system diagnoses

- None-Skip to 4.C.1
 A-Fib and other Dysrhythmia, Bradycardia, Tachycardia
 Anemia
 Ascites
 CAD-Coronary Artery Disease: including Angina, Myocardial Infarction, ASHD
 DVT-Deep Vein Thrombosis
 Heart Failure: including CHF, Pulmonary Edema
 Hypertension
 PE-Pulmonary Embolus
 PVD /PAD (Peripheral Vascular or Artery Disease)
 Other-Document Details in Notes

Notes: Edema LE, Hyperlipidemia, Mon cardiac status, BP, Labs, med admin

2. Current treatments for HEART /CIRCULATORY system diagnoses

- None
 Cardiac Rehabilitation
 Compression Device, TED Hose, Ace Bandage Wrap(s)
 Medications-List in 9.D
 Pacemaker
 Special Diet
 Other-Document Details in Notes

3. Does the HEART /CIRCULATORY diagnosis affect the individual's ability to function?

- No
 Yes-Document Details in Notes

4. Is the individual able to self-manage care of the HEART /CIRCULATORY system condition(s)?

- No-Document Details in Notes
 Yes
 Unable to Determine-Document Details in Notes

4.C. GASTROINTESTINAL

1. Select all GASTROINTESTINAL diagnoses

- None-Skip to 4.D.1
 Barrett's Esophagus
 Crohn's Disease
 Diverticulitis
 GERD
 Hernia
 IBS-Irritable Bowel Syndrome
 Laryngeal Reflux Disease
 Other-Document Details in Notes

2. Current treatments for GASTROINTESTINAL diagnoses

- None

- Aspiration Precautions
 Feeding Tube (Any)
 Medications-List in 9.D
 Ostomy (Any)
 Speech Therapy
 TPN-Total Parenteral Nutrition
 Other-Document Details in Notes

3. Does the GASTROINTESTINAL diagnosis affect the individual's ability to function?

- No
 Yes-Document Details in Notes

4. Is the individual able to self-manage care of GASTROINTESTINAL condition(s)?

- No-Document Details in Notes
 Yes
 Unable to Determine-Document Details in Notes

4.D. MUSCULOSKELETAL

1. Musculoskeletal diagnoses and/or signs and symptoms of Musculoskeletal diagnoses:

- None-Skip to 4.E.1
 Ambulatory Dysfunction
 Arthritis-Document Type of Arthritis in Notes
 Contracture(s)
 Frequent Fractures
 Joint Deformity
 Limited Range of Motion
 Osteoporosis
 Paralysis-Document Details in Notes
 Poor Balance
 Spasms
 Spinal Stenosis
 Weakness
 Other-Document Details in Notes

Notes: Severe Kyphosis
B/L Hip replacements. R hip did not heal well and Heather has severe pain, significant gait dysfunction and weakness. Unable to ambulate iwhtout her walker.

2. Current treatments for MUSCULOSKELETAL diagnoses

- None
 Assistive Devices-Document Details in Notes
 Brace(s)
 Cast
 Medications-List in 9.D
 Elevate Legs
 Physical /Occupational Therapy
 Prosthesis(es)
 Splint
 Traction
 Other-Document Details in Notes

3. Does the MUSCULOSKELETAL diagnosis affect the individual's ability to function?

- No
 Yes-Document Details in Notes

Notes: Severe Kyphosis
B/L Hip replacements. R hip did not heal well and has severe pain and gait dysfunction

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4. Is the individual able to self-manage care of the MUSCULOSKELETAL condition(s)?

- No-Document Details in Notes
 Yes
 Unable to Determine-Document Details in Notes

Notes: Severe Kyphosis
B/L Hip replacements. R hip did not heal well and has severe pain and gait dysfunction

4.E. SKIN

1. Select all SKIN diagnoses:

- None-Skip to 4.F.1
 Dry Skin
 Incision (surgical)
 Psoriasis
 Rash
 Ulcer
 Wound
 Other-Document Details in Notes

2. Check ALL affected SKIN location(s):

- Abdomen
 Ankle(s)
 Arm(s)
 Back of Knee(s)
 Buttock(s)
 Chest
 Face
 Foot/Feet
 Hip(s)
 Leg(s)
 Lower Back
 Shoulder Blade(s)
 Spine
 Tailbone
 Other-Document Details in Notes

3. Identify the highest known ULCER STAGE.

- 0 - Unstageable
 1 - Stage 1 - Redness
 2 - Stage 2 - Partial Skin Loss
 3 - Stage 3 - Full Thickness
 4 - Stage 4 - Muscle and/or Bone Exposed
 5 - Unknown

4. Current treatments for SKIN diagnoses

- None
 Debridement
 Medications-List in 9.D
 Pressure Relieving Devices
 Surgery
 Unna Boot(s)
 Wound Dressing
 Wound Therapy
 Wound VAC
 Other-Document Details in Notes

5. Does the SKIN diagnosis affect the individual's ability to function?

- No
 Yes-Document Details in Notes

6. Is the individual able to self-manage care of the SKIN condition(s)?

- No-Document Details in Notes

- Yes
 Unable to Determine-Document Detail in Notes

4.F. ENDOCRINE / METABOLIC SYSTEMS

1. Select all ENDOCRINE / METABOLIC diagnoses

- None-Skip to 4.G.1
 Ascites
 Cirrhosis
 Diabetes Mellitus (DM)-Insulin Dependent
 Diabetes Mellitus (DM)-Non-insulin Dependent
 Diabetic Neuropathy
 Hypoglycemia
 Thyroid Disorder
 Other-Document Details in Notes

Notes: Borderline DM
Hypothyroid

2. Select all the current treatments for ENDOCRINE / METABOLIC diagnosis

- None
 Blood Transfusions
 Blood Sugar Monitoring
 Medications-List in 9.D
 Special Diet
 Other-Document Details in Notes

3. Does the ENDOCRINE / METABOLIC diagnosis affect the individual's ability to function?

- No
 Yes-Document Details in Notes

4. Is the individual able to self-manage care of the ENDOCRINE / METABOLIC condition(s)?

- No-Document Details in Notes
 Yes
 Unable to Determine-Document Details in Notes

4.G. GENITOURINARY

1. Select all GENITOURINARY diagnoses

- None-Skip to 4.H.1
 Ascites
 Benign Prostatic Hypertrophy (BPH)
 Bladder Disorders, including neurogenic or overactive bladder, urinary retention
 Frequent Urinary Tract Infections (UTI)
 Renal Insufficiency /Failure (ESRD)
 Other-Document Details in Notes

2. Current treatments for GENITOURINARY diagnoses

- None
 Catheter
 Dialysis
 Fluid Restrictions
 Medications-List in 9.D
 Ostomy
 Other-Document Details in Notes

3. Does the GENITOURINARY diagnosis affect the individual's ability to function?

- No
 Yes-Document Details in Notes

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4. Is the individual able to self-manage care of the GENITOURINARY condition(s)?

- No-Document Details in Notes
- Yes
- Unable to Determine-Document Details in Notes

4.H. INFECTIONS / IMMUNE SYSTEM

1. Select all INFECTION/IMMUNE System diagnoses

- None-Skip to 4.I.1
- AIDS Asymptomatic
- AIDS Symptomatic
- Hepatitis
- HIV
- MRSA /VRE /C-Dif
- TB-Tuberculosis
- Other-Document Details in Notes

2. If HIV or AIDS is indicated in 4.H.1, has the individual ever had lab results of CD4 count under 400?

- No
- Yes
- Unknown

3. Current Treatments for INFECTION/IMMUNE system diagnoses

- None
- Intravenous Therapy
- Isolation
- Laboratory Result Monitoring
- Medications-List in 9.D
- Transfusion(s)
- Wound Therapy
- Other-Document Details in Notes

4. Does the INFECTIONS /IMMUNE SYSTEM diagnosis affect the individual's ability to function?

- No
- Yes-Document Details in Notes

5. Is the individual able to self-manage care of the INFECTION /IMMUNE system conditions?

- No-Document Details in Notes
- Yes
- Unable to Determine-Document Details in Notes

4.I. CANCER

1. Does the individual have a current CANCER diagnosis?

- No-Skip to 5.A.1
- Yes

2. If Yes, identify the Cancer Stage:

- 0 - Unstageable
- 1 - Stage 1
- 2 - Stage 2
- 3 - Stage 3
- 4 - Stage 4
- 5 - Unknown

3. Select all current CANCER Diagnoses:

- Ascites
- Basal Cell

- Bile Duct
- Bladder
- Bone
- Brain
- Breast
- Cervical
- Colon
- Colorectal
- Endometrial
- Esophageal
- Gallbladder
- Gastric
- Hodgkin's Disease
- Kidney
- Leukemia
- Liver
- Lung
- Lymphatic
- Multiple Myeloma
- Non-Hodgkin's Lymphoma
- Oral
- Ovarian
- Pancreatic
- Prostate
- Sarcoma
- Skin
- Testicular
- Throat
- Thyroid
- Uterine
- Vaginal
- Other-Document Details in Notes

4. Current treatments for CANCER diagnoses:

- None
- Aspiration Precautions
- Bone Marrow Transplant
- Chemo /Radiation Combination
- Chemotherapy
- Hospice Care
- Indwelling Catheter /Services
- Maintenance /Preventative Skin Care
- Medications-List in 9.D
- Occupational Therapy
- Ostomy /Related Services
- Oxygen
- Palliative Care
- Physical Therapy
- Radiation
- Respiratory Therapy
- Restorative Care
- Speech Therapy
- Suctioning
- Surgery
- Transfusion(s)
- Tube Feedings /TPN
- Other-Document Details in Notes

5. Does the CANCER diagnosis affect the individual's ability to function?

- No
- Yes-Document Details in Notes

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6. Is the individual able to self-manage the CANCER conditions?

- No-Document Details in Notes
 Yes
 Unable to Determine

5. NEUROLOGICAL (MANDATORY completion of Section 8 if Neurological diagnosis)

5.A. NEUROLOGICAL

1. If there is a NEUROLOGICAL diagnosis, select all types & completion of Section 8 Behaviors is MANDATORY.

- None-Skip to 6.A.1
 ALS
 Alzheimer's Disease
 Autism
 Cerebral Palsy
 CVA /TIA /Stroke
 Dementia (Include all Non-Alzheimer's Dementia)
 Multiple Sclerosis
 Muscular Dystrophy
 Neuropathy
 Parkinson's Disease
 Seizure Disorder
 TBI-Traumatic Brain Injury
 Other-Document Details in Notes

2. Current treatments for NEUROLOGICAL diagnosis

- None
 Braces
 Cervical Collar
 Cognitive /Behavioral Therapy
 Electrical Stimulation Device
 Medications-List in 9.D
 Seizure Precautions
 Therapy-Document Details in Notes
 Traction
 Other-Document Details in Notes

3. Is the individual ABLE to communicate?

- No-Document Details in Notes
 Yes

4. What characteristics describe the individual's cognitive state?

- Appears to be cognitively intact
 Executive functioning impaired-Document Details in Notes
 Inability to adapt to changes in routine or location
 Inability to follow commands
 Non-communicative
 Poor long term memory
 Poor short term memory
 Slow response to questions
 Other-Document Details in Notes

5. Does the NEUROLOGICAL diagnosis affect the individual's ability to function?

- No
 Yes-Document Details in Notes

6. Is the individual able to self-manage care of the NEUROLOGICAL condition(s)?

- No-Document Details in Notes

- Yes
 Unable to Determine-Document Details in Notes

6. INTELLECTUAL DEVELOPMENTAL DISABILITY (IDD) (MANDATORY completion of Section 8 if IDD diagnosis)

6.A. INTELLECTUAL DEVELOPMENTAL DISABILITY (IDD)

1. Does the individual have a diagnosis of Intellectual Developmental Disability (IDD) from birth to 22nd birthday or known to the ID system?

- No-Skip to 7.A.1
 Yes-Section 8-Behaviors is MANDATORY

2. Is the individual able to self-manage care of the IDD condition?

- No-Document Details in Notes
 Yes
 Unable to Determine

3. Does the IDD diagnosis affect the individual's ability to function?

- No
 Yes-Document Details in Notes
 Unable to Determine

7. MENTAL HEALTH (MANDATORY completion of Section 8 if Psychiatric diagnosis)

7.A. PSYCHIATRIC

1. If there is a PSYCHIATRIC diagnosis, select all types & completion of Section 8 Behaviors is mandatory.

- None-Skip to 8.A.1
 Anxiety Disorders
 Bipolar Disorders
 Depressive Disorders
 Disruptive Impulse Control /Conduct Disorders
 Eating Disorders
 Obsessive Compulsive Disorders
 Personality Disorders
 Schizophrenia /Other Psychotic Disorders
 Sleep /Wake Disorders
 Somatic Symptom /Related Disorders
 Trauma, Stress /Related Disorders
 Other-Document Details in Notes

2. Current treatments for PSYCHIATRIC diagnoses

- None
 ECT-Electroconvulsive Therapy
 Medications-List in 9.D
 Outpatient Psychiatric Care
 Other-Document Details in Notes

3. Does the PSYCHIATRIC diagnosis affect the individual's ability to function?

- No
 Yes-Document Details in Notes

4. Is the individual able to self-manage care of the PSYCHIATRIC conditions?

- No-Document Details in Notes
 Yes
 Unable to Determine-Document Details in Notes

8. BEHAVIORS - MANDATORY if Neurological, IDD or Psychiatric Diagnosis

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8.A. BEHAVIORS

1. Does the individual present with any BEHAVIORAL signs /symptoms? This Section is REQUIRED if a Neurological, IDD or Psychiatric diagnosis was noted in Section 5, 6 or 7.

- No-Skip to 9.A.1
 Yes-Complete ALL of Section 8
 Unable to Determine-Complete ALL of Section 8

2a. Does the individual exhibit PHYSICAL behavioral symptoms toward OTHERS?

- No-Skip to 3a
 Yes-Complete 2b-c

2b. Specify ALL types of aggressive PHYSICAL behavior toward OTHERS (If not listed, document in Notes.)

- Biting
 Hair pulling
 Hitting
 Kicking
 Picking
 Scratching
 Sexual acting out /behavior
 Spitting
 Other-Document Details in Notes

2c. Does the aggressive PHYSICAL behavior toward OTHERS interfere with the individual's ability to function daily?

- No-Document Details in Notes (Why the behavior does NOT interfere.)
 Yes-Document Details in Notes (How the behavior interferes.)

3a. Does the individual exhibit aggressive PHYSICAL behavioral symptoms towards SELF?

- No-Skip to 4a
 Yes-Complete 3b-c

3b. Specify ALL types of aggressive PHYSICAL behavior towards SELF (If not listed, document in Notes.)

- Biting
 Hair pulling
 Hitting
 Kicking
 Picking
 Scratching
 Spitting
 Other-Document Details in Notes

3c. Does the aggressive PHYSICAL behavior toward SELF interfere with the individual's ability to function daily?

- No-Document Details in Notes (Why the behavior does NOT interfere.)
 Yes-Document Details in Notes (How the behavior interferes.)

4a. Does the individual exhibit aggressive VERBAL behavior symptoms toward OTHERS?

- No-Skip to 5a
 Yes-Complete 4b-c

4b. Specify ALL types of aggressive VERBAL behavior towards OTHERS (If not listed, document in Notes.)

- Cursing
 Screaming
 Threatening
 Other-Document Details in Notes

4c. Does the aggressive VERBAL behavior toward OTHERS interfere with the individual's ability to function daily?

- No-Document Details in Notes (Why the behavior does NOT interfere.)
 Yes-Document Details in Notes (How the behavior interferes.)

5a. Does the individual exhibit any GENERAL aggressive VERBAL behavior symptoms not specifically directed toward self or others?

- No-Skip to 6a
 Yes-Complete 5b-c

5b. Select ALL GENERAL aggressive VERBAL behaviors (If not listed, document in Notes.)

- Disruptive sounds
 Yelling out
 Other-Document Details in Notes

5c. Does the GENERAL aggressive VERBAL behavior interfere with the individual's ability to function daily?

- No-Document Details in Notes (Why the behavior does NOT interfere.)
 Yes-Document Details in Notes (How the behavior interferes.)

6a. Does the individual exhibit any OTHER behavioral symptoms?

- Yes-Complete 6b-c
 No-Skip to Section 9

6b. Specify ALL OTHER types of behaviors reported (If not listed, document in Notes.)

- Fecal Smearing
 Hoarding
 Pacing
 Public Disrobing
 Rummaging
 Sundowner's Syndrome
 Other-Document Details in Notes

6c. Do the OTHER types of behaviors interfere with the individual's ability to function daily?

- No-Document Details in Notes (Why the behavior does NOT interfere.)
 Yes-Document Details in Notes (How the behavior interferes.)

9. OTHER MEDICAL INFORMATION

9.A. INFORMATION

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1. Has the individual exhibited ELOPEMENT behavior in the past 6 months? If so, indicate the FREQUENCY.

- Never
- Daily
- Less than once a month
- Several times a week
- Several times a month
- Once a month
- Other-Document Details in Notes

Notes: The individual has extreme difficulty ambulating due to kyphosis. Requires a walker, cannot do steps. High risk for falls.

2. Does the individual require supervision?

- No-Skip to 9.A.4
- Yes-Complete 9.A.2a

2a. How long can the individual be routinely left alone?

- Indefinitely
- Entire day and overnight
- Eight (8) hours or more - day or night
- Eight (8) hours or more - daytime only
- Four (4) hours or more - day or night
- Four (4) hours or more - daytime only
- Less than four (4) hours
- Cannot be left alone

3. Why does the individual require supervision?

- Cognitive diagnosis
- General physical condition
- Environmental issue
- Other-Document Details in Notes

4. Can the individual evacuate their home in the event of a fire?

- No-Document Details in Notes
- Yes

Notes: Ambulatory dysfunction due to Kyphosis. The individual has extreme difficulty ambulating due to kyphosis. Requires a walker, cannot do steps. High risk for falls.

9.B. FRAILTY SCORE

1. Are you tired?

- No
- Yes

2. Can you walk up a flight of stairs?

- No
- Yes

3. Can you walk a city block (250-350 feet)?

- No
- Yes

4. Do you have more than 5 illnesses?

- No
- Yes

5. Have you lost more than 5% of your weight in the last year?

- No
- Yes

9.C. DEPRESSION /LIFE SATISFACTION

1. Are you basically satisfied with your life?

- No
- Yes

2. Do you often get bored?

- No
- Yes

3. Do you often feel hopeless?

- No
- Yes

4. Do you prefer to stay at home, rather than going out and doing new things?

- No
- Yes

5. Do you ever have feelings of worthlessness?

- No
- Yes

9.D. MEDICATION MANAGEMENT

1. Does the individual take any PRESCRIBED medications?

- No-Skip to 9.D.5
- Yes

2. Does the individual have a central venous line?

- No
- Yes-Document Type & Details in Notes

3. List all PRESCRIBED medications taken by the individual

Name and Dose: Record the name of the medication and dose ordered.

Unit type: gts (Drops) mEq (Milli-equivalent) Puffs
 gm (Gram) mg (Milligram) % (Percentage)
 L (Liters) ml (Milliliter) Units
 mcg (Microgram) oz (Ounce) OTH (Other)

Form: Code the route of administration using the following list:

- 1 = by mouth (PO)
- 2 = sub lingual (SL)
- 3 = intramuscular (IM)
- 4 = intravenous (IV)
- 5 = subcutaneous (SQ)
- 6 = rectal (R)
- 7 = topical
- 8 = inhalation
- 9 = enteral tube
- 10 = other
- 11 = eye drop
- 12 = transdermal

Frequency: Code the number of times per period the med is administered using the following list:

- PR = (PRN) as necessary
- 1H = (QH) every hour
- 2H = (Q2H) every 2 hours
- 3H = (Q3H) every 3 hours
- 4H = (Q4H) every 4 hours
- 6H = (Q6H) every 6 hours
- 8H = (Q8H) every eight hours
- 1D = (QD or HS) once daily
- 2D = (BID) two times daily
- (includes every 12 hours)*
- 3D = (TID) 3 times daily
- 4D = (QID) four times daily
- 5D = 5 times daily
- OO = every other day
- 1W = (Q week) once each week
- 2W = 2 times every week
- 3W = 3 times every week
- 4W = 4 times each week
- 5W = 5 times each week
- 6W = 6 times each week
- 1M = (Q month) once/mo.
- 2M = twice every month
- C = Continuous
- O = Other

| Name | Dose | Form | Freq. | PRN | #Taken | Drug Code | Comments |
|--------------|-----------------|------|-------|-----|--------|-----------|----------------------|
| Synthroid | 25 Microgram | 1 | 1D | No | 1 | | Hypothyroidism |
| Timolol | 0.5 Drops (gtt) | 1 | 1D | No | 1 | | Glaucoma OU |
| Atorvastatin | 10 Milligram | 1 | 1D | No | 1 | | for High Cholesterol |
| Latanoprost | 0.005 Drops | 1 | 1D | No | 1 | | Glaucoma OU |
| Lisinopril | 25 Milligram | 1 | 1D | No | 1 | | Htn |

4. Does the individual take all medications as prescribed?

- No-Document Details in Notes
- Yes

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5. List all OVER THE COUNTER (OTC) medications taken by the individual

Name and Dose: Record the name of the medication and dose ordered.

| | | | |
|-------------------|-----------------|------------------------|----------------|
| Unit type: | gtts (Drops) | mEq (Milli-equivalent) | Puffs |
| | gm (Gram) | mg (Milligram) | % (Percentage) |
| | L (Liters) | ml (Milliliter) | Units |
| | mcg (Microgram) | oz (Ounce) | OTH (Other) |

Form: Code the route of administration using the following list:
 1 = by mouth (PO) 7 = topical
 2 = sub lingual (SL) 8 = inhalation
 3 = intramuscular (IM) 9 = enteral tube
 4 = intravenous (IV) 10 = other
 5 = subcutaneous (SQ) 11 = eye drop
 6 = rectal (R) 12 = transdermal

Frequency: Code the number of times per period the med is administered using the following list:
 PR = (PRN) as necessary OO = every other day
 1H = (QH) every hour 1W = (Q week) once each week
 2H = (Q2H) every 2 hours 2W = 2 times every week
 3H = (Q3H) every 3 hours 3W = 3 times every week
 4H = (Q4H) every 4 hours 4W = 4 times each week
 6H = (Q6H) every 6 hours 5W = 5 times each week
 8H = (Q8H) every eight hours 6W = 6 times each week
 1D = (QD or HS) once daily 1M = (Q month) once/mo.
 2D = (BID) two times daily 2M = twice every month
 (includes every 12 hours) C = Continuous
 3D = (TID) 3 times daily O = Other
 4D = (QID) four times daily
 5D = 5 times daily

| Name | Dose | Form | Freq. | PRN | #Taken | Drug Code | Comments |
|------|------|------|-------|-----|--------|-----------|----------|
|------|------|------|-------|-----|--------|-----------|----------|

6. Does the individual have any allergies or adverse reactions to any medication?

- No
 Yes-Document Details in Notes

7. What is the individual's ability level to manage medication?

- 1 - Independent-Skip to 9.E
 2 - Limited Assistance
 3 - Total Assistance

8. If limited assistance, indicate all types needed for medication management:

- Assistance with Self-Injections /Independent with Oral Medications
 Coaxing
 Medication Dispenser
 Set-up /Prepackaged
 Verbal Reminders
 Other-Document Details in Notes

9. Who assists the individual with medication administration?

- Formal Support-Document Details in Notes
 Informal Support-Document Details in Notes
 Other-Document Details in Notes

9.E. HEIGHT /WEIGHT

1. What is the individual's height?

5 foot 4 inches

2. What is the individual's weight?

122

3. What is the individual's weight type?

- Normal height /weight appropriate
 Morbidly obese
 Obese
 Overweight

Underweight

9.F. PAIN

1. Does the individual report PAIN?

- No-Skip to 10.A.1
 Yes
 Unable to Determine-Skip to 10.A.1

Notes: Severe Kyphosis-

2. Location(s) of PAIN site(s)

- Back
 Bone
 Chest
 Head
 Hip
 Incision site
 Knee
 Soft tissue (muscle)
 Stomach
 Other Joint-Document Details in Notes
 Other-Document Details in Notes

Notes: Severe Kyphosis-walks hunched over at almost 90 degree angle, so passerby see only the top of her head. When sitting can make eye contact. History of B/I hip replacements left 1994 right 1998 & 2002

3. Indicate the level of PAIN the individual reports using a scale from 0-10 (0=no pain, 10=severe pain)

- 0=No pain
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10=Severe pain

4. Indicate the frequency the individual reports the PAIN.

- Less than Daily
 Daily-One Episode
 Daily-Multiple Episodes
 Continuous
 Other-Document Details in Notes

5. Select all the current treatments for PAIN diagnoses:

- None
 Acupuncture
 Chiropractic Care /Services
 Exercises
 Heat /Cold Applications
 Massage
 Medications-List in 9.D
 Pain Management Center
 Physical Therapy
 Other-Document Details in Notes

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6. Does PAIN affect the individual's ability to function?

- No
 Yes-Document Details in Notes

Notes: Requires assistance with bathing, meal prep, ADL's. Unable to do things that she would like to be able to do such as shopping, cleaning, laundry, etc.

10. ACTIVITIES OF DAILY LIVING (ADLs)

10.A. ADLs

1a. BATHING Ability to prepare a bath and wash oneself, includes turning on the water, regulating temperature, etc.

- 1 - Independent
 2 - Limited Assistance
 3 - Total Assistance

Notes: Hands on assist w/ shower d/t fall risk.

1b. If Limited Assistance, indicate ALL types needed for BATHING

- Assistance with the use of equipment or assistive devices
 Encouragement, cueing, or coaxing
 Guided maneuvering of limbs
 Set-up
 Supervision
 Other-Document Details in Notes

2a. DRESSING Ability to remove clothes from a closet/drawer; application of clothing, including shoes/socks (regular/TEDS); orthotics; prostheses; removal/storage of items; managing fasteners; and to use any needed assistive devices.

- 1 - Independent
 2 - Limited Assistance
 3 - Total Assistance

Notes: Needs assistance with putting on shoes, uses assistive devices provided by PT/OT. Consumer has bladder urgency.

2b. If Limited Assistance, indicate ALL types needed for DRESSING

- Assistance with the use of equipment or assistive device
 Encouragement, cueing, or coaxing
 Guided maneuvering of limbs
 Set-up
 Supervision
 Other-Document Details in Notes

Notes: Unable to put on footwear requires assistance of hands on help.

3a. GROOMING /PERSONAL HYGIENE Ability to comb/brush hair; brush teeth; care for/inset dentures; shave; apply make-up (if worn); apply deodorant, etc.

- 1 - Independent
 2 - Limited Assistance
 3 - Total Assistance

3b. If Limited Assistance, indicate ALL types needed for GROOMING /PERSONAL HYGIENE

- Assistance with the use of equipment or assistive devices
 Encouragement, cueing, or coaxing
 Guided maneuvering of limbs
 Set-up
 Supervision
 Other-Document Details in Notes

4a. EATING Ability to eat, drink, cut, chew, swallow food, and to use any needed assistive devices

- 1 - Independent
 2 - Limited Assistance
 3 - Total Assistance
 4 - Does not eat-Skip to 10.A.4c

4b. If Limited Assistance, indicate ALL types needed for EATING

- Assistance with the use of equipment or assistive devices
 Encouragement, cueing or coaxing
 Guided maneuvering of limbs
 Set-up
 Supervision
 Other-Document Details in Notes

4c. If response to 9.A.4a is "4-Does not eat", indicate type of nutritional intake. Check ALL that apply:

- IV Fluids
 NPO (nothing by mouth)
 Parenteral Nutrition
 Tube Feeding
 Other-Document Details in Notes

5a. TRANSFER Ability to move between surfaces, including to/from bed, chair, wheelchair, or to a standing position; onto or off a commode; and to manage/use any needed assistive devices.

- 1 - Independent
 2 - Limited Assistance
 3 - Total Assistance

Notes: Slowly transfers with difficulty, uses walker, moves very slowly hunched over.

5b. If Limited Assistance, indicate ALL types needed for TRANSFER

- Assistance with the use of equipment or assistive devices
 Encouragement, cueing, or coaxing
 Guided maneuvering of limbs
 Set-up
 Supervision
 Other-Document Details in Notes

6a. TOILETING Ability to manage bowel and bladder elimination

- 1 - Independent
 2 - Limited Assistance
 3 - Total Assistance
 4 - Self management of indwelling catheter or ostomy

Notes: Uses raised toilet seat

6b. If Limited Assistance, indicate ALL types needed for TOILETING

- Assistance with incontinence products
 Assistance with the use of equipment or assistive devices
 Clothing maneuvers/adjustment
 Encouragement, cueing, or coaxing
 Guided maneuvering of limbs
 Personal hygiene post toileting
 Setup
 Supervision
 Other-Document Details in Notes

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6c. BLADDER CONTINENCE Indicate the description that best describes the individual's **BLADDER function**

- 1 - Continent - Complete control, no type of catheter or urinary collection device
- 2 - Usually Continent - Incontinence episodes once a week or less
- 3 - Incontinent - Inadequate control, multiple daily episodes
- 4 - Continent - with indwelling catheter

Notes: Bladder urgency r/t ambulatory dysfunction and time it takes to get to the bathroom.

6d. BOWEL CONTINENCE Indicate the description that best describes the individual's **BOWEL function**

- 1 - Continent - Complete control, no ostomy device
- 2 - Usually Continent - Incontinence episodes once a week or less
- 3 - Incontinent - Inadequate control, multiple daily episodes
- 4 - Continent - with ostomy

7a. WALKING Ability to safely walk to/from one area to another; manage/use any needed ambulation devices

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

Notes: Consumer must use walker at all times to assist in ambulation, both indoors and outdoors. Has a w/c for distance. Unable to climb stairs.

7b. If Limited Assistance, indicate ALL types needed for WALKING

- Assistance with the use of equipment or assistive devices
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs
- Set-up
- Supervision
- Other-Document Details in Notes

Notes: Heather must use walker at all times to assist with ambulation, Uses wheelchair for distances, Unable to self propel. Unable to do stairs

11. MOBILITY

11.A. INDIVIDUAL'S MOBILITY

1. BEDBOUND Is the individual bedbound? Indicate in notes any comments or relevant information

- No
- Yes-Skip to 12.A
- Unable to Determine

Notes: very weak

2a. INDOOR MOBILITY Ability of movement within **INTERIOR environment**

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

Notes: Consumer must use walker at all times to assist in ambulation, both indoors and outdoors. Has a w/c for distance. Unable to climb stairs.

2b. If Limited Assistance, indicate ALL types needed for INDOOR MOBILITY

- Assistance with the use of equipment or assistive devices
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs

- Set-up
- Supervision
- Other-Document Details in Notes

Notes: Consumer must use walker at all times to assist in ambulation, both indoors and outdoors. Has a w/c for distance. Unable to climb stairs.

3a. OUTDOOR MOBILITY Ability of movement **OUTSIDE living arrangement**

- 1 - Independent
- 2 - Limited Assistance
- 3 - Extensive/Total Assistance

Notes: Consumer must use walker at all times to assist in ambulation, both indoors and outdoors. Has a w/c for distance. Unable to climb stairs.

3b. If Limited Assistance, indicate ALL types needed for OUTDOOR MOBILITY

- Assistance with the use of equipment or assistive devices
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs
- Set-up
- Supervision
- Other-Document Details in Notes

4a. STAIR MOBILITY Movement safely up and down **STEPS**

- 1 - Independent
- 2 - Limited Assistance
- 3 - Extensive/Total Assistance

Notes: Unable to navigate steps due to her ambulatory dysfunction related to her weakness and kyphosis.

Consumer must use walker at all times to assist in ambulation, both indoors and outdoors. Has a w/c for distance. Unable to climb stairs.

4b. If Limited Assistance, indicate ALL types needed for STAIR MOBILITY

- Assistance with the use of equipment or assistive devices
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs
- Set-up
- Supervision
- Other-Document Details in Notes

5. What is the individual's weight bearing status?

- Full weight bearing
- Non-weight bearing
- Partial weight bearing
- Toe touch weight bearing
- Unable to Determine

6. Select all that affect the individual's mobility.

- None
- Ambulation Dysfunction
- Aphasia
- Fatigues Easily
- Muscle Stiffness
- Pain
- Poor Balance
- Rigidity
- Shuffling Gait
- Spasms
- Tremors /Twitches
- Other-Document Details in Notes

11.B. FALLS

Level of Care Determination Tool

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05/14/2014

1. Is the individual at risk of falling?

- No
 Yes
 Unable to Determine

2. Select the number of times the individual has fallen in the last 6 months.

- None
 1
 2
 3 or More

Notes: Lost balance on 1/1 and slid gently to the floor no injuries.
Unable to get up off floor.

3. Reasons for falls-Document Details in Notes

- Accidental
 Environmental
 Medical
 Other-Document Details in Notes

Notes: Ambulatory dysfunction & weakness

12. INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)

12.A. IADLs

1. MEAL PREPARATION Ability to plan/prepare meals, use of kitchen appliances, heat meals. List any needed adaptive equipment/assistive devices in Notes.

- 1 - Independent
 2 - Limited Assistance
 3 - Total Assistance

Notes: Can fix simple meals and snacks, has great difficulty cooking because she cannot stand for any amount of time.

2. HOUSEWORK Ability to maintain living space, includes tasks such as dishwashing, making the bed, dusting, running the vacuum or sweeping an area. List any needed adaptive equipment/assistive devices in Notes.

- 1 - Independent
 2 - Limited Assistance
 3 - Extensive/Total Assistance

3. LAUNDRY Ability to gather clothes, place clothes in washing machine, turn on appliance, remove clothes and place in dryer, or hand wash items and hang to dry. List any needed adaptive equipment/assistive devices in Notes.

- 1 - Independent
 2 - Limited Assistance
 3 - Total Assistance

Notes: Laundry is downstairs and consumer is unable to do stairs.
Family does laundry.

4. SHOPPING Ability to go to the store and purchase needed items, includes groceries and other items. List any needed adaptive equipment/assistive devices in Notes.

- 1 - Independent
 2 - Limited Assistance
 3 - Total Assistance

5. TRANSPORTATION Ability to travel on public transportation or drive a car. List any needed adaptive equipment/assistive devices in Notes.

- 1 - Independent
 2 - Limited Assistance

- 3 - Total Assistance

6. MONEY MANAGEMENT Ability to manage financial matters, writing checks, paying bills, going to the bank. List any needed adaptive equipment/assistive devices in Notes.

- 1 - Independent
 2 - Limited Assistance
 3 - Total Assistance

7. TELEPHONE Ability to obtain phone numbers, dial the telephone and communicate with person on the other end. List any needed adaptive equipment/assistive devices in Notes.

- 1 - Independent
 2 - Limited Assistance
 3 - Total Assistance

8. HOME MANAGEMENT Ability to perform heavier household tasks such as taking out the trash, completing minor repairs around the living space, yard work and/or snow removal. List any needed adaptive equipment/assistive devices in Notes.

- 1 - Independent
 2 - Limited Assistance
 3 - Total Assistance

13. LEVEL OF CARE DETERMINATION (LCD) ASSESSMENT DATA

13.A. ASSESSMENT OUTCOME

1. What Level of Care did the physician recommend?

- NFCE-Nursing Facility Clinically Eligible
 NFI-Nursing Facility Ineligible
 Evaluation not required

2. What is the date the AAA received the individual's MA-51 or Rx Script, signed by a physician?

5/14/2014

3. What is the Level of Care determination for this individual?

- NFCE-Nursing Facility Clinically Eligible
 NFI-Nursing Facility Ineligible

4. Summarize how the functional limitations of the individual's medical conditions support the Level of Care determination. Document a summary of diagnoses & treatments and how the limitations impede the individual's ability to manage own care needs.

5. Document the reason(s) why assessor disagrees with indicator:

13.B. INDIVIDUAL'S PLACE OF SERVICE PREFERENCE

LCD DRAFT 4-30-14
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Level of Care Determination Tool

High, Heather H (1325725960)
05/14/2014

1. Does the individual want to be served in the community?

- No
 Yes

2. Having been determined NFI, what is the individual's PREFERRED RESIDENTIAL setting?

- Home
 DC-NFI (Domiciliary Care)
 PCH-NFI (Personal Care Home)
 Other-Document Details in Notes

3. Having been determined NFI, what is the individual's PREFERRED COMMUNITY Service Program?

- ACT 150
 CSP-NFI (Caregiver Support Program)
 OPTIONS-NFI
 Other-Document Details in Notes

13.C. LEVEL OF CARE AUTHENTICATION

1. Name of the assessor completing this assessment

Mary Gramm

2. Date of assessor's signature

5/14/2014

3. Name of Registered Nurse reviewing the assessment for Clinical Eligibility

Rachel Ruggs

4. Date of Registered Nurse review

5/14/2014

5. Name of assessment Supervisor who reviewed and approved the Level of Care

Stewart Simpson

6. Date assessment Supervisor approved the assessment

5/14/2014

7. Date the Level of Care is being issued

5/14/2014

Assessment Narrative

Level of Care Determination Tool

Edward Ellis

| | |
|---|--|
| What is the Level of Care Determination? | |
| Documentation: | |

Level of Care Determination Tool

LCD DRAFT 4-30-14

Ellis, Edward E (1324473238)
05/15/2014

1. INTRODUCTION

1.A. INDIVIDUAL'S IDENTIFICATION

1. Date when AAA received the referral for the Level of Care Assessment

5/1/2014

2. Individual's Last Name

Ellis

3. Individual's First Name

Edward

4. Individual's Middle Initial

E

5. Individual's Name Suffix (If applicable)

6. Individual's Nickname /Alias

7. Individual's Date of Birth (DOB)

7/20/1951

8. Individual's Gender

Male
 Female

9. Individual's Ethnicity (Check only one)

Hispanic or Latino
 Not Hispanic or Latino
 Unknown

10. Individual's Race

American Indian /Native Alaskan
 Asian
 Black /African American
 Native Hawaiian /Other Pacific Islander
 Non-Minority (White, non-Hispanic)
 White-Hispanic
 Unknown /Unavailable
 Other-Document Details in Notes

11. Individual's Social Security Number (SSN)

555-66-7777

12a. Does the individual have a Medicaid number?

No
 Yes
 Pending

12b. Indicate Medicaid recipient number

13a. Does the individual have Medicare?

No
 Yes

13b. Indicate Medicare recipient number

204456767A

14a. Does the individual have any other insurance?

No
 Yes

Don't know

14b. Indicate other insurance information

Bankers Life -Part B

1.B. ASSESSMENT INFORMATION

1. PSA number conducting assessment

- 01
- 02
- 03
- 04
- 05
- 06
- 07
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- 48
- 49
- 50
- 51
- 52

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2. Indicate type of assessment

- Aging Waiver Annual
- Change in Condition
- DC-Domiciliary Care Annual
- Initial
- OBRA
- PCH-Personal Care Home Annual
- Other-Document Details in Notes

3. Where was the individual interviewed?

- AAA-Area Agency on Aging
- AL-Assisted Living
- Chart Review
- Deceased Individual
- DC-Domiciliary Care
- Home
- Home of Relative /Caregiver
- Hospital
- Mental Health Facility
- Nursing Home
- PCH-Personal Care Home
- Specialized /Rehab Facility
- Other-Document Details in Notes

4. Date of the visit / chart review

5/2/2014

5. Did the individual participate in the assessment?

- No-Document Details in Notes
- Yes

Notes: Peggy-wife

6. If anyone else participated during the time of the determination, please document the Relationship. (Document Name in Notes)

- 1 - Spouse /Domestic Partner
- 2 - Family-Other than Spouse
- 3 - Legal Guardian
- 4 - Durable Power of Attorney
- 5 - Friend
- 6 - Other-Document Name and Relationship in Notes

7. Identify who referred the individual

- AAA-Conducting Assessment
- AAA-Other
- Family
- Hospital
- IEB-Independent Enrollment Broker
- Nursing or Rehab Facility
- PCH-Personal Care Home
- Physician
- Self
- Social Services Agency
- Supports Coordination Agency
- Unavailable
- Other-Document Details in Notes

Notes: Home Health Agency

1.C. INDIVIDUAL'S DEMOGRAPHICS

1. Type of PERMANENT residence in which the individual resides

- AL-Assisted Living

- Apartment
- DC-Domiciliary Care
- Group Home
- Homeless
- Nursing Home
- Own Home
- PCH-Personal Care Home
- Relative's Home
- Specialized Rehab /Rehab Facility
- State Institution
- Unknown
- Other-Document Details in Notes

2. What is the individual's PERMANENT living arrangement? (Include in the "Lives Alone" category individuals who live in an Assisted Living, Dom Care, or PCH, pay rent and have NO ROOMMATE.)

- Lives Alone
- Lives with Spouse Only
- Lives with Child(ren) but not Spouse
- Lives with other Family Member(s)
- Unknown
- Other-Document Details in Notes

3. Individual's marital status

- Single
- Married
- Divorced
- Legally Separated
- Widowed
- Other-Document Details in Notes

4a. Is the individual a Veteran?

- No
- Yes-Skip to 1.C.5a
- Unable to Determine

4b. Is the individual the spouse or child of a Veteran?

- No
- Yes
- Unable to Determine

5a. Does the individual require communication assistance?

- No-Skip to 1.C.6a
- Yes-Complete 1.C.5b
- Unable to Determine

5b. What type of communication assistance is required? Document Details in Notes

- Assistive Technology
- Interpreter
- Large Print
- Picture Book
- Unable to Communicate
- Unknown
- Other-Document Details in Notes

6a. Does the individual use sign language as their PRIMARY language?

- No-Skip to 1.C.7
- Yes-Complete 1.C.6b

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6b. What type of sign language is used?

- American Sign Language
- International Sign Language
- Makaton
- Manually Coded Language-English
- Manually Coded Language-Non-English
- Tactile Signing
- Other-Document Details in Notes

7. What is the individual's PRIMARY language?

- English
- Russian
- Spanish
- Other-Document Details in Notes

1.D. INDIVIDUAL'S PERMANENT RESIDENTIAL ADDRESS INFORMATION - MUNICIPALITY IS REQUIRED

1. Is the individual's postal / mailing address exactly the same as the residential address?

- No-Complete Section 1.E (Postal /Mailing address)
- Yes

2a. Residential County

- Adams
- Allegheny
- Armstrong
- Beaver
- Bedford
- Berks
- Blair
- Bradford
- Bucks
- Butler
- Cambria
- Cameron
- Carbon
- Centre
- Chester
- Clarion
- Clearfield
- Clinton
- Columbia
- Crawford
- Cumberland
- Dauphin
- Delaware
- Elk
- Erie
- Fayette
- Forest
- Franklin
- Fulton
- Greene
- Huntingdon
- Indiana
- Jefferson
- Juniata
- Lackawanna
- Lancaster
- Lawrence
- Lebanon
- Lehigh
- Luzerne

- Lycoming
- McKean
- Mercer
- Mifflin
- Monroe
- Montgomery
- Montour
- Northampton
- Northumberland
- Perry
- Philadelphia
- Pike
- Potter
- Schuylkill
- Snyder
- Somerset
- Sullivan
- Susquehanna
- Tioga
- Union
- Venango
- Warren
- Washington
- Wayne
- Westmoreland
- Wyoming
- York
- Out of State

2b. Residential Street Address

242 Trout Run Rd

2c. Residential Address Second Line (Apt or Room #, Building or Complex Name, etc.)

2d. Residential Municipality - REQUIRED (usually a Township or Boro where individual votes, pays taxes)

Bristol township

2e. Residential City /Town

Croydon

2f. Residential State

PA

2g. Residential Zip Code

19021

3. Directions to the individual's home

see map

4. Does individual reside in a rural area?

- No
- Yes

5a. Primary Phone Number

218-226-9999

5b. Mobile Phone Number

5c. Other Phone Number (Enter number where individual can be reached.)

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5d. E-mail Address

-

6. What was the outcome when the individual was offered a voter registration form? REQUIRED

- AAA will submit completed voter registration
 Individual declined application
 Individual declined-already registered
 Individual will submit completed voter registration
 Does not meet voter requirements (i.e. citizenship, etc.)
 No Response

1.E. INDIVIDUAL'S POSTAL / MAILING ADDRESS INFORMATION

1a. Postal Street Address

242 Trout Run Rd

1b. Postal Address Line 2 (optional)

1c. Postal City /Town

Croydon

1d. Postal State

PA

1e. Postal Zip Code

19021

1.F. EMERGENCY CONTACT

1. Name of Emergency Contact

Maragaret "Peggy" Ellis

2. Relationship of Emergency Contact

wife

3. Telephone Number of Emergency Contact

215-499-5555

4. Work Telephone Number of Emergency Contact

215-255-3333

2. USE OF MEDICAL SERVICES

2.A. HOSPITAL, NURSING FACILITY, ER, INPATIENT PSYCHIATRIC VISITS /STAYS

1. What is the individual's current level of consciousness?

- Comatose-Skip to 13.A
 Conscious-Complete Assessment
 Deceased-Skip to 13.A
 Persistent Vegetative State-Skip to 13.A

2. Has the individual stayed in the HOSPITAL in the LAST 12 MONTHS?

- No-Skip to 2.A.4
 Yes-Complete 2.A.3
 Unable to Determine-Document Details in Notes

3. The approximate number of times the individual has stayed overnight in the HOSPITAL in the LAST 12 MONTHS. Document Details in Notes.

2

Notes: Hospitalized Lower Bucks(LBH) in November 3-10, 2013 due to chronic diarrhea and high ammonia levels. On December 6,2013 was walking to his car when he experienced acute rt knee pain, was found to have a spiral fx of right femur. Had 5 surgeries on his knee with subsequent infections. Transferred to Einstein Medical Center on January 13 then ws discharged to Statesman NH for 45 days of rehab.

4. The approximate number of times the individual has visited the ER in the LAST 12 MONTHS and was NOT admitted.

2

5. The approximate number of times the individual was admitted to a NURSING FACILITY in the LAST 12 MONTHS. Document Details in Notes.

1

6. The approximate number of times the individual was an Inpatient in a PSYCHIATRIC Facility in the LAST 24 MONTHS. Document Details in Notes.

0

2.B. PRIMARY PHYSICIAN INFORMATION

1. Does the individual have a PRIMARY Care Physician?

- No
 Yes

2. PRIMARY Physician's Name

Dr. Zafar Khan

3. PRIMARY Physician's Street Address

1609 Woodbourne Rd

4. PRIMARY Physician's City or Town

Levittown

5. PRIMARY Physician's State

PA

6. PRIMARY Physician's Zip Code

19057

7. PRIMARY Physician's Business Phone Number (Requires 10 digits to transfer to SAMS, optional 1-5 digit extension.)

215-999-8999

8. PRIMARY Physician's FAX Number

9. PRIMARY Physician's E-MAIL ADDRESS

10. Additional Physicians

3. SAINT LOUIS UNIVERSITY MENTAL STATUS (SLUMS)

3.A. SLUMS PREPARATION

1. Determine if the individual is alert. Alert indicates that the individual is fully awake and able to focus.

- Alert
 Confused
 Distractible
 Drowsy
 Inattentive
 Preoccupied

2. Do you have trouble with your memory?

- No-Skip to 4.A.1
 Yes

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3. May I ask you some questions about your memory?

- No
 Yes
 Other-Document Details in Notes

4. Is the individual able to complete the SLUMS Exam?

- No-Document Details in Notes
 Yes

3.B. SLUMS QUESTIONNAIRE

1. What DAY of the week is it?

- 1 - Correct answer
 2 - Incorrect or not answered

2. What is the YEAR?

- 1 - Correct answer
 2 - Incorrect answer

3. What is the name of the STATE we are in?

- 1 - Correct answer
 2 - Incorrect answer

4. Please remember these five objects. I will ask you what they are later. Apple, Pen, Tie, House, Car apple,pen,tie,house, car

5a. You have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20. How much did you spend?

- 1 - Correct
 2 - Incorrect
 3 - Unanswered

5b. How much do you have left?

- 1 - Correct
 2 - Incorrect
 3 - Unanswered

6. Please name as many animals as you can in one minute.

- 0-4
 5-9
 10-14
 15+
 Unanswered

7. What were the five objects I asked you to remember? One point for each correct response.

- Apple
 Pen
 Tie
 House
 Car
 Unanswered /None Correct

8. I am going to give you a series of numbers and I would like you to give them to me backwards. For example, if I say four-two, you would say two-four.

- 8-7
 6-4-9
 8-5-3-7
 Unanswered /None correct

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.

- Hour markers correct
 Time correct
 Unanswered /None Correct

10a. Place an X in the triangle

- 1 - Correct
 2 - Incorrect

10b. Which of the figures is the largest?

- 1 - Correct
 2 - Incorrect

11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.

- What was the female's name? (Jill)
 What state did she live in? (Illinois)
 What work did she do? (Stockbroker)
 When did she go back to work? (Kids were teenagers)
 Unanswered /None Correct

3.C. SLUMS RESULTS

1. SLUMS Total Score - This will be an INDICATOR 30

2. Record the highest grade (1-12) the individual completed in school. 12

3. Identify the highest educational degree that the individual obtained.

- High School Graduate /or GED
 Associate's Degree
 Bachelor's Degree
 Graduate's Degree
 Doctoral Degree
 Other-Document Details in Notes

4. Assessor's conclusion after completion of the Individual's SLUMS Exam:

- Normal
 MNCD-Mild Neurocognitive Disorder
 Mild Dementia
 Moderate Dementia
 Severe Dementia

4. DIAGNOSES

4.A. RESPIRATORY

1. Select all RESPIRATORY diagnoses

- None-Skip to 4.B.1
 Asthma
 COPD-Chronic Obstructive Pulmonary Disease
 Emphysema
 Pulmonary Edema
 Respiratory Failure
 Other-Document Details in Notes

Notes: Beta blocker

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2. Current treatments for RESPIRATORY diagnoses

- None
- Medications-List in 9.D
- Oxygen
- Respiratory Treatments (Nebulizers, Inhalants, etc.)
- Suctioning
- Tracheostomy /Trach Care
- Ventilator /Vent Care
- Other-Document Details in Notes

3. Does the RESPIRATORY diagnosis affect the individual's ability to function?

- No
- Yes-Document Details in Notes

4. Is the individual able to self-manage care of the RESPIRATORY condition(s)?

- No-Document Details in Notes
- Yes
- Unable to Determine-Document Details in Notes

4.B. HEART / CIRCULATORY SYSTEMS

1. Select all HEART /CIRCULATORY system diagnoses

- None-Skip to 4.C.1
- A-Fib and other Dysrhythmia, Bradycardia, Tachycardia
- Anemia
- Ascites
- CAD-Coronary Artery Disease: including Angina, Myocardial Infarction, ASHD
- DVT-Deep Vein Thrombosis
- Heart Failure: including CHF, Pulmonary Edema
- Hypertension
- PE-Pulmonary Embolus
- PVD /PAD (Peripheral Vascular or Artery Disease)
- Other-Document Details in Notes

Notes: encourage elevation

2. Current treatments for HEART /CIRCULATORY system diagnoses

- None
- Cardiac Rehabilitation
- Compression Device, TED Hose, Ace Bandage Wrap(s)
- Medications-List in 9.D
- Pacemaker
- Special Diet
- Other-Document Details in Notes

3. Does the HEART /CIRCULATORY diagnosis affect the individual's ability to function?

- No
- Yes-Document Details in Notes

Notes: swelling in LE affects his ambulation @ times, general weakness

4. Is the individual able to self-manage care of the HEART /CIRCULATORY system condition(s)?

- No-Document Details in Notes
- Yes
- Unable to Determine-Document Details in Notes

Notes: Edema RLE, encourage elevation

4.C. GASTROINTESTINAL

1. Select all GASTROINTESTINAL diagnoses

- None-Skip to 4.D.1
- Barrett's Esophagus
- Crohn's Disease
- Diverticulitis
- GERD
- Hernia
- IBS-Irritable Bowel Syndrome
- Laryngeal Reflux Disease
- Other-Document Details in Notes

2. Current treatments for GASTROINTESTINAL diagnoses

- None
- Aspiration Precautions
- Feeding Tube (Any)
- Medications-List in 9.D
- Ostomy (Any)
- Speech Therapy
- TPN-Total Parenteral Nutrition
- Other-Document Details in Notes

3. Does the GASTROINTESTINAL diagnosis affect the individual's ability to function?

- No
- Yes-Document Details in Notes

4. Is the individual able to self-manage care of GASTROINTESTINAL condition(s)?

- No-Document Details in Notes
- Yes
- Unable to Determine-Document Details in Notes

4.D. MUSCULOSKELETAL

1. Musculoskeletal diagnoses and/or signs and symptoms of Musculoskeletal diagnoses:

- None-Skip to 4.E.1
- Ambulatory Dysfunction
- Arthritis-Document Type of Arthritis in Notes
- Contracture(s)
- Frequent Fractures
- Joint Deformity
- Limited Range of Motion
- Osteoporosis
- Paralysis-Document Details in Notes
- Poor Balance
- Spasms
- Spinal Stenosis
- Weakness
- Other-Document Details in Notes

Notes: Hx of back fx in 2002, unable to take pain meds due to liver disease, ligaments R Knee repaired 1970, chronic back & leg pain. general weakness

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2. Current treatments for MUSCULOSKELETAL diagnoses

- None
- Assistive Devices-Document Details in Notes
- Brace(s)
- Cast
- Medications-List in 9.D
- Elevate Legs
- Physical /Occupational Therapy
- Prosthesis(es)
- Splint
- Traction
- Other-Document Details in Notes

3. Does the MUSCULOSKELETAL diagnosis affect the individual's ability to function?

- No
- Yes-Document Details in Notes

Notes: Hx of back fx in 2002, unable to take pain meds due to liver disease, ligaments R Knee repaired 1970, chronic back & leg pain. general weakness

4. Is the individual able to self-manage care of the MUSCULOSKELETAL condition(s)?

- No-Document Details in Notes
- Yes
- Unable to Determine-Document Details in Notes

Notes: General weakness

4.E. SKIN

1. Select all SKIN diagnoses:

- None-Skip to 4.F.1
- Dry Skin
- Incision (surgical)
- Psoriasis
- Rash
- Ulcer
- Wound
- Other-Document Details in Notes

Notes: History of decubitusulcer on buttock but is now healed.

2. Check ALL affected SKIN location(s):

- Abdomen
- Ankle(s)
- Arm(s)
- Back of Knee(s)
- Buttock(s)
- Chest
- Face
- Foot/Feet
- Hip(s)
- Leg(s)
- Lower Back
- Shoulder Blade(s)
- Spine
- Tailbone
- Other-Document Details in Notes

3. Identify the highest known ULCER STAGE.

- 0 - Unstageable
- 1 - Stage 1 - Redness
- 2 - Stage 2 - Partial Skin Loss
- 3 - Stage 3 - Full Thickness
- 4 - Stage 4 - Muscle and/or Bone Exposed

5 - Unknown

4. Current treatments for SKIN diagnoses

- None
- Debridement
- Medications-List in 9.D
- Pressure Relieving Devices
- Surgery
- Unna Boot(s)
- Wound Dressing
- Wound Therapy
- Wound VAC
- Other-Document Details in Notes

5. Does the SKIN diagnosis affect the individual's ability to function?

- No
- Yes-Document Details in Notes

6. Is the individual able to self-manage care of the SKIN condition(s)?

- No-Document Details in Notes
- Yes
- Unable to Determine-Document Detail in Notes

Notes: Hepatitis type C as a result of blood transfusion. Lactulose taken for cirrhosis causes diarrhea, fatigue

4.F. ENDOCRINE / METABOLIC SYSTEMS

1. Select all ENDOCRINE / METABOLIC diagnoses

- None-Skip to 4.G.1
- Ascites
- Cirrhosis
- Diabetes Mellitus (DM)-Insulin Dependent
- Diabetes Mellitus (DM)-Non-insulin Dependent
- Diabetic Neuropathy
- Hypoglycemia
- Thyroid Disorder
- Other-Document Details in Notes

2. Select all the current treatments for ENDOCRINE / METABOLIC diagnosis

- None
- Blood Transfusions
- Blood Sugar Monitoring
- Medications-List in 9.D
- Special Diet
- Other-Document Details in Notes

3. Does the ENDOCRINE / METABOLIC diagnosis affect the individual's ability to function?

- No
- Yes-Document Details in Notes

Notes: weakness & fatigue

4. Is the individual able to self-manage care of the ENDOCRINE / METABOLIC condition(s)?

- No-Document Details in Notes
- Yes
- Unable to Determine-Document Details in Notes

Notes: Type C from Transfusion

4.G. GENITOURINARY

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1. Select all GENITOURINARY diagnoses

- None-Skip to 4.H.1
- Ascites
- Benign Prostatic Hypertrophy (BPH)
- Bladder Disorders, including neurogenic or overactive bladder, urinary retention
- Frequent Urinary Tract Infections (UTI)
- Renal Insufficiency /Failure (ESRD)
- Other-Document Details in Notes

2. Current treatments for GENITOURINARY diagnoses

- None
- Catheter
- Dialysis
- Fluid Restrictions
- Medications-List in 9.D
- Ostomy
- Other-Document Details in Notes

3. Does the GENITOURINARY diagnosis affect the individual's ability to function?

- No
- Yes-Document Details in Notes

4. Is the individual able to self-manage care of the GENITOURINARY condition(s)?

- No-Document Details in Notes
- Yes
- Unable to Determine-Document Details in Notes

4.H. INFECTIONS /IMMUNE SYSTEM

1. Select all INFECTION/IMMUNE System diagnoses

- None-Skip to 4.I.1
- AIDS Asymptomatic
- AIDS Symptomatic
- Hepatitis
- HIV
- MRSA /VRE /C-Dif
- TB-Tuberculosis
- Other-Document Details in Notes

2. If HIV or AIDS is indicated in 4.H.1, has the individual ever had lab results of CD4 count under 400?

- No
- Yes
- Unknown

3. Current Treatments for INFECTION/IMMUNE system diagnoses

- None
- Intravenous Therapy
- Isolation
- Laboratory Result Monitoring
- Medications-List in 9.D
- Transfusion(s)
- Wound Therapy
- Other-Document Details in Notes

4. Does the INFECTIONS /IMMUNE SYSTEM diagnosis affect the individual's ability to function?

- No
- Yes-Document Details in Notes

Notes: weakness, fatigue

5. Is the individual able to self-manage care of the INFECTION /IMMUNE system conditions?

- No-Document Details in Notes
- Yes
- Unable to Determine-Document Details in Notes

4.I. CANCER

1. Does the individual have a current CANCER diagnosis?

- No-Skip to 5.A.1
- Yes

2. If Yes, identify the Cancer Stage:

- 0 - Unstageable
- 1 - Stage 1
- 2 - Stage 2
- 3 - Stage 3
- 4 - Stage 4
- 5 - Unknown

3. Select all current CANCER Diagnoses:

- Ascites
- Basal Cell
- Bile Duct
- Bladder
- Bone
- Brain
- Breast
- Cervical
- Colon
- Colorectal
- Endometrial
- Esophageal
- Gallbladder
- Gastric
- Hodgkin's Disease
- Kidney
- Leukemia
- Liver
- Lung
- Lymphatic
- Multiple Myeloma
- Non-Hodgkin's Lymphoma
- Oral
- Ovarian
- Pancreatic
- Prostate
- Sarcoma
- Skin
- Testicular
- Throat
- Thyroid
- Uterine
- Vaginal
- Other-Document Details in Notes

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4. Current treatments for CANCER diagnoses:

- None
- Aspiration Precautions
- Bone Marrow Transplant
- Chemo /Radiation Combination
- Chemotherapy
- Hospice Care
- Indwelling Catheter /Services
- Maintenance /Preventative Skin Care
- Medications-List in 9.D
- Occupational Therapy
- Ostomy /Related Services
- Oxygen
- Palliative Care
- Physical Therapy
- Radiation
- Respiratory Therapy
- Restorative Care
- Speech Therapy
- Suctioning
- Surgery
- Transfusion(s)
- Tube Feedings /TPN
- Other-Document Details in Notes

5. Does the CANCER diagnosis affect the individual's ability to function?

- No
- Yes-Document Details in Notes

6. Is the individual able to self-manage the CANCER conditions?

- No-Document Details in Notes
- Yes
- Unable to Determine

5. NEUROLOGICAL (MANDATORY completion of Section 8 if Neurological diagnosis)

5.A. NEUROLOGICAL

1. If there is a NEUROLOGICAL diagnosis, select all types & completion of Section 8 Behaviors is MANDATORY.

- None-Skip to 6.A.1
- ALS
- Alzheimer's Disease
- Autism
- Cerebral Palsy
- CVA /TIA /Stroke
- Dementia (Include all Non-Alzheimer's Dementia)
- Multiple Sclerosis
- Muscular Dystrophy
- Neuropathy
- Parkinson's Disease
- Seizure Disorder
- TBI-Traumatic Brain Injury
- Other-Document Details in Notes

2. Current treatments for NEUROLOGICAL diagnosis

- None
- Braces
- Cervical Collar
- Cognitive /Behavioral Therapy

- Electrical Stimulation Device
- Medications-List in 9.D
- Seizure Precautions
- Therapy-Document Details in Notes
- Traction
- Other-Document Details in Notes

3. Is the individual ABLE to communicate?

- No-Document Details in Notes
- Yes

4. What characteristics describe the individual's cognitive state?

- Appears to be cognitively intact
- Executive functioning impaired-Document Details in Notes
- Inability to adapt to changes in routine or location
- Inability to follow commands
- Non-communicative
- Poor long term memory
- Poor short term memory
- Slow response to questions
- Other-Document Details in Notes

5. Does the NEUROLOGICAL diagnosis affect the individual's ability to function?

- No
- Yes-Document Details in Notes

6. Is the individual able to self-manage care of the NEUROLOGICAL condition(s)?

- No-Document Details in Notes
- Yes
- Unable to Determine-Document Details in Notes

6. INTELLECTUAL DEVELOPMENTAL DISABILITY (IDD) (MANDATORY completion of Section 8 if IDD diagnosis)

6.A. INTELLECTUAL DEVELOPMENTAL DISABILITY (IDD)

1. Does the individual have a diagnosis of Intellectual Developmental Disability (IDD) from birth to 22nd birthday or known to the ID system?

- No-Skip to 7.A.1
- Yes-Section 8-Behaviors is MANDATORY

2. Is the individual able to self-manage care of the IDD condition?

- No-Document Details in Notes
- Yes
- Unable to Determine

3. Does the IDD diagnosis affect the individual's ability to function?

- No
- Yes-Document Details in Notes
- Unable to Determine

7. MENTAL HEALTH (MANDATORY completion of Section 8 if Psychiatric diagnosis)

7.A. PSYCHIATRIC

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1. If there is a PSYCHIATRIC diagnosis, select all types & completion of Section 8 Behaviors is mandatory.

- None-Skip to 8.A.1
- Anxiety Disorders
- Bipolar Disorders
- Depressive Disorders
- Disruptive Impulse Control /Conduct Disorders
- Eating Disorders
- Obsessive Compulsive Disorders
- Personality Disorders
- Schizophrenia /Other Psychotic Disorders
- Sleep /Wake Disorders
- Somatic Symptom /Related Disorders
- Trauma, Stress /Related Disorders
- Other-Document Details in Notes

2. Current treatments for PSYCHIATRIC diagnoses

- None
- ECT-Electroconvulsive Therapy
- Medications-List in 9.D
- Outpatient Psychiatric Care
- Other-Document Details in Notes

3. Does the PSYCHIATRIC diagnosis affect the individual's ability to function?

- No
- Yes-Document Details in Notes

4. Is the individual able to self-manage care of the PSYCHIATRIC conditions?

- No-Document Details in Notes
- Yes
- Unable to Determine-Document Details in Notes

8. BEHAVIORS - MANDATORY if Neurological, IDD or Psychiatric Diagnosis

8.A. BEHAVIORS

1. Does the individual present with any BEHAVIORAL signs /symptoms? This Section is REQUIRED if a Neurological, IDD or Psychiatric diagnosis was noted in Section 5, 6 or 7.

- No-Skip to 9.A.1
- Yes-Complete ALL of Section 8
- Unable to Determine-Complete ALL of Section 8

2a. Does the individual exhibit PHYSICAL behavioral symptoms toward OTHERS?

- No-Skip to 3a
- Yes-Complete 2b-c

2b. Specify ALL types of aggressive PHYSICAL behavior toward OTHERS (If not listed, document in Notes.)

- Biting
- Hair pulling
- Hitting
- Kicking
- Picking
- Scratching
- Sexual acting out /behavior
- Spitting
- Other-Document Details in Notes

2c. Does the aggressive PHYSICAL behavior toward OTHERS interfere with the individual's ability to function daily?

- No-Document Details in Notes (Why the behavior does NOT interfere.)
- Yes-Document Details in Notes (How the behavior interferes.)

3a. Does the individual exhibit aggressive PHYSICAL behavioral symptoms towards SELF?

- No-Skip to 4a
- Yes-Complete 3b-c

3b. Specify ALL types of aggressive PHYSICAL behavior towards SELF (If not listed, document in Notes.)

- Biting
- Hair pulling
- Hitting
- Kicking
- Picking
- Scratching
- Spitting
- Other-Document Details in Notes

3c. Does the aggressive PHYSICAL behavior toward SELF interfere with the individual's ability to function daily?

- No-Document Details in Notes (Why the behavior does NOT interfere.)
- Yes-Document Details in Notes (How the behavior interferes.)

4a. Does the individual exhibit aggressive VERBAL behavior symptoms toward OTHERS?

- No-Skip to 5a
- Yes-Complete 4b-c

4b. Specify ALL types of aggressive VERBAL behavior towards OTHERS (If not listed, document in Notes.)

- Cursing
- Screaming
- Threatening
- Other-Document Details in Notes

4c. Does the aggressive VERBAL behavior toward OTHERS interfere with the individual's ability to function daily?

- No-Document Details in Notes (Why the behavior does NOT interfere.)
- Yes-Document Details in Notes (How the behavior interferes.)

5a. Does the individual exhibit any GENERAL aggressive VERBAL behavior symptoms not specifically directed toward self or others?

- No-Skip to 6a
- Yes-Complete 5b-c

5b. Select ALL GENERAL aggressive VERBAL behaviors (If not listed, document in Notes.)

- Disruptive sounds
- Yelling out
- Other-Document Details in Notes

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5c. Does the GENERAL aggressive VERBAL behavior interfere with the individual's ability to function daily?

- No-Document Details in Notes (Why the behavior does NOT interfere.)
 Yes-Document Details in Notes (How the behavior interferes.)

6a. Does the individual exhibit any OTHER behavioral symptoms?

- Yes-Complete 6b-c
 No-Skip to Section 9

6b. Specify ALL OTHER types of behaviors reported (If not listed, document in Notes.)

- Fecal Smearing
 Hoarding
 Pacing
 Public Disrobing
 Rummaging
 Sundowner's Syndrome
 Other-Document Details in Notes

6c. Do the OTHER types of behaviors interfere with the individual's ability to function daily?

- No-Document Details in Notes (Why the behavior does NOT interfere.)
 Yes-Document Details in Notes (How the behavior interferes.)

9. OTHER MEDICAL INFORMATION

9.A. INFORMATION

1. Has the individual exhibited ELOPEMENT behavior in the past 6 months? If so, indicate the FREQUENCY.

- Never
 Daily
 Less than once a month
 Several times a week
 Several times a month
 Once a month
 Other-Document Details in Notes

2. Does the individual require supervision?

- No-Skip to 9.A.4
 Yes-Complete 9.A.2a

2a. How long can the individual be routinely left alone?

- Indefinitely
 Entire day and overnight
 Eight (8) hours or more - day or night
 Eight (8) hours or more - daytime only
 Four (4) hours or more - day or night
 Four (4) hours or more - daytime only
 Less than four (4) hours
 Cannot be left alone

Notes: weakness, fatigue

3. Why does the individual require supervision?

- Cognitive diagnosis
 General physical condition
 Environmental issue
 Other-Document Details in Notes

Notes: weakness, fatigue

4. Can the individual evacuate their home in the event of a fire?

- No-Document Details in Notes
 Yes

9.B. FRAILTY SCORE

1. Are you tired?

- No
 Yes

2. Can you walk up a flight of stairs?

- No
 Yes

3. Can you walk a city block (250-350 feet)?

- No
 Yes

4. Do you have more than 5 illnesses?

- No
 Yes

5. Have you lost more than 5% of your weight in the last year?

- No
 Yes

9.C. DEPRESSION / LIFE SATISFACTION

1. Are you basically satisfied with your life?

- No
 Yes

2. Do you often get bored?

- No
 Yes

3. Do you often feel hopeless?

- No
 Yes

4. Do you prefer to stay at home, rather than going out and doing new things?

- No
 Yes

5. Do you ever have feelings of worthlessness?

- No
 Yes

9.D. MEDICATION MANAGEMENT

1. Does the individual take any PRESCRIBED medications?

- No-Skip to 9.D.5
 Yes

2. Does the individual have a central venous line?

- No
 Yes-Document Type & Details in Notes

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3. List all PRESCRIBED medications taken by the individual

Name and Dose: Record the name of the medication and dose ordered.

Unit type: gtt(s) (Drops) mEq (Milli-equivalent) Puffs
 gm (Gram) mg (Milligram) %(Percentage)
 L (Liters) ml (Milliliter) Units
 mcg (Microgram) oz (Ounce) OTH (Other)

Form: Code the route of administration using the following list:
 1 = by mouth (PO) 7 = topical
 2 = sub lingual (SL) 8 = inhalation
 3 = intramuscular (IM) 9 = enteral tube
 4 = intravenous (IV) 10 = other
 5 = subcutaneous (SQ) 11 = eye drop
 6 = rectal (R) 12 = transdermal

Frequency: Code the number of times per period the med is administered using the following list:
 PR = (PRN) as necessary OO = every other day
 1H = (QH) every hour 1W = (Q week) once each week
 2H = (Q2H) every 2 hours 2W = 2 times every week
 3H = (Q3H) every 3 hours 3W = 3 times every week
 4H = (Q4H) every 4 hours 4W = 4 times each week
 6H = (Q6H) every 6 hours 5W = 5 times each week
 8H = (Q8H) every eight hours 6W = 6 times each week
 1D = (QD or HS) once daily 1M = (Q month) once/mo.
 2D = (BID) two times daily 2M = twice every month
 (includes every 12 hours) C = Continuous
 3D = (TID) 3 times daily O = Other
 4D = (QID) four times daily
 5D = 5 times daily

| Name | Dose | Form | Freq. | PRN | #Taken | Drug Code | Comments |
|-------------|-------------------|------|-------|-----|--------|-----------|----------|
| spironolact | 100 Milligram | 1 | 2D | No | 1 | | Diuretic |
| Nakdol | 20 rr 0 Milligram | (rr) | 1D | No | 1 | | Heart |
| Omeprazole | 20 Milligram | (1) | 1D | No | 1 | | Antacid |
| Lactulose | 30 Milliliter | (rr) | 2D | No | 1 | | Liver Dx |

4. Does the individual take all medications as prescribed?

- No-Document Details in Notes
 Yes

5. List all OVER THE COUNTER (OTC) medications taken by the individual

Name and Dose: Record the name of the medication and dose ordered.

Unit type: gtt(s) (Drops) mEq (Milli-equivalent) Puffs
 gm (Gram) mg (Milligram) %(Percentage)
 L (Liters) ml (Milliliter) Units
 mcg (Microgram) oz (Ounce) OTH (Other)

Form: Code the route of administration using the following list:
 1 = by mouth (PO) 7 = topical
 2 = sub lingual (SL) 8 = inhalation
 3 = intramuscular (IM) 9 = enteral tube
 4 = intravenous (IV) 10 = other
 5 = subcutaneous (SQ) 11 = eye drop
 6 = rectal (R) 12 = transdermal

Frequency: Code the number of times per period the med is administered using the following list:
 PR = (PRN) as necessary OO = every other day
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 3H = (Q3H) every 3 hours 3W = 3 times every week
 4H = (Q4H) every 4 hours 4W = 4 times each week
 6H = (Q6H) every 6 hours 5W = 5 times each week
 8H = (Q8H) every eight hours 6W = 6 times each week
 1D = (QD or HS) once daily 1M = (Q month) once/mo.
 2D = (BID) two times daily 2M = twice every month
 (includes every 12 hours) C = Continuous
 3D = (TID) 3 times daily O = Other
 4D = (QID) four times daily
 5D = 5 times daily

| Name | Dose | Form | Freq. | PRN | #Taken | Drug Code | Comments |
|------|------|------|-------|-----|--------|-----------|----------|
|------|------|------|-------|-----|--------|-----------|----------|

6. Does the individual have any allergies or adverse reactions to any medication?

- No
 Yes-Document Details in Notes

7. What is the individual's ability level to manage medication?

- 1 - Independent-Skip to 9.E
 2 - Limited Assistance
 3 - Total Assistance

8. If limited assistance, indicate all types needed for medication management:

- Assistance with Self-Injections /Independent with Oral Medications
 Coaxing
 Medication Dispenser
 Set-up /Prepackaged
 Verbal Reminders
 Other-Document Details in Notes

9. Who assists the individual with medication administration?

- Formal Support-Document Details in Notes
 Informal Support-Document Details in Notes
 Other-Document Details in Notes

Notes: wife fills box, Ed takes them his self.

9.E. HEIGHT /WEIGHT

1. What is the individual's height?

71 inches

2. What is the individual's weight?

250

3. What is the individual's weight type?

- Normal height /weight appropriate
 Morbidly obese
 Obese
 Overweight
 Underweight

9.F. PAIN

1. Does the individual report PAIN?

- No-Skip to 10.A.1
 Yes
 Unable to Determine-Skip to 10.A.1

2. Location(s) of PAIN site(s)

- Back
 Bone
 Chest
 Head
 Hip
 Incision site
 Knee
 Soft tissue (muscle)
 Stomach
 Other Joint-Document Details in Notes
 Other-Document Details in Notes

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3. Indicate the level of PAIN the individual reports using a scale from 0-10 (0=no pain, 10=severe pain)

- 0=No pain
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10=Severe pain

4. Indicate the frequency the individual reports the PAIN.

- Less than Daily
- Daily-One Episode
- Daily-Multiple Episodes
- Continuous
- Other-Document Details in Notes

Notes: elevate legs

5. Select all the current treatments for PAIN diagnoses:

- None
- Acupuncture
- Chiropractic Care /Services
- Exercises
- Heat /Cold Applications
- Massage
- Medications-List in 9.D
- Pain Management Center
- Physical Therapy
- Other-Document Details in Notes

6. Does PAIN affect the individual's ability to function?

- No
- Yes-Document Details in Notes

Notes: unable to take medications d/t other medical conditions, strength decreased resulting in weakness of extremities.

10. ACTIVITIES OF DAILY LIVING (ADLs)

10.A. ADLs

1a. BATHING Ability to prepare a bath and wash oneself, includes turning on the water, regulating temperature, etc.

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

Notes: Has tub seat but not currently using, holds onto wheelchair to transfer in and out of tub.

1b. If Limited Assistance, indicate ALL types needed for BATHING

- Assistance with the use of equipment or assistive devices
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs
- Set-up
- Supervision
- Other-Document Details in Notes

2a. DRESSING Ability to remove clothes from a closet/drawer; application of clothing, including shoes/socks (regular/TEDS); orthotics; prostheses; removal/storage of items; managing fasteners; and to use any needed assistive devices.

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

Notes: Can dress himself, has difficulty with LE shoehorn, is unable to bend over far d/t back problems-pain.

2b. If Limited Assistance, indicate ALL types needed for DRESSING

- Assistance with the use of equipment or assistive device
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs
- Set-up
- Supervision
- Other-Document Details in Notes

Notes: Can dress himself, has difficulty with LE shoehorn, is unable to bend over far d/t back problems-pain.

3a. GROOMING /PERSONAL HYGIENE Ability to comb/brush hair; brush teeth; care for/inset dentures; shave; apply make-up (if worn); apply deodorant, etc.

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

3b. If Limited Assistance, indicate ALL types needed for GROOMING /PERSONAL HYGIENE

- Assistance with the use of equipment or assistive devices
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs
- Set-up
- Supervision
- Other-Document Details in Notes

Notes: Holds onto walker or sits on a pillow in wheelchair, can do own mouthcare and shave himself.

4a. EATING Ability to eat, drink, cut, chew, swallow food, and to use any needed assistive devices

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance
- 4 - Does not eat-Skip to 10.A.4c

Notes: At times drops a cup when filling it with water, can feed himself.

4b. If Limited Assistance, indicate ALL types needed for EATING

- Assistance with the use of equipment or assistive devices
- Encouragement, cueing or coaxing
- Guided maneuvering of limbs
- Set-up
- Supervision
- Other-Document Details in Notes

Notes: At times drops a cup when filling it with water, can feed himself.

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4c. If response to 9.A.4a is "4-Does not eat", indicate type of nutritional intake. Check ALL that apply:

- IV Fluids
- NPO (nothing by mouth)
- Parenteral Nutrition
- Tube Feeding
- Other-Document Details in Notes

5a. TRANSFER Ability to move between surfaces, including to/from bed, chair, wheelchair, or to a standing position; onto or off a commode; and to manage/use any needed assistive devices.

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

Notes: Holds onto walker, transfers without difficulty.

5b. If Limited Assistance, indicate ALL types needed for TRANSFER

- Assistance with the use of equipment or assistive devices
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs
- Set-up
- Supervision
- Other-Document Details in Notes

6a. TOILETING Ability to manage bowel and bladder elimination

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance
- 4 - Self management of indwelling catheter or ostomy

Notes: Uses w/c to go to bathroom it is faster than walker.

6b. If Limited Assistance, indicate ALL types needed for TOILETING

- Assistance with incontinence products
- Assistance with the use of equipment or assistive devices
- Clothing maneuvers/adjustment
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs
- Personal hygiene post toileting
- Setup
- Supervision
- Other-Document Details in Notes

6c. BLADDER CONTINENCE Indicate the description that best describes the individual's BLADDER function

- 1 - Continent - Complete control, no type of catheter or urinary collection device
- 2 - Usually Continent - Incontinence episodes once a week or less
- 3 - Incontinent - Inadequate control, multiple daily episodes
- 4 - Continent - with indwelling catheter

Notes: infrequent accidents

6d. BOWEL CONTINENCE Indicate the description that best describes the individual's BOWEL function

- 1 - Continent - Complete control, no ostomy device
- 2 - Usually Continent - Incontinence episodes once a week or less
- 3 - Incontinent - Inadequate control, multiple daily episodes
- 4 - Continent - with ostomy

Notes: Lactulose has caused chronic diarrhea so has occasional accidents

7a. WALKING Ability to safely walk to/from one area to another; manage/use any needed ambulation devices

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

7b. If Limited Assistance, indicate ALL types needed for WALKING

- Assistance with the use of equipment or assistive devices
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs
- Set-up
- Supervision
- Other-Document Details in Notes

Notes: use wheeled walker indoors

11. MOBILITY

11.A. INDIVIDUAL'S MOBILITY

1. BEDBOUND Is the individual bedbound? Indicate in notes any comments or relevant information

- No
- Yes-Skip to 12.A
- Unable to Determine

2a. INDOOR MOBILITY Ability of movement within INTERIOR environment

- 1 - Independent
- 2 - Limited Assistance
- 3 - Total Assistance

Notes: wheeled walker

2b. If Limited Assistance, indicate ALL types needed for INDOOR MOBILITY

- Assistance with the use of equipment or assistive devices
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs
- Set-up
- Supervision
- Other-Document Details in Notes

Notes: wheeled walker

3a. OUTDOOR MOBILITY Ability of movement OUTSIDE living arrangement

- 1 - Independent
- 2 - Limited Assistance
- 3 - Extensive/Total Assistance

3b. If Limited Assistance, indicate ALL types needed for OUTDOOR MOBILITY

- Assistance with the use of equipment or assistive devices
- Encouragement, cueing, or coaxing
- Guided maneuvering of limbs
- Set-up
- Supervision
- Other-Document Details in Notes

Notes: uses wheelchair to go out shopping, for shorter distances uses walker. can self propel wheelchair

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4a. STAIR MOBILITY Movement safely up and down STEPS

- 1 - Independent
 2 - Limited Assistance
 3 - Extensive/Total Assistance

4b. If Limited Assistance, indicate ALL types needed for STAIR MOBILITY

- Assistance with the use of equipment or assistive devices
 Encouragement, cueing, or coaxing
 Guided maneuvering of limbs
 Set-up
 Supervision
 Other-Document Details in Notes

Notes: Uses cane to go up & down steps, has difficulty

5. What is the individual's weight bearing status?

- Full weight bearing
 Non-weight bearing
 Partial weight bearing
 Toe touch weight bearing
 Unable to Determine

6. Select all that affect the individual's mobility.

- None
 Ambulation Dysfunction
 Aphasia
 Fatigues Easily
 Muscle Stiffness
 Pain
 Poor Balance
 Rigidity
 Shuffling Gait
 Spasms
 Tremors /Twitches
 Other-Document Details in Notes

11.B. FALLS

1. Is the individual at risk of falling?

- No
 Yes
 Unable to Determine

2. Select the number of times the individual has fallen in the last 6 months.

- None
 1
 2
 3 or More

3. Reasons for falls-Document Details in Notes

- Accidental
 Environmental
 Medical
 Other-Document Details in Notes

Notes: weakness

12. INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)

12.A. IADLs

1. MEAL PREPARATION Ability to plan/prepare meals, use of kitchen appliances, heat meals. List any needed adaptive equipment/assistive devices in Notes.

- 1 - Independent
 2 - Limited Assistance
 3 - Total Assistance

Notes: Needs assistance to help prepare meals, he is very slow, spills or drops things.

2. HOUSEWORK Ability to maintain living space, includes tasks such as dishwashing, making the bed, dusting, running the vacuum or sweeping an area. List any needed adaptive equipment/assistive devices in Notes.

- 1 - Independent
 2 - Limited Assistance
 3 - Extensive/Total Assistance

Notes: wife does

3. LAUNDRY Ability to gather clothes, place clothes in washing machine, turn on appliance, remove clothes and place in dryer, or hand wash items and hang to dry. List any needed adaptive equipment/assistive devices in Notes.

- 1 - Independent
 2 - Limited Assistance
 3 - Total Assistance

Notes: wife does

4. SHOPPING Ability to go to the store and purchase needed items, includes groceries and other items. List any needed adaptive equipment/assistive devices in Notes.

- 1 - Independent
 2 - Limited Assistance
 3 - Total Assistance

Notes: Wife takes him shopping, uses w/c in the stores.

5. TRANSPORTATION Ability to travel on public transportation or drive a car. List any needed adaptive equipment/assistive devices in Notes.

- 1 - Independent
 2 - Limited Assistance
 3 - Total Assistance

Notes: Can drive an automatic transmission using his left foot, although he acknowledges he should not be doing so.

6. MONEY MANAGEMENT Ability to manage financial matters, writing checks, paying bills, going to the bank. List any needed adaptive equipment/assistive devices in Notes.

- 1 - Independent
 2 - Limited Assistance
 3 - Total Assistance

Notes: Peggy usually handles money matters

7. TELEPHONE Ability to obtain phone numbers, dial the telephone and communicate with person on the other end. List any needed adaptive equipment/assistive devices in Notes.

- 1 - Independent
 2 - Limited Assistance
 3 - Total Assistance

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8. HOME MANAGEMENT Ability to perform heavier household tasks such as taking out the trash, completing minor repairs around the living space, yard work and/or snow removal. List any needed adaptive equipment/assistive devices in Notes.

- 1 - Independent
 2 - Limited Assistance
 3 - Total Assistance

Notes: Hires someone to keep u

13. LEVEL OF CARE DETERMINATION (LCD) ASSESSMENT DATA

13.A. ASSESSMENT OUTCOME

1. What Level of Care did the physician recommend?

- NFCE-Nursing Facility Clinically Eligible
 NFI-Nursing Facility Ineligible
 Evaluation not required

2. What is the date the AAA received the individual's MA-51 or Rx Script, signed by a physician?

5/5/2014

3. What is the Level of Care determination for this individual?

- NFCE-Nursing Facility Clinically Eligible
 NFI-Nursing Facility Ineligible

4. Summarize how the functional limitations of the individual's medical conditions support the Level of Care determination. Document a summary of diagnoses & treatments and how the limitations impede the individual's ability to manage own care needs.

5. Document the reason(s) why assessor disagrees with indicator:

13.B. INDIVIDUAL'S PLACE OF SERVICE PREFERENCE

1. Does the individual want to be served in the community?

- No
 Yes

2. Having been determined NFI, what is the individual's PREFERRED RESIDENTIAL setting?

- Home
 DC-NFI (Domiciliary Care)
 PCH-NFI (Personal Care Home)
 Other-Document Details in Notes

3. Having been determined NFI, what is the individual's PREFERRED COMMUNITY Service Program?

- ACT 150
 CSP-NFI (Caregiver Support Program)
 OPTIONS-NFI
 Other-Document Details in Notes

13.C. LEVEL OF CARE AUTHENTICATION

1. Name of the assessor completing this assessment

2. Date of assessor's signature

3. Name of Registered Nurse reviewing the assessment for Clinical Eligibility

4. Date of Registered Nurse review

5. Name of assessment Supervisor who reviewed and approved the Level of Care

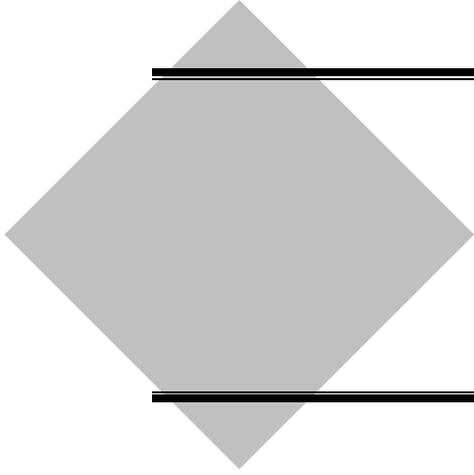
6. Date assessment Supervisor approved the assessment

7. Date the Level of Care is being issued

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Assessment Narrative



Resources

Boston University Training Modules

The Boston University Training Modules are available to assist assessors with important assessment concepts. The training modules will be completed as part of the assessor certification. This basic information is a reinforcement and resource for ongoing assessor activities.

Overview

| Key Assessment Concepts |
|---|
| Domains of an Assessment <ul style="list-style-type: none">❖ Understand how the domains build in order to determine a Level of Care.❖ Understand the goal of completing a level of care determination assessment. |
| Sources of Information <ul style="list-style-type: none">❖ Be aware that although the individual is the primary source of information for an assessment, it is important to consult other sources that provide valuable information.❖ Identify which additional sources of information to utilize to obtain a comprehensive picture of the individual's current situation.❖ Utilize resources that provide examples of questions to ask when gathering information during an assessment. |

Key Assessment Concepts

Physical Health Status

- ❖ The primary focus of a functional health assessment is to determine how the individual performs basic activities of daily life.
- ❖ Recognize the importance of obtaining a recent medical evaluation to gain knowledge of an individual's health status and provide a base from which to ask questions.
- ❖ Realize that physical and mental health diagnoses and disabilities affect each participant in a different way.
- ❖ Understand how aging affects the body, including a decline in sensory abilities.
- ❖ Obtain information about common medical conditions that may develop as an individual ages.

Medications and Drug Use

- ❖ Adults are highly at risk of developing complications caused by drug interactions or incorrect dosages due to unintentional misuse or intentional abuse of medications.
- ❖ Know the effects that drug and alcohol usage can have on an individual, particularly when the person is on a number of prescribed medications.
- ❖ Identify questions to ask during an assessment to gain understanding of the individual's knowledge of the medications they are prescribed and identify potential intentional or unintentional misuse.

Key Assessment Concepts

Cognitive Assessment

- ❖ Understand executive function and how it impacts individuals during the assessment process.
- ❖ Recognize the responsibility of the assessor to determine if the individual has the cognitive ability to fully understand concepts and make appropriate decisions.
- ❖ Gain awareness that if an individual cannot speak or understand English, he or she has a legal right to obtain services from a translator or interpreter prior to consenting to any treatment or intervention.
- ❖ Understand the symptoms and effects of common medical and psychological conditions that can cause changes in cognition and functional abilities.
- ❖ Identify questions to ask the individual that assist in identifying concerns with the participant's cognitive status.

Psychological and Emotional Health Assessment

- ❖ Become aware of the symptoms of Anxiety, Depression, Bipolar Disorder, and Schizophrenia and how each condition can affect functioning.

Psychosocial Status

- ❖ Recognize the importance of understanding an individual's values in life including education, culture, religion, and spiritual beliefs.
- ❖ Identify common major life changes that may occur and potential effects these changes may cause an individual to experience.

Social Supports Network

- ❖ Examine the wide spectrum of an individual's support ranging from informal networks to formal systems.
- ❖ Understand the importance for assessing the size and strength of an individual's social support network.

Boston University Training Modules

Key Assessment Concepts

Abuse and Neglect

- ❖ Understand reporting laws and agency requirements.
- ❖ Understand the formal definition of abuse.
- ❖ Recognize signs and symptoms of possible physical and emotional stress not explained by medical causes.

Role of the Social Service Assessor

- ❖ Recognize the importance of an assessment as a partnership.
- ❖ Understand how choice, self-determination, and participation are demonstrated during the assessment.

Skills

- ❖ Recognize the use of self-awareness to maintain and enhance assessment skill levels, e.g. understanding how one's own personality traits may impact an assessment.
- ❖ Examine the concept of sharing information and use of skills such as allowing and using silences to promote effective communication throughout the assessment process.

Conducting an Assessment

- ❖ Recognize the importance of engaging in introductory conversation in order to establish a positive assessment environment.
- ❖ Understand why each assessment will need to be adapted to the unique characteristics of the individual.

Empathy and Sympathy

- ❖ Evaluate important distinctions between empathy and sympathy to identify and better understand which is considered a core assessor skill.

Boston University Training Modules

Key Assessment Concepts

Concluding an Assessment

- ❖ Identify the four fundamental steps necessary for closing an assessment.
- ❖ Utilize feedback as a measurement tool during an assessment.

Abuse and Neglect

- ❖ Recognize the signs and symptoms of abuse, neglect and self-neglect, specific to adults.
- ❖ Understand factors impacting suicide risk among adults such as recent losses, history of depressive episodes and suicide rates for specific age and gender populations.

Informed Consent Advanced Care Directives

- ❖ Recognize the assessor's role in providing individuals with the information necessary to make informed decisions about their choices.
- ❖ Review five key guidelines to follow to ensure informed consent.

Privacy and Confidentiality

- ❖ Increase your understanding of confidentiality requirements as defined by professional ethics and privacy laws.
- ❖ Explore different types of information and essential vs. non-essential information.
- ❖ Recognize exceptions to confidentiality rules, which may have legal consequences.

Advanced Care Directives

- ❖ Understand advance care directives related to both Federal and State laws.
- ❖ Explore the scope and responsibility of health care agents under Pennsylvania law.

Assessor Certification Checklist



Assessor Certification Checklist

| Name: | | | Agency: | | |
|--|------------|-------------------|-----------------|------|-----------------------|
| SAMS Competency Demonstration | Proficient | Needs Improvement | Corrective Plan | Date | Supervisors Signature |
| 1. Log into Harmony Portal & SAMS | | | | | |
| 2. Navigate through SAMS screens | | | | | |
| 3. Open correct assessment | | | | | |
| 4. Export an assessment to laptop | | | | | |
| 5. Document the assessment correctly | | | | | |
| 6. Import assessment from laptop to OMNIA | | | | | |
| 7. Create a PDF version of the assessment in SAMS | | | | | |
| 8. Export assessment to a folder on the computer so the assessment is accessible | | | | | |
| 9. Enter a service delivery for the assessment | | | | | |

Assessor Certification Checklist

| Communication Competency Demonstration | Proficient | Needs Improvement | Corrective Plan | Date | Supervisors Signature |
|--|------------|-------------------|-----------------|------|-----------------------|
| 1. Schedule the assessment | | | | | |
| 2. Engage the individual | | | | | |
| 3. Explain the purpose of the visit & assessment | | | | | |
| 4. Recognize individual needs (spiritual, cultural, educational, & life changing events) | | | | | |
| 5. Utilize acceptable communication skills & dialogue during the assessment | | | | | |
| 6. Provide opportunities for Q&A | | | | | |
| 7. Summarize the visit & identify next steps & time frames | | | | | |
| 8. Provide contact information | | | | | |
| NFCE determinations meet the definition | | | | | |
| Des Moines University Medical Terminology Course completed | | | | | |
| Level of Care Determination Assessor Webinar attended | | | | | |

Assessor Certification Checklist

Attestation for Assessor Certification

I hereby attest that I, (supervisor's name) as the supervisor of (assessor's name) have verified that (assessor's name) from the (area agency name) completed all the necessary prerequisite courses to become a certified assessor.

The aforementioned assessor has:

- Completed the Boston University Training Modules requirements,
- Completed the Des Moines University Medical Terminology Course,
- Attended The Level of Care Determination Assessor Webinar,
- The skills and knowledge to complete level of care assessments and NFCE determinations accurately, and
- Knowledge and skills to manage assessments in the SAMS database.

This assessor is recommended for testing. I declare that the above statement is true and accurate to the best of my knowledge.

Assessors Signature _____

Date: _____

Supervisor Signature _____

Date: _____

Assessor Certification FAQs

- 1. Why is the Department requiring credentialing of assessors now, when it was never required in the past?**

Credentialing of assessors will help the Department build consistency in the level of care assessment and determination process throughout the network. It will also help agencies develop more credibility with those they serve by having State certified assessors on staff. Certification indicates that all persons have the same knowledge base.

- 2. Who is required to be certified?**

All individuals who conduct level of care assessments must be certified prior to independently conducting assessments.

- 3. How long do I have to complete all of the certification requirements?**

Current staff must complete all certification requirements, including successfully passing the Assessor Exam, by December 31, 2014.

- 4. What are the other METs required to complete level of care assessments?**

In addition to the assessor certification requirements that must be completed by December 31, 2014; all staff who complete LCDs must meet the Civil Service METs for Aging Care Manager I, II, III, Assessor, Aging Supervisor or Community Health Nurse I or II. If a staff member was hired as a Service Coordinator, they may not have the required METs.

- 5. For assessors who have been around a while and who took the training offered in 2008 on the NFCE definition, are they still required to take the webinar on NFCE definition? The training in 2008 was one where they were issued a notebook on the NFCE definition and they attended the training personally.**

Yes. The NFCE definition webinar is a part of the assessor credentialing process.

- 6. Are the required modules from Boston University listed in the workbook?**

Yes, the modules are listed in the Resources section of the workbook.

- 7. For the Des Moines University test, are there standard abbreviations we will use for the LCD?**

The Department will be issuing a list of standard abbreviations and acronyms.

- 8. Is there a cost for the Des Moines medical terminology training?**

No, there is no cost unless you want to earn the certificate. A certificate is not necessary for the assessor certification.

Assessor Certification FAQs

9. Is there a reporting process for the Des Moines Medical Terminology Training like the Boston University modules to ascertain completion?

No, the assessor and supervisor will have to attest to the completion of this training.

10. How will I take the exam?

The exam will be administered through the LTLTI Website. It will consist of multiple choice and true/false questions, by subject area. It will be a timed test; and the results will produce a grade of pass or fail.

11. How many times can one take the certification exam until they pass?

You can retake the exam one time. If you fail twice, you will be provided the opportunity to retest. In the interim, you will work with your supervisor on an Individual Training Plan to learn the necessary skills in the areas that you struggled with the test. Your supervisor will again attest to your readiness before the test will be administered to you for a third time.

12. How will newly hired assessors complete the certification process once the initial rollout is complete?

The training and webinars, culminating in readiness for the certification exam, will be made available via written materials and pre-recorded webinars to new assessors to successfully complete within a given time frame which is to be determined.

13. I am retiring in 18 months, is it necessary for me to take this test to prove my abilities?

All individuals who conduct level of care assessments must be certified prior to independently conducting assessments. This will be effective January 1, 2015.

14. How do we handle employees on probationary status or employees with regular civil service status who transfer into the assessor unit if they are not successful with passing the assessor-credentialing exam?

The credentialing process for assessors, as documented, indicates, "By December 30th, 2014, all individuals that conduct level of care assessments must be certified prior to independently completing assessment(s)."

Probationary status employees should be informed when hired that completing the training and passing the exam are part of the successful completion of the probationary period. If probationary status employees, or employees who transfer with regular civil service status, are unsuccessful in the exam, the supervisor needs to determine what the issues are as they relate to the employee's work performance.

All issues related to training must be addressed through the employee's work performance evaluation.

Assessor Certification FAQs

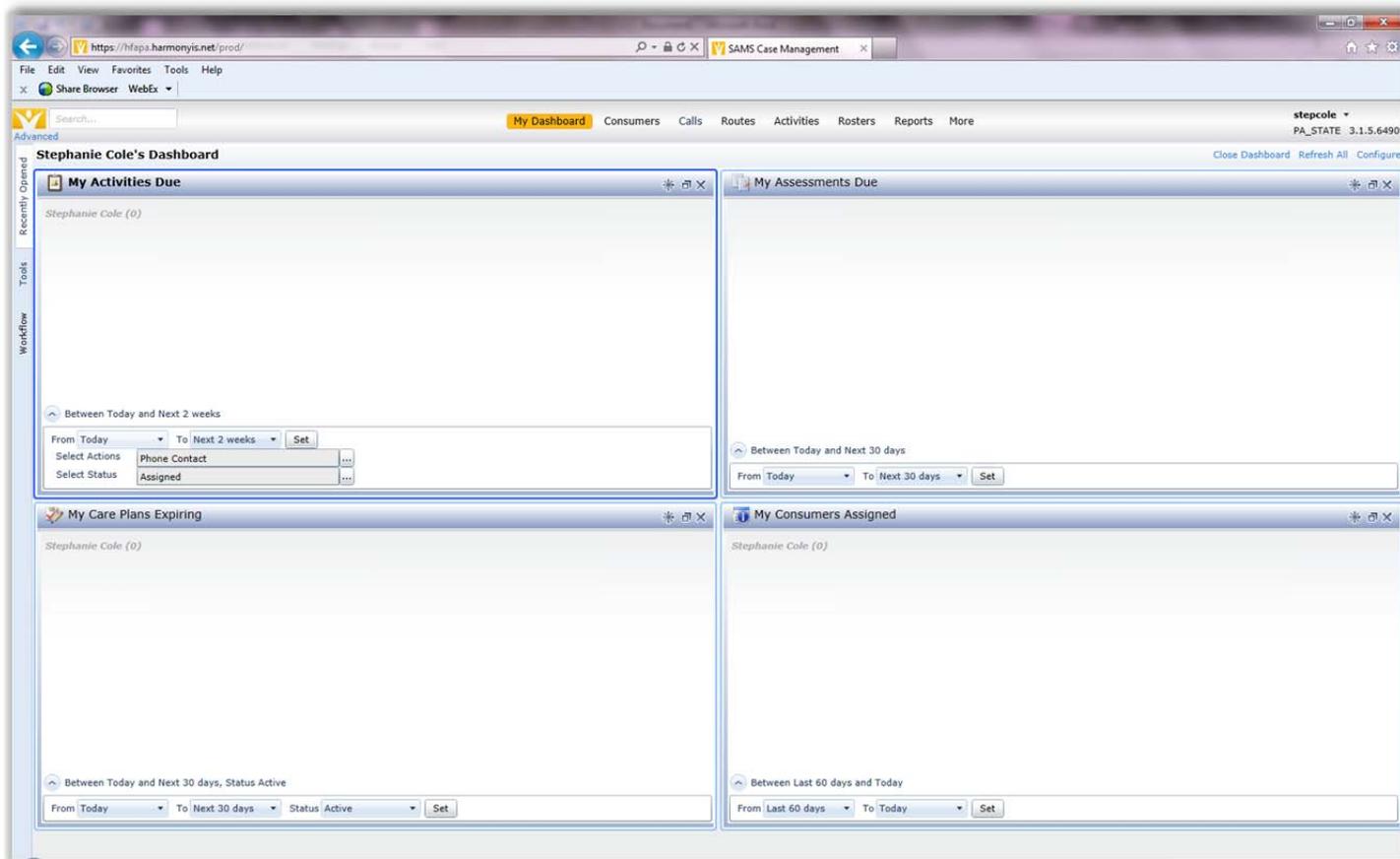
The exam is a compilation of the skills, knowledge, and abilities of an assessor. Credentialing/certification, in the case of assessors, is a process that provides a validation of standardized knowledge base. If the employee is unsuccessful in the certification process, the supervisor needs to focus on the employee's skills, knowledge and abilities as an assessor as evidenced by work performance, not specifically that they were unsuccessful on the exam. In other words, the work performance issue needs to be addressed. Once employees have the knowledge, skills, and abilities, they will be successful in the credentialing process.

15. Will the State be offering any kind of test preparation for those who have not taken a formal test in a long time?

There will be several opportunities in the Fall of 2014 to participate in a classroom-based assessor certification exam preparation course.

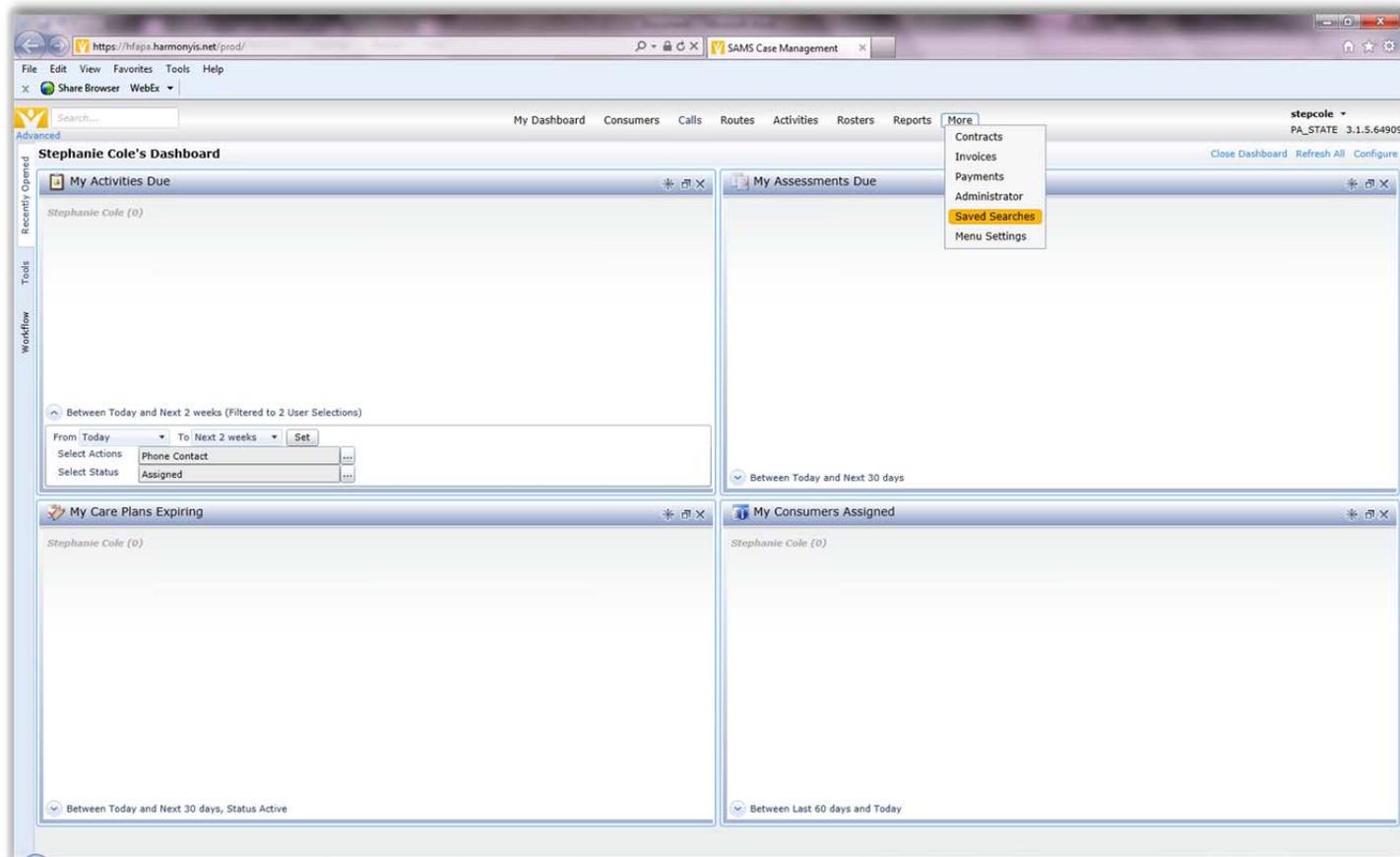
My Dashboard and Saved Searches

- ❖ Configure the My Dashboard panels to personalize available information.



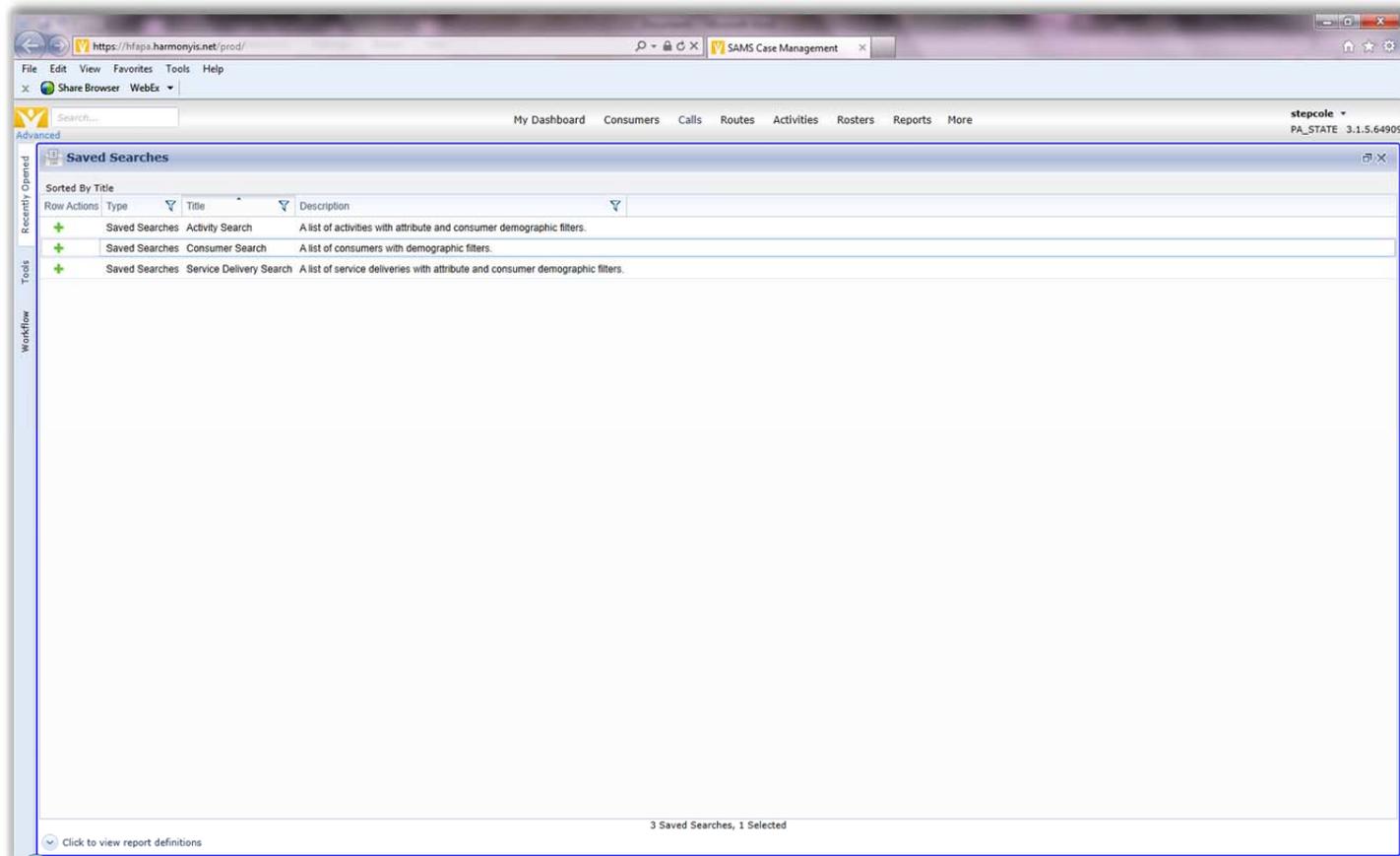
My Dashboard and Saved Searches

- ❖ To make specific data easily accessible, select the Saved Searched option to create and save up to ten Saved Search widgets.



My Dashboard and Saved Searches

- ❖ Use filters in any of the three main Saved Searches in order to specify the desired information. The Saved Search Titles include:
 - Activity Search
 - Consumer Search
 - Service Delivery Search
- ❖ Save the filtered custom search and create a Saved Search widget to view on My Dashboard.



My Dashboard and Saved Searches

- ❖ Saved Search widgets can become part of My Dashboard by selecting the desired Widget in the Configure Dashboard – Dashboard Settings Option.

The screenshot displays a web browser window with the URL <https://hmapa.harmonyis.net/prod/>. The page title is "SAMS Case Management". The user is logged in as "stepcole" with the role "PA_STATE" and ID "3.1.5.64909". The dashboard is titled "Stephanie Cole's Dashboard" and includes a search bar and navigation tabs for "My Dashboard", "Consumers", "Calls", "Routes", "Activities", "Rosters", "Reports", and "More".

The dashboard contains several widgets:

- My Activities Due:** Shows 0 activities for Stephanie Cole. It includes a filter for "Between Today and Next 2 weeks (Filtered to 2 User Selections)" with options for "From: Today", "To: Next 2 weeks", "Set", "Select Actions: Phone Contact", and "Select Status: Assigned".
- My Assessments Due:** Shows 0 assessments due. It includes a filter for "Between Today and Next 30 days".
- My Consumers Assigned:** Shows 0 consumers assigned. It includes a filter for "Between Last 60 days and Today".
- Saved Search Widget 1:** A widget for saved searches. It has a "Search Type" dropdown set to "Consumer" and a "Search Name" input field. It includes "Clear" and "Apply" buttons.

SAMS 3 Reports for Assessors

SAMS 3 Reports provides access to a variety of database system generated reports, as well as report definitions that have been created by system administrators throughout the network and made available to all users. A link to a glossary of system reports and potential uses can be found on the Harmony Portal Home Page under Application Support Resources – SAMS 3 – Reports-at-a-Glance Document.

Report Utilization

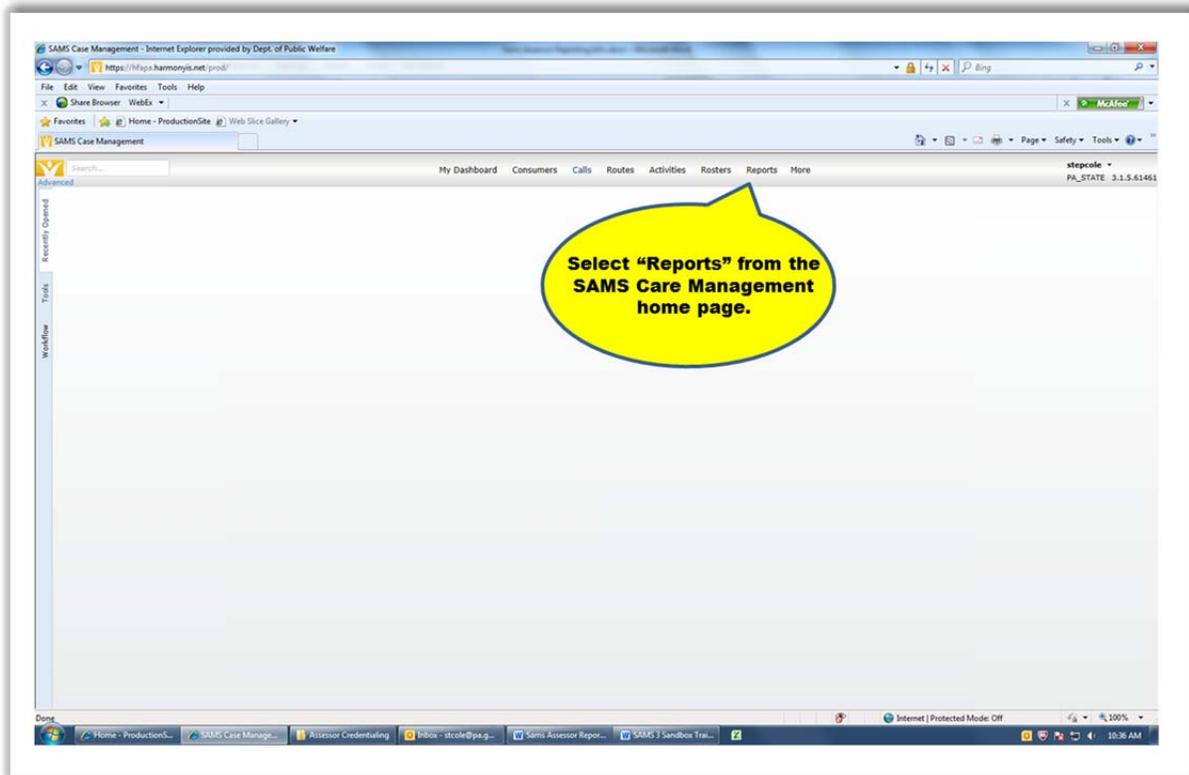
- ❖ SAMS 3 Reports are useful to assessors for:
 - Planning.
 - Execution.
 - Follow-up.
 - Monitoring of caseloads.
- ❖ Reports can be customized to provide specific data by using filters.
- ❖ Agencies throughout the network use a combination of reports to monitor assessment activities, so it is important that assessors be aware of individual agency specifics.

Accessing and Creating Reports

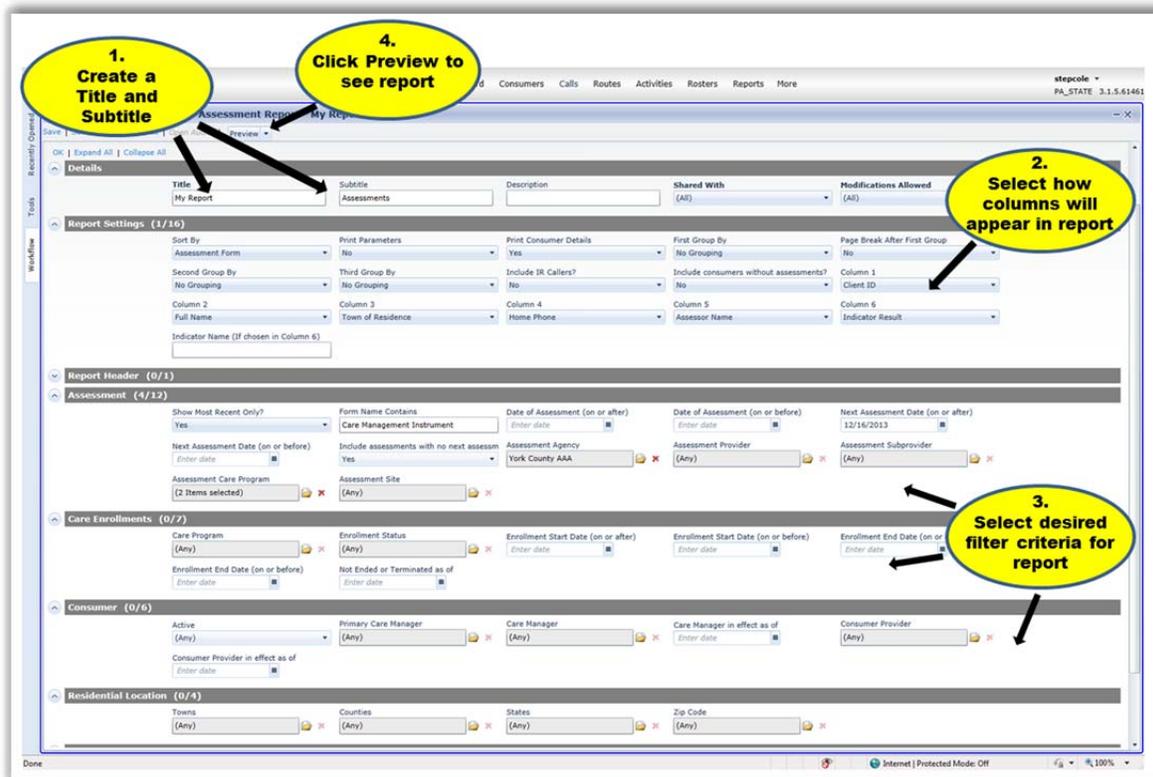
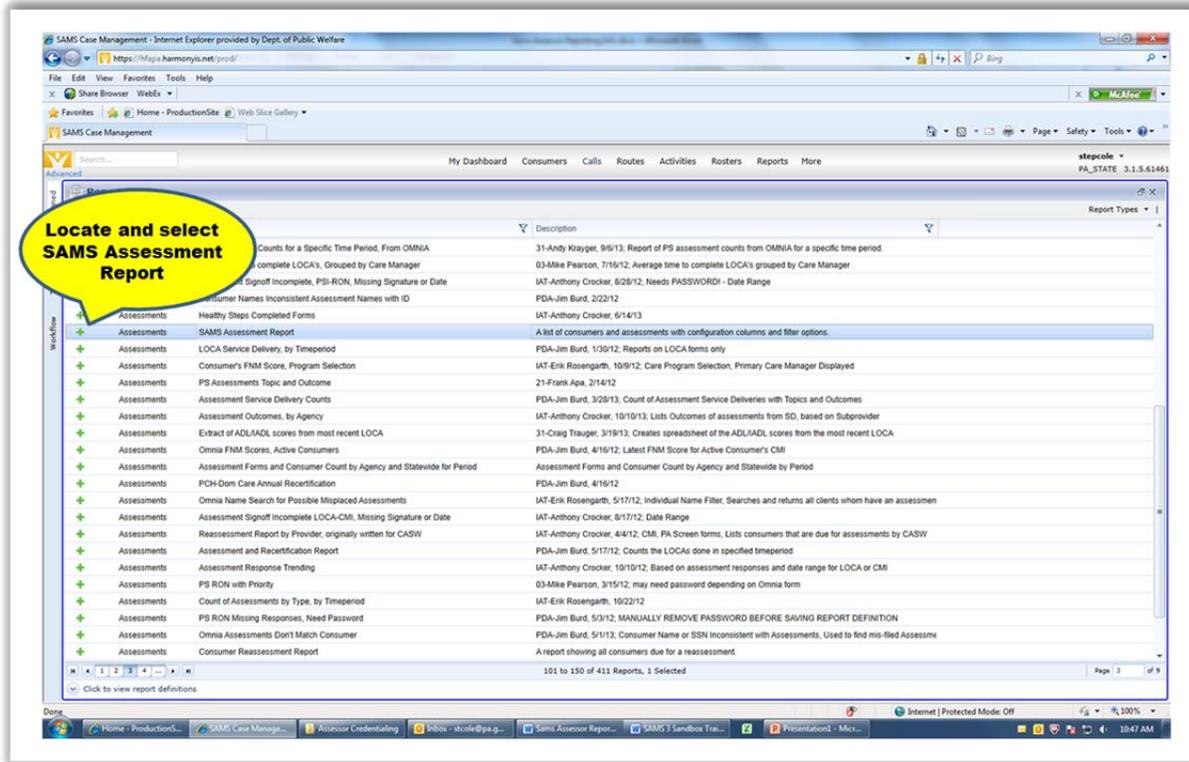
- ❖ SAMS 3 Reports can be accessed through the SAMS 3 Case Management home page.
- ❖ The SAMS 3 Assessment Report can provide a list of consumers and demographic information based on certain criteria related to assessment type and date.

SAMS 3 Reports for Assessors

- ❖ Information is gathered into example reports, including:
 - Consumer Client ID.
 - Consumer Full Name.
 - Consumer Town of Residence.
 - Consumer Telephone Number.
 - Assessor Name.
 - Date of last CMI.
 - Date of next expected CMI.
- ❖ In this example, consumer records are selected based on the following criteria:
 - Consumers receiving a Care Management Instrument (CMI) assessment.
 - Consumers who are NFI (Nursing Facility Ineligible).
 - Consumers enrolled in the Options program.
 - York County AAA as the Assessment Agency.
 - A Next Assessment Date (on or after) of 12/16/2013.



SAMS 3 Reports for Assessors



SAMS 3 Reports for Assessors

Report preview - Internet Explorer provided by Dept. of Public Welfare

SAMS Assessment Report

| Client ID | Full Name | Town of Residence | Primary Phone | Assessor Name | Session Date | Next Session |
|-----------|-------------|-------------------|---------------|---------------|--------------|--------------|
| 173513 | Helen R | Hanover | (717) 631 | godoyev | 12/18/2013 | 12/19/2013 |
| 108599 | Charles L | York | (717) 74 | demorile | 12/04/2013 | 06/04/2014 |
| 170989 | Janice E | York | (717) 846 | godoyev | 01/09/2013 | 03/11/2014 |
| 89119 | Jane | Red Lion | (717) 24 | Kurgans | 03/26/2013 | 03/19/2014 |
| 80373 | Tab A | York | (717) 84 | Julie Myers | 07/23/2013 | 03/23/2014 |
| 80376 | Barbara D | Down | (717) 25 | Kozmin | 03/04/2013 | 03/11/2014 |
| 80241 | Barbara A | DuBois | (717) 24 | Julie Myers | 10/13/2013 | 04/03/2014 |
| 173332 | Cliffie | York | (717) 47 | godoyev | 02/25/2013 | 02/28/2014 |
| 173960 | Dorothy A | York | (717) 85 | Kozmin | 03/06/2013 | 03/18/2014 |
| 174788 | uryLaine A | York | (717) 75 | Julie Myers | 10/06/2013 | 04/06/2014 |
| 173832 | Jean M | Hanover | (717) 63 | Julie Myers | 09/19/2013 | 03/19/2014 |
| 171607 | Clayton E | Red Lion | (717) 24 | entidj | 10/28/2013 | 04/28/2014 |
| 87389 | lynn | York | (717) 69 | elbaga | 12/10/2012 | 12/11/2013 |
| 89661 | Johar A | York | (717) 84 | gerberka | 09/24/2013 | 02/24/2014 |
| 171957 | Sargent R | York | (717) 84 | gerberka | 09/24/2013 | 03/24/2014 |
| 175556 | di, Sanya B | York | (717) 84 | Ellen Tumbald | 10/20/2013 | 04/20/2014 |
| 177206 | My J | Red Lion | (717) 24 | Julie Myers | 06/26/2013 | 12/26/2013 |
| 170616 | Margo D | York | (717) 69 | hadwick | 11/13/2013 | 06/13/2014 |
| 86252 | St. Charles | Down | (717) 76 | | 04/04/2013 | |
| 49973 | Naudia M | Down | (717) 25 | Shroye | 11/12/2013 | 06/12/2014 |
| 87191 | Edward D | York | (717) 71 | Susan Moore | 07/02/2013 | 02/02/2014 |
| 80279 | Bernard J | York | (717) 85 | zweg | 09/24/2013 | 03/24/2014 |
| 80332 | Loretta M | York | (717) 85 | zweg | 09/24/2013 | 03/24/2014 |
| 62382 | Clyde E | York | (717) 84 | Julie Myers | 09/17/2013 | 03/17/2014 |
| 81471 | Naudia M | York | (717) 84 | Susan Moore | 07/09/2013 | 01/09/2014 |
| 36801 | A. Carmel M | Red Lion | (717) 24 | Julie Myers | 09/18/2013 | 03/18/2014 |

26 sessions 26 consumers overall.

Page 1 of 1

Report displays in a new window.

SAMS 3 Sandbox Training Database

The SAMS 3 Sandbox is a non-production training application within the Harmony Portal. It allows users to simulate consumer information and practice scenarios across the entire spectrum of assessment and care management functions.

Accessing SAMS 3 Sandbox Training

❖ New User Request

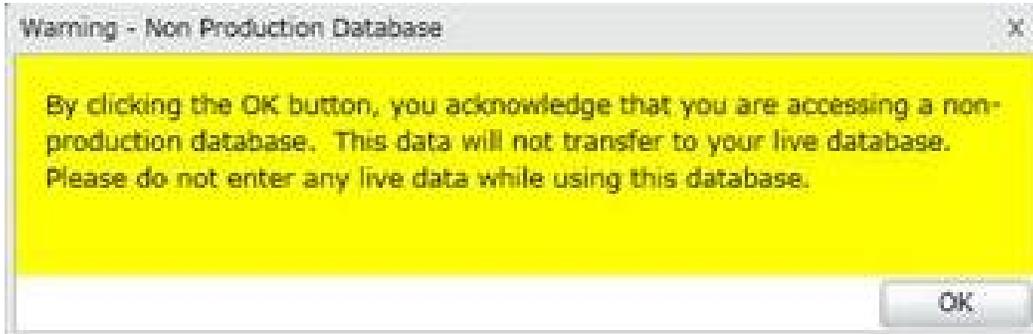
- AAA System Administrator submits a New User Request Remedy Ticket to PDA.
- Upon approval of the New User Request, Harmony Information Systems sends an e-mail containing the new User Name and Password.
- The account will provide users with access to SAMS 3 and SAMS 3 – Sandbox applications.

❖ First Time Access

- Choose the Harmony Portal sign in shortcut from the computer desktop or use the internet browser and enter the following URL: <https://portal.harmonyis.net>.
- Enter the user name and password issued by Harmony. This will direct the user to the Harmony Portal Home Page.
- In the Application Links menu located at the upper left corner of the home page, users will find the list of applications available. Select SAMS 3 – Sandbox from the list.
(Note: If Sandbox access is needed, but does not appear in the user's application links, contact the PDA SAMS/OMNIA data collection and analysis staff.)
- Enter the same user name and password used to access the Harmony Portal Home Page.

SAMS 3 Sandbox Training Database

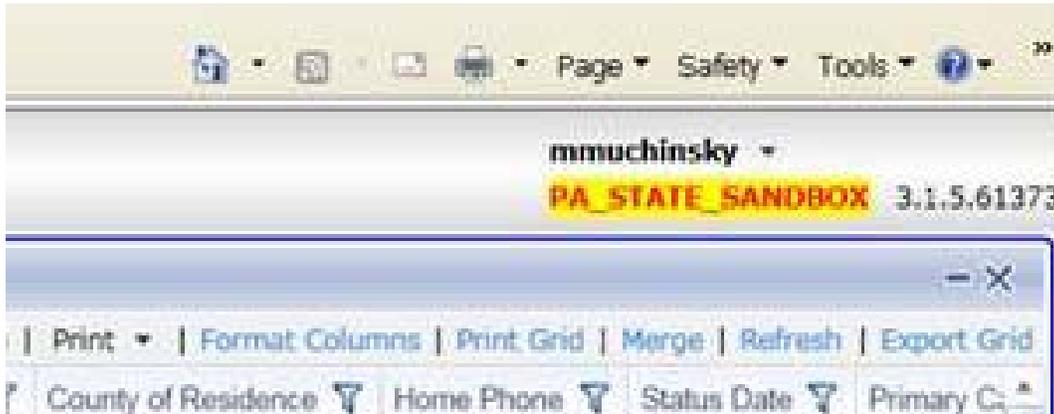
- Before the system will access the Sandbox, a warning similar to the example below will display; ensuring the user understands that they will be entering a non-production database. Click OK when you see this prompt.



- Application resources will load into the system. A menu bar will appear at the top of the page when the system has fully loaded. Users may begin exploring the Sandbox upon completion of this process.

❖ Additional Considerations

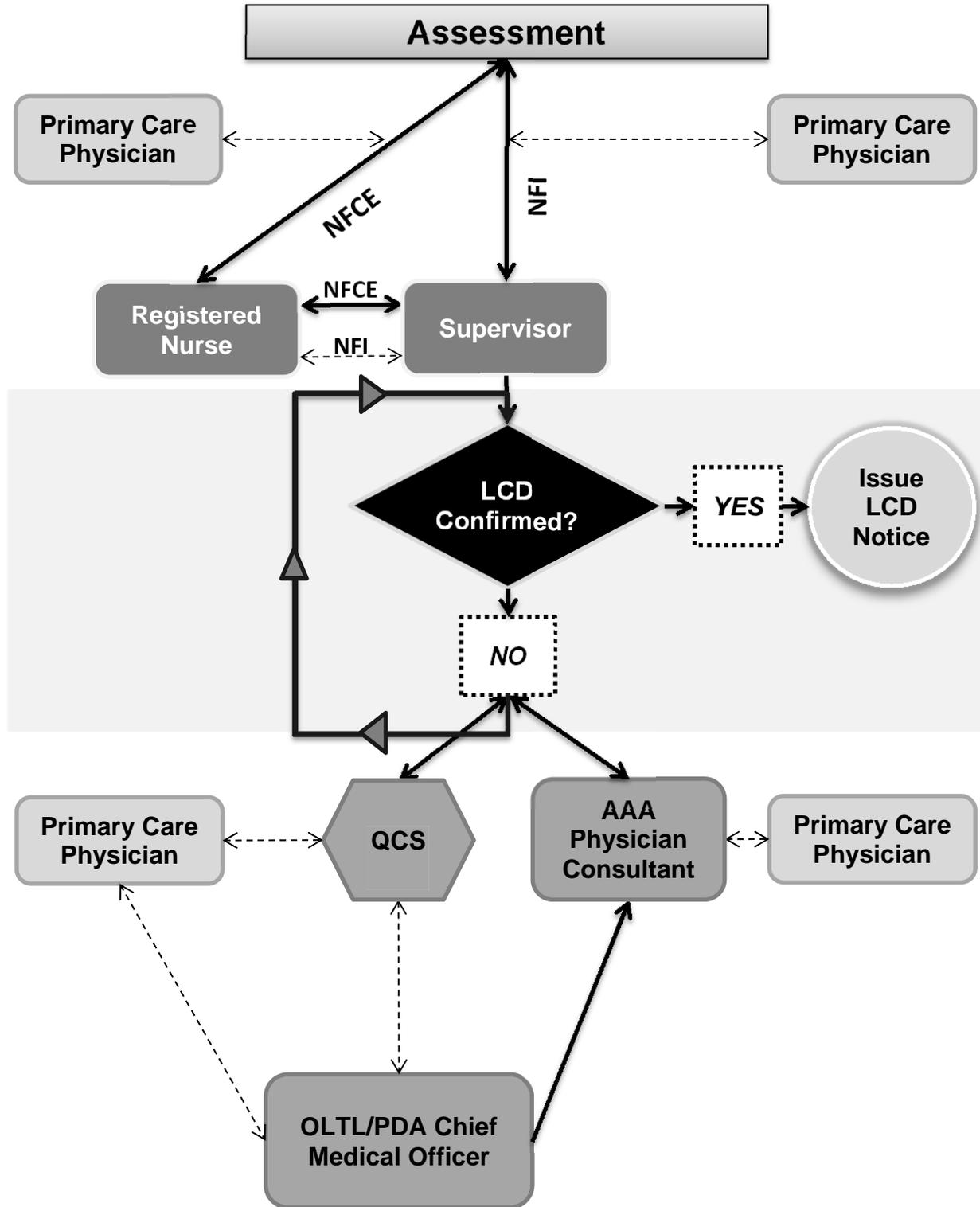
- Users with current SAMS 3 production accounts will also have access to the non-production Sandbox Application.
- A login status like the one pictured below will indicate that the user is logged into the Sandbox Application. The words PA_STATE_SANDBOX will be printed in red, and highlighted in yellow.



It is extremely important that all users be aware of whether they are logged in to the SAMS 3 Production or SAMS 3 – Sandbox Non-Production Application.

Users who are not logged into the intended application could inadvertently alter or lose consumer information.

Assessment Protocol



Recommended Activity and Referrals

Recommended Activities and Referrals

The A&Rs below are not mandatory but are recommended for use to assist the agency in managing their workload through dashboards and other reports.

| A&R | Description | Status/Reason | Due Date |
|--|---|--|----------|
| Date of Referral (New) | The date the AAA receives a referral by any source via any method (e.g. phone, fax, mail, e-mail, walk-in). | | |
| Request Medical (New) (If applicable) | The date the request for the medical is mailed, faxed, or e-mailed to the physician. | Waiting/Requested Returned/Incomplete Complete | |
| Date of Assessment | The date the face-to-face visit occurs. | Scheduled Cancelled/Various reasons Completed | |
| Date Assessment Completed | The date of review/sign-off by the supervisor. | | |
| Dom Care Annual Recertification (New) | The date the annual recertification is completed. | Scheduled Cancelled/various reasons Completed | |
| PCH Annual Recertification (New) | The date the annual recertification is completed. | Scheduled Cancelled/various reasons Completed | |

Recommended Activity and Referrals

| A&R | Description | Status/Reason | Due Date |
|---|---|---------------------|------------------------------------|
| Level of Care Determination Issued | The date the Level of Care Determination Notice is issued to the individual and/or their responsible party, the referral source and the CAO if applicable | Pending Complete | Within 15 days of date of referral |

Note: A&Rs can be edited. Therefore, any detailed information should be documented in a journal entry with the A&R title as the subject.

Mandatory Journal Topics

Mandatory Journal Topics

Below are the mandatory journal entries.

| Mandatory Topic | Description | What is to be documented – any acronyms used need to be universally understood |
|--|---|---|
| Consumer Contact Family Contact Other Contact (New) | All contacts with, on-behalf of, or regarding a consumer that are completed in any manner (e.g. phone, mail, e-mail, fax, or in-person) | Journal should indicate the type of contact (phone, e-mail, etc.), what took place during the contact and should include the person who was contacted, the purpose of the contact, what occurred during the contact and any follow up. <i>Documentation of these contacts with the individual, family, and other is required for reporting compliance with the Mosley settlement requirements.</i> |
| Physician Contact | The date of contact with the attending physician and/or physician consultant | The journal should indicate the type of contact, who the AAA contacted, what occurred during the contact and outcomes. |

OLTL Bulletin 55-12-03

| | | |
|--|--|--|
|  Pennsylvania DEPARTMENT OF PUBLIC WELFARE DEPARTMENT OF AGING www.dpw.state.pa.us | OFFICE OF LONG-TERM LIVING BULLETIN | |
| ISSUE DATE December 31, 2012 | EFFECTIVE DATE December 31, 2012 | NUMBER 55-12-03 |
| SUBJECT: Procedures and Timeframes Related to Performance of Level of Care Assessments and Independent Enrollment Broker Responsibilities | |  Bonnie L. Rose Deputy Secretary, Office of Long-Term Living |

PURPOSE

This bulletin establishes uniform procedures and timeframes for Area Agencies on Aging (AAAs) to follow to complete Level of Care Assessments (LOCAs), and sets forth the responsibilities of the Independent Enrollment Broker (IEB). This bulletin supercedes and replaces the Office of Long-Term Living (OLTL) bulletin issued on November 21, 2012 (#55-12-02).

SCOPE

This Bulletin applies to LOCAs performed by AAAs for the Office of Long-Term Living's waiver programs.

BACKGROUND/DISCUSSION

This bulletin will ensure compliance with the 90-day federal requirement for Medicaid waiver eligibility determination. See 42 CFR 435.911. It establishes the requirement that LOCAs be completed within a fifteen (15) calendar day period and provides for additional timeframes for the completion of tasks. This bulletin provides for corrections in the letters attached to the previous bulletin issued by OLTL on November 21, 2012. Changes are underlined.

PROCEDURE

When a AAA receives a request from the IEB for a LOCA to be performed, the AAA shall perform the LOCA within fifteen (15) calendar days, in accordance with the following procedure:

1. When a referral is received by a AAA from the IEB for a LOCA and the AAA makes contact with the applicant by phone or mail, the AAA must send a confirmation letter to the applicant (SEE ATTACHED SAMPLE LETTER #1) within three (3) business days confirming the date and time of the scheduled LOCA.
2. When a referral is received by a AAA from the IEB for a LOCA and the applicant has a valid telephone number but cannot be reached on the first call, the AAA shall:

- Initiate three phone contacts (including the initial call) with the applicant to schedule their LOCA. Calls must be made not less than two days apart and cannot extend more than five (5) business days. If contact has not been made via phone by the third call, a letter is to be sent by the AAA to the applicant informing them of a date by which the applicant must contact the AAA to schedule their LOCA. The date by which the applicant must respond should be no more than five (5) business days from the date on the letter. The letter may be sent on the day that the last call was placed to the applicant by the AAA and will inform the applicant that their application will be terminated if they do not call to schedule a LOCA by the required date. (SEE ATTACHED SAMPLE LETTER #2.)

If the applicant does not respond, the AAA will inform the IEB no later than twenty (20) days after receiving the referral to terminate the application by faxing the LOCA request form back to the IEB, noting 'incomplete LOCA' on the form.

3. When a referral is received by a AAA from the IEB for a LOCA and the applicant does NOT have a valid telephone number, the AAA shall:

- Send a letter to the applicant requesting that the applicant contact the AAA to schedule their LOCA no more than five (5) business days from the date on the letter. (SEE ATTACHED SAMPLE LETTER #3.)

If the applicant does not respond, the AAA will inform the IEB no later than twenty (20) days after receiving the referral to terminate the application by faxing the LOCA request form back to the IEB, noting 'incomplete LOCA' on the form.

4. If, after a LOCA has been scheduled, the applicant calls to reschedule his or her appointment, the AAA must offer to reschedule the appointment and must inform the applicant that if they do not appear for the rescheduled appointment, their application will be terminated and they will have to reapply, thus delaying possible services.

If the applicant does not respond, the AAA will inform the IEB no later than twenty (20) days after receiving the referral to terminate the application by faxing the LOCA request form back to the IEB, noting 'incomplete LOCA' on the form.

If a LOCA is not completed and submitted to the IEB within fifteen (15) calendar days from the date on which it was requested, the IEB will send a reminder to the AAA, with a copy to OLTL fifteen (15) calendar days after requesting the LOCA. The IEB shall provide a AAA with a second reminder within five (5) calendar days after the first reminder if the LOCA has not been received by the IEB.

The fifteen (15) calendar day requirement for completion of LOCAs also applies to the Aging Waiver.

Questions concerning this bulletin should be directed to the Bureau of Individual Support at 717-787-8091

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:
Department of Aging/Office of Long-Term Living
Bureau of Individual Support
P.O. Box 2675
Harrisburg, PA 17105
(717) 787-8091

LETTER #1

Dear _____:

This letter is to confirm that you have scheduled an appointment on _____, 20__ at _____ for a Level of Care Assessment by the (insert agency name) to be conducted at (insert location LOCA to be done).

This assessment is a step in the eligibility determination process to determine whether or not you qualify for long-term living services provided under the medical assistance program. It is important, therefore, that you not miss this appointment.

If, however, an emergency arises and you must reschedule this appointment, please contact _____ at () _____ as soon as possible.

Sincerely,

LETTER #2

Dear _____:

The (insert agency name) recently received a referral for you to receive a Level of Care Assessment for long-term living services. This assessment is a step in the eligibility determination process to determine whether or not you qualify for long-term living services provided under the medical assistance (MA) program. It is important, therefore, that you schedule an appointment.

We have attempted, but been unable to reach you by phone. Please call us at () _____ by _____ (insert date which is 5 business days from the date you are sending this letter to the applicant) to schedule your appointment.

If you do not respond by the date above, your application for MA funded long-term living services will be terminated, which means that you will have to reapply for services.

Sincerely,

LETTER #3

Dear _____:

The (insert agency name) recently received a referral for you to receive a Level of Care Assessment for long-term living services. This assessment is a step in the eligibility determination process to determine whether or not you qualify for long-term living services provided under the medical assistance (MA) program. It is important, therefore, that you schedule an appointment.

We have attempted to reach you by phone but the number we were given is not correct. Please call us at () ___-___-___ by _____ (insert date which is 5 business days from the date you are sending this letter to the applicant) to schedule your appointment.

If you do not respond by the date above, your application for MA funded long-term living services will be terminated, which means that you will have to reapply for services.

Sincerely,

Mosley vs. Alexander Settlement, Exhibit C

EXHIBIT C

All signed applications and other documentation, if any, gathered by the IEB under the process specified below must be submitted to the CAO no later than 40 calendar days from the Application Date. When a deadline under this process falls on a Saturday, on a Sunday or on a Pennsylvania legal holiday, then the deadline shall be the next business day.

A. SCOPE

- (1) For purposes of the Ongoing Process, "Applicant" means:
- An individual who signs or, on whose behalf the individual's representative signs a PA 600LWP; or
 - An MA recipient who expresses or whose representative expresses an intention to the IEB that the MA recipient be considered for participation in an OLTL Waiver

B. INITIAL CONTACT

- (1) When a potential consumer or consumer's representative calls the IEB, the IEB will determine whether the caller is making an "inquiry" or a "request to apply" for services. If the call is a "request to apply," the IEB proceeds to the step in subsection (2) below.
- (a) A contact is an inquiry if the individual is only requesting general information regarding OLTL Waivers or Waiver services or in-home services generally, but is not expressing any intention to be considered for participation in a Waiver. If any question exists as to whether a contact is an inquiry or a "request to apply," the contact should be treated as a request to apply.
- (b) The IEB must keep a record of the name, address and telephone number of each person making an inquiry and the date of the inquiry.

- (2) If the call is a request to apply, the IEB will follow a "Script," which is attached as Appendix A.
- (3) If, during the Initial Contact, the potential consumer decides not to proceed with the application process, the IEB will note that in its records and the case will be closed.
- (4) If the potential consumer says he/she wants to continue with the application process, the IEB will schedule an in-home Intake Visit, which **must** be conducted within seven (7) calendar days of the Initial Contact unless the potential consumer requests that the visit take place at a later date or there are other circumstances beyond the control of the IEB.
 - (a) If the Intake Visit does not occur within seven (7) calendar days of the Initial Contact, the IEB will note the reason for the delay in its records.
- (5) The IEB will check CIS prior to the Intake Visit to determine whether the potential consumer is an MA recipient.

C. INTAKE VISIT

- (1) The IEB will bring the following forms to all Intake Visits:
 - (a) Care Management Instrument (CMI)
 - (b) Freedom of Choice Form
 - (c) Service Provider Choice Form
 - (d) Authorization of Release of Information (PA4)
 - (e) Information about the Estate Recovery Program
 - (f) Citizenship Form
 - (g) Notice of Privacy Practices, includes Acknowledgement Form
 - (h) Waiver Participant's Rights and Responsibilities
 - (i) A flow chart entitled "PA Enrollment Broker (IEB) Application Process for Home and Community Based Service"

Mosley vs. Alexander Settlement, Exhibit C

- (j) Notice of Right to Timely Eligibility Determination
- (2) If a potential consumer is not an MA recipient, in addition to the forms specified in subsection (1) above, the IEB will bring the following forms to the intake visit:
 - (a) 0192 Waiver Application (for the AIDS Waiver)
 - (b) PA 600L or PA 600WP (12 Community Choice counties)
- (3) The IEB will complete the CMI.
 - (a) If the CMI indicates that the consumer may not be programmatically or clinically eligible, the IEB will explain that a person must meet certain eligibility requirements to get waiver services, but the consumer has the right to file an application and continue with the application process.
 - (b) If the consumer or his/her representative wants to continue the application process:
 - (i) If consumer is an MA recipient, the IEB will proceed to the step in Section D. below.
 - (ii) **If consumer is an MA recipient, the date of the Intake Visit is the Application date.**
 - (c) If the consumer is not an MA recipient, the IEB will explain to the consumer or his/her representative that in order to begin the application process, the consumer or his/her representative must sign a PA 600L/WP and that the consumer or representative will have to complete the form and submit supporting documentation.
 - (i) If the consumer signs the PA 600L/WP at the Intake Visit, the consumer is an "Applicant."
 - (ii) If for some reason the consumer does not want to sign the PA 600L/WP form at the Intake Visit, the IEB will leave the form and explain to the consumer that the application process will not start until the form is signed and returned to the IEB.

(iii) **The date the consumer returns a signed PA 600L/WP to the IEB is the Application Date. In most cases, the Application Date will be the date of the Intake Visit.**

(4) The IEB will review the application process, including the need for a Physician Certification and a LOCA, and assist the consumer or his/her representative as necessary to complete the forms identified in (1) and (2) above.

D. POST-INTAKE VISIT PROCESS FOR APPLICANTS:

(1) **An Applicant must receive an eligibility determination within 90 days of the Application Date.**

(a) **If consumer is an MA recipient, the Application Date is the date of the Intake Visit.**

(b) **If the consumer is not an MA recipient, the Application Date is the date on which the consumer returns a signed PA 600L/WP to the IEB. In most cases, the Application Date will be the date of the Intake Visit.**

(2) For each Applicant, the IEB will:

(a) Within seven (7) calendar days of the Application Date, send a Physician Certification form (see OLTL Bulletin # 05-10-04, 51-10-04, 55-10-04, 59-10-04 (July 6, 2010)) to the Applicant's physician to be completed, unless the Applicant decides to get the form completed him/herself. The IEB will request the physician complete and send the form so that it is received by the IEB no later than ten (10) calendar days after the date the IEB sent the form to the physician.

(b) Within fifteen (15) calendar days of the Application Date, request the AAA to conduct and submit a LOCA to the IEB within fifteen (15) calendar days of the date of the request.

(i) The IEB will notify the AAA of the deadline which the IEB gave for submission of the Physician Certification.

Mosley vs. Alexander Settlement, Exhibit C

- (ii) If the Physician Certification is received before the AAA submits the LOCA to the IEB, the IEB will forward the Physician Certification to the AAA.
 - (iii) If the Physician Certification is not received before the AAA conducts the assessment and completes the LOCA, then the AAA will complete the LOCA, but will note on the LOCA that the Physician Certification was not submitted and that the consumer is, therefore, NFI.
- (3) If LOCA is not completed and submitted to the IEB within fifteen (15) calendar days from the date on which the IEB requests the LOCA:
 - (a) Starting on the fifteenth (15th) day, the IEB will send two reminders to the AAA with a copy to OLTL, with the second reminder sent five (5) calendar days after the first reminder.
 - (b) If the LOCA is not received by the IEB within five (5) calendar days of the second reminder, the IEB will refer the case to OLTL for follow-up.
- (4) For each Applicant that the IEB refers to OLTL because it has not received a LOCA, within ten (10) calendar days of the IEB referral, OLTL will contact the AAA to determine why the LOCA has not been completed.
 - (a) If the AAA has been unable to complete the LOCA because the Applicant has refused to cooperate, or is no longer interested, OLTL will instruct the IEB to complete and submit a PA 1768 Form or an updated PA 1768 Form to the CAO verifying that the individual does not qualify for waiver services. In the comment section, the IEB will note whether the Applicant did not cooperate and, if so, the nature of the lack of cooperation or whether the Applicant is no longer interested in receiving OLTL waiver services.
 - (b) For all other Applicants, OLTL will set a deadline for completion of the LOCA, which will be no later than ten (10) calendar days after the contact with the AAA.

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- (i) If the LOCA is not completed by the deadline, then OLTL will arrange for an assessment to be conducted and the LOCA completed by staff or designee of OLTL within five (5) calendar days. Subsection (6) will apply.
- (5) If the Physician Certification is not received by the deadline for completion of the LOCA, the assessor will conduct the assessment and complete the LOCA, but will note on the LOCA that the Physician Certification was not received and that the Applicant is therefore NFI.
- (6) If the IEB does not receive the physician cert within ten (10) calendar days from the date on which the IEB sent the Physician Certification form to the physician:
 - (a) Starting on the tenth (10th) day, the IEB will make a total of two (2) reminder calls to the physician, with the second call made five (5) calendar days after the first call, and at least one (1) call to the Applicant during that period, explaining that the application will be denied if the Physician Certification form is not received.
 - (b) If the IEB does not receive the Physician Certification form within seven (7) calendar days of the last reminder call, the IEB will send a written notice to the Applicant advising that, unless a Physician Certification is received within ten (10) calendar days of the notice, the Applicant may be determined ineligible for OLTL Waiver services.
- (7) For each Applicant for whom a LOCA has been completed by the AAA:
 - (a) If the Applicant is NFCE, within seven (7) calendar days of the date the LOCA is completed, the IEB will refer the Applicant to OLTL to determine whether the Applicant is Program Eligible for the OLTL Waiver identified by the IEB or another OLTL Waiver.
 - (i) Within seven (7) calendar days of receiving the referral, OLTL will notify the IEB whether the Applicant is Program Eligible for an OLTL Waiver.

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- (ii) Within seven (7) calendar days of the date that OLTL determines whether the Applicant meets the Program eligibility criteria for an OLTL Waiver, the IEB will complete and submit a PA 1768 form to the CAO.
 - (b) If the Applicant is NFI because the LOCA was completed without a Physician Certification, within seven (7) calendar days of the date of the LOCA determination, the IEB will complete and submit a PA 1768 to the CAO, along with the signed PA 600LWP and whatever supporting documentation has been provided to the IEB. The IEB will note in the comment section of the PA 1768 that the Applicant is NFI because the physician did not submit a Physician Certification. The IEB will also note whether the assessor's recommended level of care for the consumer is NFCE.
 - (i) If a Physician Certification is received by the IEB before the CAO issues a Notice of Eligibility/Ineligibility, and the physician recommends or orders nursing facility level of care, the IEB will complete and submit an updated PA 1768 Form noting that the Applicant is NFCE **provided that**, on the LOCA, the assessor's recommended level of care for the Applicant is NFCE.
 - (c) If the Applicant is NFI based upon the LOCA, within seven (7) calendar days of the date of the LOCA determination, the IEB will complete and submit a PA 1768 to the CAO, along with the signed PA 600LWP and whatever supporting documentation has been provided to the IEB.
- (8) Whether or not the LOCA has been received, no later than forty (40) calendar days after the Application Date, the IEB must forward to the CAO the PA1768, the PA600WP/L, and all supporting documentation received by that date.
- (a) If the LOCA has not been received as of the date the IEB forwards the application package to the CAO, the IEB will leave the ELIGIBILITY/PROGRAM ASSESSMENT INFORMATION section of the PA 1768 blank and note in the comment section that the LOCA is pending.

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- (b) Once the LOCA is received, the IEB will send an updated PA 1768 Form to the CAO in accordance with section D.6.(c).
- (9) For each Applicant for whom the CAO receives an application package from the IEB, the CAO will:
 - (a) If the application includes all needed supporting documentation upon receipt, make a financial eligibility determination and Issue a Notice of Eligibility/Ineligibility no later than forty-five (45) calendar days from the date the CAO receives the application package; or
 - (b) If the application is missing needed supporting documentation, request that the Applicant provide additional supporting information within ten (10) calendar days and issue a Notice of Eligibility/Ineligibility no later than forty-five (45) calendar days from the date the CAO receives the application package.
 - (c) If the individual was marked NFI because the physician did not submit a Physician Certification, but the assessor's recommended level of care for the consumer is otherwise NFCE (see subsection D.(7)(b), above), the CAO will not issue the Notice of Ineligibility/Eligibility prior to receipt of the Physician Certification or prior to forty-five (45) days of receipt of the application package, whichever occurs first.

E. POST INTAKE PROCESS FOR NON APPLICANTS:

- (1) If the individual, who is not an MA recipient, does not sign the PA 600L/WP at the Intake Visit, the individual is not considered an "Applicant."
- (2) For each such individual, the IEB will:
 - (a) Within thirty (30) calendar days of the Intake Visit, contact the individual by written correspondence that includes a PA 600L/WP asking if he/she is still seeking OLTL Waiver services and offering to assist the individual to complete the form;

Mosley vs. Alexander Settlement, Exhibit C

- (b) If the individual requests assistance, the IEB will schedule an Intake Visit, which must occur within seven (7) calendar days of the individual's request.
- (c) If the Applicant submits a signed PA 600L/WP in response to the IEB's inquiry, the steps in Section D. (1) through (9) will apply.
- (d) If the IEB does not receive a signed PA 600L/WP form within thirty (30) days, the IEB will notify the individual that no further action can be taken because the form has not been signed and that his/her case is closed but can be reopened when the signed form is received.

OBRA Target Assessments

Federal laws governing nursing facilities were revised, effective January 1989, by Public Law 100-203, the Omnibus Budget Reconciliation Act (OBRA) of 1987 (Nursing Home Reform Act), and 42 Code of Federal Regulations (CFR) Sections 483.100 - 483.116. These laws require Pre-Admission Screening Resident Review (PASRR) assessments to be completed for all individuals initially entering nursing facilities to determine if they have a Mental Illness (MI), Intellectual Disability (ID), or Other Related Condition (ORC). If an individual has a diagnosis of MI, ID, or ORC, the screening will help determine whether nursing facility care is appropriate and whether the individual needs specialized services.

There are two levels of assessments in the OBRA process. The process applies to all individuals seeking admission to a Medicaid certified nursing facility.

- ❖ PASRR Level I Identification Form (PASRR-ID) must be completed prior to or no later than the day of admission for all individuals applying for nursing facility placement regardless of payment source.
- ❖ PASRR Level II Evaluation (PASRR-EV) must be completed prior to admission for all individuals identified through the Level I assessment as meeting the criteria of having an MI, ID, or ORC. A Level II assessment may need to be completed for individuals already in the nursing facility if they have a change in condition that would make them meet the criteria of having an MI, ID, or ORC condition.

The Department designates the AAAs as the agencies responsible for conducting the PASRR-EV assessment. The AAA must complete a Level of Care Determination (LCD) and a PASRR-EV for all individuals who have been identified through the Level I assessment as needing further evaluation.

The following forms completed in the OBRA process are:

1. Medical Evaluation Form (MA-51) – This form is completed by the physician as part of the level of care determination.
 - Level I Assessment (PASRR-ID) – This form evaluates whether an individual meets the criteria of having an MI, ID, or ORC condition who is seeking admission to a nursing facility. All referrals for a Level II assessment must include a completed PASRR-ID.
 - Level II Assessment (PASRR-EV) – This form is used to determine if the individual meets the criteria of an MI, ID, or ORC condition and could benefit from specialized services provided through the appropriate Program Office.

OBRA Target Assessments

1. Level of Care Determination (LCD) Tool – This standardized instrument is used as an assessment tool to determine if an individual meets the criteria of being nursing facility clinically eligible (NFCE) which allows them to seek various services including waivers and nursing facility placement.
2. Transmittal Form – This form provides the AAA’s recommendation regarding the individual’s Level of Care and recommendation for the need for specialized services. There are two Transmittal Forms currently utilized:
 - The Transmittal Form Evaluation Agency to Program Office is completed and sent with assessment packets going to OMHSAS and OLTL.
 - The Transmittal – Preliminary Evaluation Report Recommendation for the ID Target Population Form is completed and sent with the assessment packets to the Regional Developmental Disabilities Program Office.
3. Program Office Letter of Determination – This form is generated by the Program Office to notify the individual, the AAA, the hospital, the nursing facility, and other relevant entities of the final determination. The letter identifies whether the individual requires a nursing facility level of care, meets criteria for having an MI, ID, or ORC, and requires specialized services.
4. Right to Appeal and to a Fair Hearing – Along with the Program Office Letter of Determination, the Right to Appeal and to a Fair Hearing is sent to an individual by the Program Office as notification of their hearings and appeals rights under the OBRA process.

Once the AAA has completed the entire assessment process, the following information must be submitted to the appropriate Program Office. Please refer to the link for specifics by Program Office (Program Office submission [packet checklist](#)).

- ❖ LCD
- ❖ Level I Assessment (PASRR-ID) and if applicable the Out of State ID
- ❖ MA-51 (unsigned) (Script is not permitted)
- ❖ Level II Assessment (PASRR-EV)
- ❖ Any information and consultations obtained to document the need for specialized services on the PASRR-EV
- ❖ Transmittal Form with recommendation
- ❖ Any other relevant information

The OBRA process is complete when the AAA receives the Letter of Determination from the Program Office.

Note: The AAA should review each case individually and contact the appropriate Program Office with any questions about what information should be included in the transmittal.

OBRA Target Assessments

OBRA Special Circumstances

1. Exceptional Admission

An individual who meets criteria of having an MI, ID, or ORC can be admitted to a nursing facility under the exceptional admission process as defined on the PASRR-ID form.

There are four exception types as defined on the PASRR-ID:

- Exempted hospital discharge for convalescent care (not more than 30 days),
- Respite care (not more than 14 days),
- Persons requiring emergency placement as certified by the AAA Protective Services Unit (not more than 30 days), and
- Persons in a coma or functioning at a brain stem level.

2. Dual and Multiple Target Diagnoses

The assessment may identify individuals who can be appropriately served by more than one Program Office. After an individual is identified and could be served by more than one Program Office, all-applicable Program Offices are to review the assessment packet. The AAA is responsible to send out only one packet.

- If the individual is a dual target for OMHSAS and ODP, the order of the Program Office review is:
 - 1) OMHSAS
 - 2) ODP
- If the individual is a dual target for ORC and OMHSAS, the order of Program Office review is:
 - 1) OMHSAS
 - 2) ORC
- If the individual is a target for all three, the order for review is:
 - 1) OMHSAS
 - 2) ODP
 - 3) ORC

3. Out of State Admissions

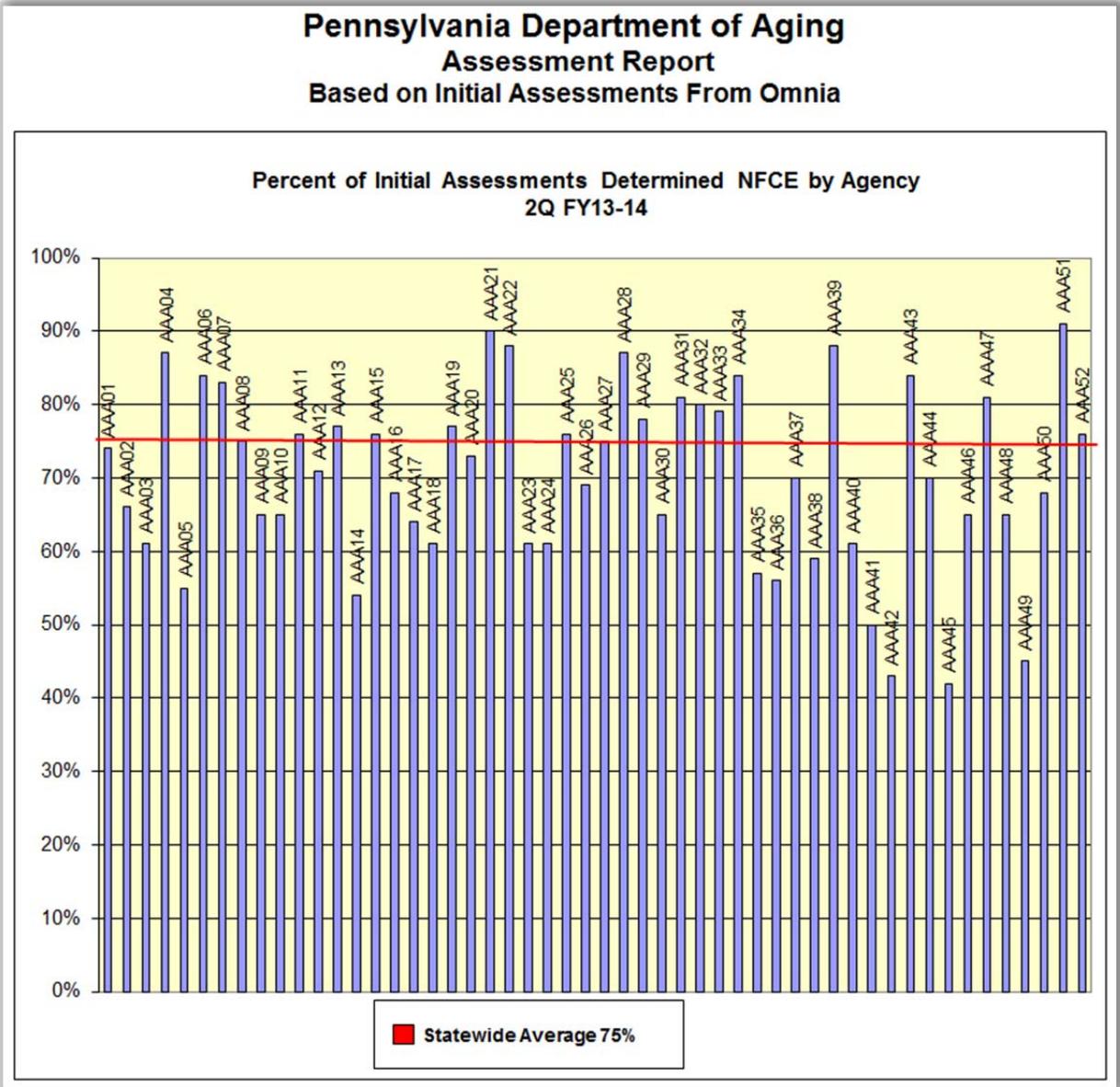
The Program Offices cannot accept an ID from another state. The AAA can make a determination on an individual using the Out of State ID if the AAA determines they have sufficient supporting documentation and have completed the PASRR-EV. It is the responsibility of the in-state nursing facility to complete and send to the AAA office a PASRR-ID prior to or on the day of admission to the facility. The AAA sends the entire packet including the Out of State ID, PASRR-ID, and the PASRR-EV to the appropriate Program Office.

OBRA Target Assessments

4. Current Nursing Facility Residents

If the assessment is being completed to determine Medicaid eligibility, the AAA completes the LCD and the PASRR-EV if required. The AAA should coordinate with the appropriate Field Operations Office to determine who will complete the PASRR-EV assessment and submission to the Program Office for individuals meeting the criteria for MI, ID, or ORC.

Sample Assessment Benchmark Report



Statement of Findings and Corrective Action Plan

Statement of Findings and Corrective Action Plan



Department of Aging
Quality and Compliance Unit (QCU)

Statement of Findings

| | | |
|---|--|--|
| PSA Number: 99 Agency Name: Any County Area Agency on Aging | Quality and Compliance Specialist: Dana Ehrhart Contact Information: 717-772-2933 | Review Date(s): February 25 to 27, 2014 |
| FCSP Program Requirement | Aging Program Directive #10-01-02 – Section 20.23(d)(1) | |
| Finding #5 | The agency did not obtain proof of annual household income for the calendar year immediately preceding the year the consumer was assessed or reassessed for program participation. This occurred in 7 of the 15 case records reviewed. | |

Corrective Action Plan

| Action Steps to Correct Each Finding(s) | Action Steps to Prevent Future System Reoccurrences | Agency Responsible Persons with Title | Timeframe for Completion | Agency Internal Quality Management |
|--|---|---|-----------------------------------|---|
| At each assessment and reassessment and each April of every year, after taxes are expected to be completed, proof of income will be collected by the care manager. A re-training will be conducted with all care managers on this aspect of program policy. | Supervisor will review each file to be sure the correct year was collected to prove income for the FCG program. | Suzy Smith, LTCD ssmith@aaa.org 555-555-1234 x123 | Will begin immediately 3/21/14 | Care manager will check each file to be sure the correct proof or income is in the file. This will be done every 6 months. Jane Jones, Pre-Admission Supervisor/Wavier Supervisor will do random checks of files, 25% of records, to make sure the correct financial documentation is found in the files. |
| Quality and Compliance Specialist and Date of CAP Review: | | | | |
| Verification of Incomplete/Complete CAP: | | | | |
| Quality and Compliance Specialist _____ | | Date Approved _____ | | |

Statement of Findings and Corrective Action Plan



Department of Aging
Quality and Compliance Unit (QCU)

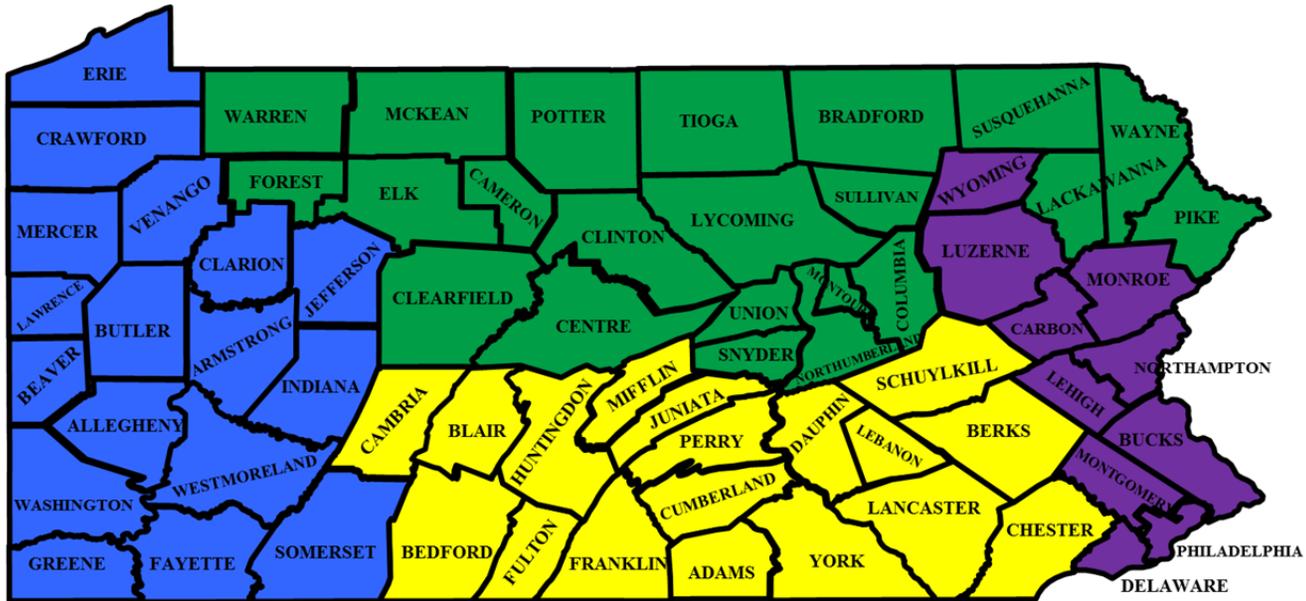
Corrective Action Plan Signature Page

| |
|---|
| Onsite Review Date(s): February 25-27, 2014 |
| Agency: Any County Area Agency on Aging |
| Printed Name: Amy Adams |
| Title: Executive Director |
| Email Address: aadams@aaa.org |
| Authorized Signature: On file Date: 3/21/14 |

The signature above indicates that I have reviewed and authorized the provisions outlined in the attached Corrective Action Plan.

Quality and Compliance Division Regions

Quality and Compliance Division Regions



| | Western | South Central | North Central | Eastern |
|--|-------------------------------|------------------------------------|-----------------|----------------------------------|
| Quality & Compliance Specialist | Anne Marie Cename | Dana Ehrhart | Trula Hollywood | Stephanie Cole |
| Fiscal Representative | Joe Grant | Vacant | Richard Yuan | Andre Brown |
| Program Specialist | Whitney McAnlis Barb Hinds | Catherine Conry Betsy Hartranft | Linda Stewart | Jeanette Wahy Brienne Gerhard |

Quality and Compliance Division Regions

Quality and Compliance Division Contact Information

| | | | |
|-----------------------------------|----------------------|--|---------------------|
| Division Chief | Kathy Skrinak | kskrinak@pa.gov | 570-331-6766 |
| Eastern Region | | | |
| Quality and Compliance Specialist | Stephanie Cole | stcole@pa.gov | 717-772-0193 |
| Fiscal Representative | Andre Brown | c-andbrown@pa.gov | 717-585-5325 |
| Program Specialist | Jeanette Wahy | c-jewahy@pa.gov | 717-433-3711 |
| Program Specialist | Brianne Gerhard | c-bgerhard@pa.gov | 717-525-0140 |
| North Central Region | | | |
| Quality and Compliance Specialist | Trula Hollywood | trhollywood@pa.gov | 717-743-3141 |
| Fiscal Representative | Richard Yuan | c-xyuan@pa.gov | 717-480-1977 |
| Program Specialist | Linda Stewart | c-lstewart@pa.gov | 570-660-4135 |
| | | | |
| South Central Region | | | |
| Quality and Compliance Specialist | Dana Ehrhart | daehrhart@pa.gov | 717-772-2933 |
| Fiscal Representative | Vacant | | |
| Program Specialist | Catherine Conry | c-cconry@pa.gov | 717-418-5814 |
| Program Specialist | Betsy Hartranft | c-ehartran@pa.gov | 717-461-0179 |
| Western Region | | | |
| Quality and Compliance Specialist | Anna Marie Cenname | acenname@pa.gov | 724-658-3068 |
| Fiscal Representative | Joe Grant | c-jogrant@pa.gov | 717-418-6960 |
| Program Specialist | Barb Hinds | c-bhinds@pa.gov | 717-480-9791 |
| Program Specialist | Whitney McAnlis | c-wmcanlis@pa.gov | 724-971-4193 |



On-Site Level of Care Monitoring Tool

The On-site Level of Care Monitoring Tool is used to ensure compliance with all policies and procedures.

| | |
|--|--|
| Level of Care Standards | |
| Time Frame Requirements | |
| The LCD was completed within 15-day time frame | |
| If not within required time frames, there is documentation to support the reason in SAMS | |
| Based on OLTL Bulletin 55-12-03, the AAA completed LCD and submitted to the IEB in 15 days | |
| The AAA adhered to documentation required for delays in submission to the IEB in SAMS in accordance with the OLTL Bulletin | |
| Level of Care Quality Content Review | |
| Physical Health | |
| Documentation | |
| Impact on LOC | |
| Medication Management | |
| Documentation | |
| Impact on LOC | |
| ADLs | |
| Documentation | |
| Impact on LOC | |
| Mobility | |
| Documentation | |
| Impact on LOC | |
| IADLs | |
| Documentation | |
| Impact on LOC | |

On-Site Level of Care Monitoring Tool

| | |
|--|--|
| Level of Care Quality Content Review | |
| Section 13 Assessment Outcome Question #4 summarizes the LCD Tool content | |
| The LCD supports the level of care determination | |
| OBRA Target Requirements | |
| Completed LCD and Section 13 Assessment Outcome question #4 except for LOC Determination | |
| PASRR-EV completion | |
| Transmittal Form completion | |
| Transmittal indicates recommended level of care and Specialized or non-specialized services | |
| Ancillary Documentation as required by Program Office submitted to Program Office | |
| PASRR Y/N Form from Program Office received | |
| Non-target Requirements: | |
| Completed LCD and completion of Section 13 Assessment Outcome Question #4 | |
| Supervisory review | |
| RN review | |
| RN home visit conducted to address LOC discrepancy | |
| Required signatures | |
| LOC determination to CAO | |
| PCH/Dom Care Recertification Only | |
| Notification to PCH/Dom Care 60 days prior to recertification date to obtain an MA-51/Script | |
| Recertification occurs 365 days from date of assessment | |
| PA 1768 and PA 745 forwarded to CAO | |
| Determination Report to CAO | |

Instructions for Completing the Level of Care Determination Tool

Introduction

The previous tool known as the LOCA (Level of Care Assessment) has now been replaced by the LCD (Level of Care Determination).

Information contained in the LCD is essential to determining a level of care. Some information previously found in the LOCA has been moved to the Needs Assessment Tool (NAT) because the information was found to be most correct when identifying individual's needs used in the development of a service plan. Federal reporting requirements through the National Aging Program Information Systems (NAPIS) necessitate the retention of some information that may not appear relevant to level of care. *(Note: Questions that include NAPIS information are indicated with an * before the question.)* There is no longer any reference to locus of care and placement preferences with the exception of Nursing Facility Ineligible (NFI) determinations.

The Short Portable Mental Status Questionnaire has been replaced with the VAMC Saint Louis University Mental Status (SLUMS) Examination. The SLUMS has been placed before the medical condition section and must be completed. Placing the mental examination before the medical section enables the assessor to determine the cognitive ability of the individual to answer questions pertaining to medical diagnoses and functional ability. In the event of identified cognitive impairment, the assessor should share the results with the individual and informal supports. The assessor should also recommend that the attending physician be contacted and the results of the SLUMS exam be shared with the physician.

The Decision Narrative has been removed. Summary documentation to support the level of care determination is now included in Section 13.A.4.

The tool also has an algorithm to assist with clinical eligibility determinations. Certain responses on the tool will facilitate the correct clinical eligibility determination to trigger further thought processes for the assessor. The tool will improve documentation and the results can be utilized by the department for quality initiatives and general data collection regarding the people that are served.

Use of the LCD will improve consistency with documentation in the assessments by decreasing text entries. Medical conditions now display drop down boxes for each type of diagnoses. The category of *Other* for selections of diagnoses not provided and a Notes section for expanded documentation in each section are available. Each section

Instructions for Completing the LCD Tool

also contains a question on the individual's ability to manage their care based on the functional limitations of their diagnoses. This is paramount to determining a level of care.

The LCD is recorded directly in SAMS. Information will later transfer to the Needs Assessment Tool (NAT) using the SAMS copy feature (refer to SAMS Instructions). Therefore, it is important that information documented in the LCD is complete, accurate and spelling is correct.

The assessors, registered nurses, and supervisors must ensure that when logging into SAMS/OMNIA, they use their individually assigned User ID and password. The signature in SAMS will indicate that the data recorded is complete and accurate. This is also important because SAMS/OMNIA will use the User ID to record an electronic signature for the individual completing their correct portion of the assessment tool. The electronic signature replaces the need for hard copy signatures.

| |
|------------------------|
| 1. INTRODUCTION |
|------------------------|

| |
|---|
| 1.A. INDIVIDUAL'S IDENTIFICATION |
|---|

Question 1: DATE when the AAA received the referral for the Level of Care Assessment:

Using the MM/DD/YYYY format, document the date that the agency received a referral for a level of care assessment.

Question 2: Individual's Last Name

Document the last name of the individual as it appears on his/her birth certificate or social security card.

Question 3: Individual's First Name

Document the first name of the individual as it appears on his/her birth certificate or social security card.

Question 4: Individual's Middle Initial

Document the individual's middle initial as it appears on his/her birth certificate or social security card.

Question 5: Individual's Name Suffix (if applicable)

Document name suffix (e.g. Sr. or Jr.).

Instructions for Completing the LCD Tool

Question 6: Individual's Nickname / Alias

Document the individual's nickname or alias (e.g. Josephine, alias Jay).

***Question 7: Individual's Date of Birth (DOB)**

Using the MM/DD/YYYY format, document the individual's date of birth.

***Question 8: Individual's Gender**

Document if the individual is a male or a female.

***Question 9: Individual's Ethnicity**

Document the individual's ethnicity as described by the individual. Select only one response (box).

***Question 10: Individual's Race:**

Document the individual's race as described by the individual. Select only one response (box).

Question 11: Individual's Social Security Number (SSN)

Enter the individual's SSN. The individual must present their SSN to apply for services in the community or nursing facility.

Question 12a: Does the individual have a Medicaid number?

Answer No, Yes or Pending. If Yes, enter the number in 1.A.12b.

Question 12b: Indicate Medicaid recipient number

Enter the individual's Medicaid recipient number if applicable.

Question 13a: Does the individual have Medicare?

Answer No or Yes. If Yes, enter the number in 1.A.13b.

Question 13b: Indicate the Medicare recipient number

Enter the individual's Medicare recipient number if applicable.

Instructions for Completing the LCD Tool

Question 14a: Does the individual have any other insurance?

Answer No, Yes, or Don't know. If Yes, enter the number in 1.A.14b.

Question 14b: Indicate other insurance information

Document the name of the individual's supplemental insurance if applicable.

1.B. ASSESSMENT INFORMATION

Question 1: PSA number conducting assessment

Document the Agency PSA number.

Question 2: Indicate type of assessment

Document the type of assessment completed. Select only one response (box).

Question 3: Where was the individual interviewed?

Document the location where the individual was interviewed. Select only one response (box).

Question 4: Date of visit/chart review:

Using the MM/DD/YYYY format, enter the date of the fact to face visit. In instances when the individual has been discharged or expired, enter the date of the chart review.

Question 5: Did the individual participate in the assessment?

Answer No or Yes. If the response is No, document in the Notes why they did not participate.

Question 6: If anyone else participated during the time of the determination, please document the relationship. (Document Name in Notes)

Document all persons present at the interview. Select all response boxes that apply. List the name(s) and their relationship(s) in the Notes section.

Question 7: Identify who referred the individual

Document all referral sources. Select all response boxes that apply, as there may be more than one referral source.

Instructions for Completing the LCD Tool

1.C. INDIVIDUAL'S DEMOGRAPHICS

***Question 1: Type of PERMANENT residence in which the individual resides**

Document the type of residence the individual lives in. Select only one response (box).

***Question 2: What is the individual's PERMANENT living arrangement? (Include in the "Lives Alone" category, individuals who live in an Assisted Living, Dom Care, or PCH, pay rent and have NO ROOMMATE.)**

Document the appropriate primary living arrangement. If the individual lives in Assisted Living, Dom Care, or PCH, pays rent and has no roommate, select the "Lives Alone" box and indicate in the Notes section the type of living arrangement.

***Question 3: Individual's marital status**

Document the marital status of the individual. Select one response (box).

***Question 4a: Is the individual a Veteran?**

Select No, Yes, or Unable to Determine. Select one response (box). If Yes, skip to 1.C.5a. If Unable to Determine, describe in the Notes section.

Question 4b: Is the Individual the spouse or child of a Veteran?

Select No, Yes, or Unable to Determine. Select one response (box). If Unable to Determine, describe in the Notes section.

***Question 5a: Does the individual require communication assistance?**

Select No, Yes, or Unable to Determine. Select one response (box). If No, skip to 1.C.6a. If Yes, complete 1.C.5b. If Unable to Determine, describe in the Notes section.

Question 5b: What type of communication assistance is required?

Document the type of assistance that the individual requires for communication. If the individual is unable to communicate, the assessor should check the response (box) entitled Unable to communicate.

Use the Notes section to clarify type of language assistance, such as interpreter or mechanical assistance (e.g. letter board).

Instructions for Completing the LCD Tool

Question 6a: Does the individual use sign language as their PRIMARY language?

Indicate No or Yes. Select one response (box). If No, skip to 1.C.7.
If Yes, complete 1.C.6b.

Question 6b: What type of sign language is used?

Document the individual's type of sign language used. Select one response (box). If not listed, select *Other* and document details in the Notes section.

***Question 7: What is the individual's PRIMARY language?**

Document the primary language understood and used by the individual. If not listed, select *Other* and document the primary language in the Notes section.

Instructions for Completing the LCD Tool

1.D. INDIVIDUAL'S PERMANENT RESIDENTIAL ADDRESS INFORMATION - MUNICIPALITY IS REQUIRED

Question 1: Is the individual's postal/mailing address exactly the same as the residential address?

Indicate Yes or No. If No, complete Section 1.E. (Individual's Postal/Mailing Address Information). Ask the individual, "Where do you get your mail?" Indicate Yes, if it is the same address where the individual is residing.

Question 2a: Residential County

Select the name of the County the individual lives in.

Question 2b: Residential Street Address

Indicate the Street Address where the individual resides.

Question 2c: Residential Address Second Line (Apt or Room #, Building or Complex Name, etc.)

Document the Apartment # or Room # and the name of the building or complex (if applicable) where the individual resides (e.g. Apt #3 Independence Court).

***Question 2d: Residential Municipality-REQUIRED (usually a Township or Boro where individual votes, pays taxes)**

This is the Township or Borough where the individual votes and pays taxes.

Question 2e: Residential City/Town

Document the City/Town where the individual resides.

Question 2f: Residential State

Document the State where the individual lives.

Question 2g: Residential Zip Code

Document the Zip Code where the individual lives.

Question 3: Directions to the individual's home

Document the directions to the individual's home.

Instructions for Completing the LCD Tool

***Question 4: Does individual reside in a rural area?**

This will automatically populate based on the address documented.

Indicate No or Yes.

Question 5a: Primary Phone Number

Document the primary phone number of the individual.

Question 5b: Mobile Phone Number

Document the individual's mobile phone number (if applicable).

Question 5c: Other Phone Number (Enter number where individual can be reached.)

Document any other ancillary phone number where an individual may be reached.

Question 5d: E-mail Address

Document the individual's e-mail address.

***Question 6: What was the outcome when the individual was offered a voter registration form? REQUIRED**

Select one response (box). It is not the AAA's responsibility to provide voter registration forms to an individual in a nursing facility. This is the nursing facility's responsibility as outlined in the Code of Federal Regulations (CFR). Assessors do not need to be repetitive. Documenting nursing facility in the Notes section will suffice.

Instructions for Completing the LCD Tool

1.E. INDIVIDUAL'S POSTAL/MAILING ADDRESS INFORMATION

Question 1a: Postal Street Address

Document the street address of the individual's residence.

Question 1b: Postal Address Line 2 (optional)

Document the apartment # or room # and the name of the building or complex if applicable (e.g. Apt #3 Independence Court).

Question 1c: Postal City/Town

Document the city or town where the individual resides.

Question 1d: Postal State

Document the State where the individual resides.

Question 1e: Postal Zip Code

Document the postal zip code where the individual resides.

1.F. EMERGENCY CONTACT

Question 1: Name of Emergency Contact

Document the name of the emergency contact for the individual.

Question 2: Relationship of Emergency Contact

Document the relationship of the emergency contact to the individual.

Question 3: Telephone Number of Emergency Contact

Document the telephone number of emergency contact.

Question 4: Work Telephone Number of Emergency Contact

Document the work telephone number of the emergency contact.

Instructions for Completing the LCD Tool

2. USE OF MEDICAL SERVICES

2.A. HOSPITAL, NURSING FACILITY, ER, INPATIENT PSYCHIATRIC VISITS/STAYS

Admission categories exist that include inpatient admission or outpatient observation status. Inpatient admission is when an individual is formally admitted to a hospital with a doctor's order. Outpatient observation is not considered a hospital admission. An outpatient receives emergency department services, observation services, outpatient surgery, lab tests, X-rays, or any other hospital services, and the doctor has not written an order to admit the individual to a hospital as an inpatient. In these cases, an individual is considered an outpatient even if the individual spends the night at the hospital.

Question 1: What is the individual's current level of consciousness?

Select the correct response. If Conscious, complete the assessment. If Comatose, Deceased, or in a Persistent Vegetative State, skip to 13.A.

Comatose: A coma is a state of unconsciousness lasting more than six hours, in which a person cannot be awakened; fails to respond normally to painful stimuli, light, or sound; lacks a normal sleep-wake cycle; and, does not initiate voluntary actions. A person in a state of coma is described as being comatose.

Conscious: The individual is awake and responsive to stimuli, keenly aware, fully appreciating the importance of something, intentional, considered and deliberate, or done with critical awareness.

Persistent Vegetative State: A persistent vegetative state is a disorder of consciousness in which patients with severe brain damage are in a state of partial arousal rather than true awareness. It is a diagnosis of some uncertainty in that it deals with a syndrome. After four weeks in a vegetative state (VS), the patient is classified as in a persistent vegetative state. This diagnosis is classified as a permanent vegetative state (PVS) after approximately one year of being in a vegetative state.

Question 2: Has the individual stayed in the HOSPITAL in the last 12 months?

Select No, Yes, or Unable to Determine. If No, skip to 2.A.4. If Yes, complete 2.A.3. If Unable to Determine, describe in the Notes section.

Note: Stayed means admitted to the hospital.

Instructions for Completing the LCD Tool

Question 3: The approximate number of times the individual has stayed overnight in the HOSPITAL in the last 12 months.

Indicate in the number of times the individual stayed overnight in the hospital in the last 12 months. Document the details in the Notes section.

Note: Number of times does not mean days in the hospital. It means times stayed in the hospital.

Question 4: The approximate number of times the individual has visited the ER in the last 12 months and was NOT admitted.

Indicate the number of times the individual visited the ER and was not admitted. Document the details in the Notes section.

Question 5: The approximate number of times the individual was admitted to a NURSING FACILITY in the LAST 12 MONTHS.

Indicate the number of times the individual stayed in a nursing facility in the last 12 months. Document the details in the Notes section.

Question 6: The approximate number of times the individual was an inpatient in a PSYCHIATRIC facility in the LAST 24 MONTHS.

Indicate the number of times the individual has had inpatient psychiatric visits/stays in the last 24 months. Document the details in the Notes section.

2.B. PRIMARY PHYSICIAN INFORMATION

Question 1: Does the individual have a PRIMARY Care Physician?

Answer No or Yes. If No, describe in the Notes section.

Question 2: PRIMARY Physician's Name

Enter the name of the primary physician in the space provided.

Question 3: PRIMARY Physician's Street Address

Enter the primary physician's street address in the space provided.

Question 4: PRIMARY Physician's City or Town

Enter the primary physician's city or town in the space provided.

Instructions for Completing the LCD Tool

Question 5: PRIMARY Physician's State

Enter the primary physician's state in the space provided.

Question 6: PRIMARY Physician's Zip Code

Enter the primary physician's zip code in the space provided.

Question 7: PRIMARY Physician's Business Phone Number. (Requires 10 digits to transfer to SAMS, optional 1-5 digit extension.)

Enter the primary physician's 10-digit telephone number in the space provided. It is optional to enter a 1-5 digit extension.

Question 8: PRIMARY Physician's FAX Number

Enter the primary physician's fax number in the space provided.

Question 9: PRIMARY Physician's E-MAIL ADDRESS

Enter the primary physician's e-mail address in the space provided.

Question 10: Additional Physicians:

Enter names and contact information for any additional physicians the individual has in the space provided (if applicable). Utilize the Notes section as needed.

3. SAINT LOUIS UNIVERSITY MENTAL STATUS (SLUMS)

The Saint Louis University Mental Status Examination (SLUMS) was designed as an alternative screening test to the widely used Mini-Mental State Examination (MMSE). The MMSE is not reliable at diagnosing people with very early Alzheimer's symptoms, which are sometimes referred to as Mild Cognitive Impairment (MCI) or Mild Neurocognitive Disorder (MNCD). These impairments occur as people progress from normal aging to early Alzheimer's disease. Alzheimer's diagnosis can be significant because early detection allows for treatment and symptom management to begin sooner. As with any Alzheimer's test, the SLUMS is a screening test and does not substitute for a full diagnostic work-up for Alzheimer's disease.

The SLUMS identifies the subtle symptoms of dementia and allows individuals to seek medical intervention early for the treatment of dementia. Early intervention may affect the disease process. The SLUMS consists of 11 items, and measures aspects of the cognition that include, orientation, short-term memory, calculations, naming of animals, a clock drawing, and recognition of geometric figures.

Instructions for Completing the LCD Tool

Scores range from 0 to 30. Scores of 27-30 are considered normal in a person with a high school education. Scores between 21 and 26 suggest Mild Neurocognitive Disorder, and scores between 0 and 20 indicate dementia.

Prior to conducting the SLUMS Examination, the assessor needs to determine that the individual is alert and that they are fully awake and able to focus. This is determined by asking and documenting questions 3.A.1-4. The assessor would not do the exam if the individual presents with the following:

- ❖ Extremely ill,
- ❖ Falling asleep,
- ❖ Blind,
- ❖ Unable to write, or
- ❖ Drowsy/Confused/Distracted/Preoccupied.

The assessor needs to be prepared for the exam by having the following materials available:

- ❖ A watch with a second hand.
- ❖ The form with clock outline and geometric figures.

Cognitive: Refers to brain processes such as thinking, attention, perception, learning, memory, reasoning, problem solving, decision-making, and planning. Cognitive processes are distinguished from emotional processes (feelings) and behavioral processes (actions).

Orientation: Refers to the cognitive ability of an individual to know who they are, where they are, and what day and year it is. Assessment of orientation is an important part of any mental status examination, as it helps to evaluate the changes that a disease process may have brought about.

Cognitive Symptoms: Refers to problems with the processes mentioned above in the cognition definition, such as thinking, memory, and learning.

Mild Neurocognitive Disorder (MNCD): Occurs as people progress from normal aging to early Alzheimer's disease.

Mild Cognitive Impairment (MCI): Refers to the type of memory loss once considered normal that now may be seen as an early sign of disease.

Instructions for Completing the LCD Tool

3.A. SLUMS PREPARATION

Question 1: Determine if the individual is alert. Alert indicates that the individual is fully awake and able to focus.

Select the response that best indicates the individual's current level of alertness. Select one response (box).

Question 2: Do you have trouble with your memory?

Select No or Yes. Select one response (box).

Question 3: May I ask you some questions about your memory?

Select No, Yes, or *Other*. If No or *Other*, document the details in the Notes section.

Note: If the individual answers No to Question 3, be aware of the fact that many people with dementia will answer that question by indicating No. This is because a common symptom of persons with dementia is that they suffer from anosognosia (the literal translation is that "they do not know that they do not know"). Therefore, if an individual says No, one cannot conclude that they are free of cognitive impairment. The SLUMS should be completed by all residents unless they refuse to answer the questions.

Question 4: Is the individual able to complete the SLUMS Exam?

Select No or Yes. If No, document the details in the Notes section.

If the individual refuses to take the test, document in the Notes section and proceed to Section 4.

3.B. SLUMS QUESTIONNAIRE

Question 1: What DAY of the week is it?

Document the results of the individual's response to the question: Correct answer response or incorrect or not answered.

Note: Remember that the answer is incorrect if the individual does not answer.

Question 2: What is the YEAR?

Document the results of the individual's response to the question: Correct answer response or incorrect answer.

Instructions for Completing the LCD Tool

Question 3: What is the name of the STATE we are in?

Document the results of the individual's response to the question. Select one response (box) only.

Question 4: Please remember these five objects, I will ask you what they are later. Apple, Pen, Tie, House, Car

Recite the five objects to the individual clearly and slowly. Ask the individual to repeat them back to you and tell them that you will ask them again later. The assessor may repeat the objects as many times as it takes for the individual to repeat them back correctly.

The response to this question is recorded in question #7.

Question 5a: You have \$100.00 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20. How much did you spend?

Document the results of the individual's response to the question: Correct answer response, incorrect answer or unanswered.

Question 5b: How much do you have left?

Document the results of the individual's response to the question: Correct answer response, incorrect answer or unanswered.

The assessor may repeat the question once and must not give any hints to the answer.

Question 6: Please name as many animals as you can in one minute.

Select the appropriate response. The assessor may accept names of animals only and not categories. Names of birds and fish are acceptable answers. Give the individual one minute to answer and be sure to time them.

Question 7: What were the five objects I asked you to remember? One point for each one correct response.

Select each response (box) that the individual answers correctly.

Instructions for Completing the LCD Tool

Question 8: I am going to give you a series of numbers and I would like you to give them to me backwards. For example, if I say four-two, you would say two-four.

Select each response (box) that the individual answers correctly. The assessor should state each number by its individual name. 87 is pronounced eight, seven; 649 is pronounced six, four, nine; 8537 is pronounced eight, five, three, seven.

Question 9: This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.

This is the clock drawing. The assessor will need to utilize the form with clock face and geometric figures. The hour hand must be shorter than the minute hand. The minute hand must point at the 10 and the hour hand point at the 11.

Document the results of the individual's response to the question.

Question 10a: Please place an X in the triangle:

Document the results of the individual's response to the question.

The assessor will utilize the same form as the clock diagram or enlarge the diagrams on a separate sheet of paper to accommodate those with visual impairments.

Question 10b: Which of the figures is the largest?

The assessor asks the individual to place an X in the triangle. Then the assessor asks the individual "Which of the above figures is largest?"

Document the results of the individual's response to the question.

Question 11: I am going to tell you a story. Please listen carefully because afterwards, I am going to ask you some questions about it.

Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.

Select each response (box) that the individual answers correctly.

The assessor should not repeat the story but read it slowly and make sure the individual is paying attention. The answer of Chicago as the State gets no credit, but the assessor may prompt the individual once by repeating the question.

Instructions for Completing the LCD Tool

3.C. SLUMS RESULTS

Question 1: SLUMS Consumer's Total Score

The scores for this exam will be automatically calculated in the LCD.

Question 2: Record the highest grade (1-12) the individual completed in school.

Indicate the number of years the individual attended high school.

Question 3: Identify the highest educational degree that the individual obtained.

Select the correct response.

Question 4: Assessor's conclusion after completion of the individual's SLUMS Exam:

Select the correct response based on the SLUMS score and the education level.

4. DIAGNOSES

The purpose of this section is to document four important questions.

- ❖ Are the individual's diagnoses or conditions specified in each question?
- ❖ Is the individual being treated for the medical conditions?
- ❖ Is the individual able to self-manage the care of their conditions?
- ❖ Does the diagnosis affect the individual's ability to function?

Self-manage: Defined as having the knowledge, awareness, and capability to manage their care, 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.

All questions must be answered. There may be more than one diagnosis in each section. Select the correct boxes for each diagnosis and document additional information about the diagnosis in the Notes section. In the event that there are no selections listed for the diagnosis, select the *Other* box and document in the Notes section.

Note: Utilize the boxes to document as much as possible as the tool has an algorithm embedded and the boxes trigger the algorithm, (the Notes do not trigger the algorithm).

Instructions for Completing the LCD Tool

Ascites is listed as a diagnosis under numerous medical sections in the tool. The term may not be familiar to you.

Ascites: An abnormal accumulation of fluid in the abdomen, which results from high pressure in the blood vessels of the liver (portal hypertension) and low levels of a protein called albumin. Diseases that can cause severe liver damage can lead to ascites. These include long-term hepatitis C or B infection and alcohol abuse over many years. People with certain cancers in the abdomen may develop ascites. These cancers include cancer of the colon, ovaries, uterus, pancreas, and liver. Other conditions that can cause ascites include clots in the veins of the liver (portal vein thrombosis), Congestive Heart Failure, pancreatitis, thickening and scarring of the sac-like covering of the heart, and kidney dialysis.

4.A. RESPIRATORY

Question 1: Select all RESPIRATORY diagnoses:

Select the appropriate response(s) for all diagnoses. If None, skip to 4.B.1. If not listed, select *Other* and document details in the Notes section.

Question 2: Current treatments for RESPIRATORY diagnoses:

Select the appropriate response(s) for all treatments the individual is receiving. If Medications is selected, list the medication in 9.D. If the treatment is not listed, select *Other* and document details in the Notes section.

Question 3: Does the RESPIRATORY diagnosis affect the individual's ability to function?

Answer No or Yes. If Yes, document details in the Notes section.

Question 4: Is the individual able to self-manage care of the RESPIRATORY condition(s)?

Answer No, Yes, or Unable to Determine. If No or Unable to Determine, you must document details in the Notes section.

Instructions for Completing the LCD Tool

4.B. HEART AND CIRCULATION

Question 1: Select all HEART/CIRCULATORY system diagnoses:

Select the appropriate response(s) for all diagnoses. If None, skip to 4.C.1. If not listed, select *Other* and document details in the Notes section.

Question 2: Current treatments for HEART/CIRCULATORY system diagnoses:

Select the appropriate response(s) for all treatments the individual is receiving. If Medications is selected, list the medications in 9.D. If the treatment is not listed, select *Other* and document details in the Notes section.

Question 3: Does the HEART/CIRCULATORY diagnosis affect the individual's ability to function?

Answer No or Yes. If Yes, document details in the Notes section.

Question 4: Is the individual able to self-manage care of the HEART/CIRCULATORY system condition(s)?

Answer No, Yes, or Unable to Determine. If No or Unable to Determine, you must document details in the Notes section.

4.C. GASTROINTESTINAL

Question 1: Select all GASTROINTESTINAL diagnoses:

Select the appropriate response(s) for all diagnoses. If None, skip to 4.D.1. If not listed, select *Other* and document details in the Notes section.

Question 2: Current treatments for GASTROINTESTINAL diagnoses:

Select the appropriate response(s) for all treatments the individual is receiving. If Medications is selected, list the medications in 9.D. If the treatment is not listed, select *Other* and document details in the Notes section.

Question 3: Does the GASTROINTESTINAL diagnosis affect the individual's ability to function?

Answer No or Yes. If Yes, document details in the Notes section.

Instructions for Completing the LCD Tool

Question 4: Is the individual able to self-manage care of GASTROINTESTINAL condition(s)?

Answer No, Yes or Unable to Determine. If No or Unable to Determine, you must document details in the Notes section.

4.D. MUSCULOSKELETAL

Question 1: MUSCULOSKELETAL diagnoses and/or signs and symptoms of MUSCULOSKELETAL diagnoses:

Select the appropriate responses for all diagnoses. If None, skip to 4.E.1. If not listed, select *Other* and document details in the Notes section.

Question 2: Current treatments for MUSCULOSKELETAL diagnoses:

Select the appropriate response(s) for all treatments the individual is receiving. If Medications is selected, list the medications in 9.D. If the treatment is not listed, select *Other* and document details in the Notes section.

Question 3: Does the MUSCULOSKELETAL diagnosis affect the individual's ability to function?

Answer No or Yes. If Yes, document details in the Notes section.

Question 4: Is the Individual able to self-manage care of MUSCULOSKELETAL condition(s)?

Answer No, Yes or Unable to Determine. If No or Unable to Determine, you must document details in the Notes section.

Instructions for Completing the LCD Tool

4.E. SKIN

Wound: A break in the continuity of soft parts of body structures caused by violence or trauma to tissues. It may be a result of an accident or disease. Wounds are not staged.

Ulcer: An open sore or lesion of the skin or mucous membrane accompanied by sloughing or inflamed necrotic tissue. Ulcers are usually caused by irritation as in the case of bedsores. Ulcers are staged.

***Stage I, Stage II, Stage III, and Stage IV ulcers are defined at the end of the Resources section.*

Unstageable Ulcer: A full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green, or brown) and/or eschar (tan, brown, or black) in the wound bed.

***An unstageable ulcer is defined at the end of the Resources section.*

Question 1: Select all SKIN diagnoses:

Select the appropriate response(s) for all diagnoses. If None, skip to 4.F.1. If not listed, select *Other* and document details in the Notes section.

Question 2: Check ALL affected SKIN location(s):

Select all appropriate response(s). If not listed, select *Other* and document details in the Notes section.

Question 3: Identify the highest known ULCER STAGE:

Select the appropriate response. The assessor may have to refer to a medical professional or the medical record to obtain the correct stage of an ulcer.

Question 4: Current treatments for SKIN diagnoses:

Select the appropriate response(s) for all treatments the individual is receiving. If Medications is selected, list the medications in 9.D. If the treatment is not listed, select *Other* and document details in the Notes section.

Question 5: Does the SKIN diagnosis affect the individual's ability to function?

Answer No or Yes. If Yes, document details in the Notes section.

Instructions for Completing the LCD Tool

Question 6: Is the individual able to self-manage care of the SKIN condition(s)?

Answer No, Yes or Unable to Determine. If No or Unable to Determine, you must document details in the Notes section.

4.F. ENDOCRINE/METABOLIC

Question 1: Select all ENDOCRINE/METABOLIC diagnoses:

Select the appropriate response(s) for all diagnoses. If None, skip to 4.G.1. If not listed, select *Other* and document details in the Notes section.

Question 2: Select all the current treatments for ENDOCRINE/METABOLIC diagnosis:

Select the appropriate response(s) for all treatments the individual is receiving. If Medications is selected, list the medications in 9.D. If the treatment is not listed, select *Other* and document details in the Notes section.

Question 3: Does the ENDOCRINE/METABOLIC diagnosis affect the individual's ability to function?

Answer No or Yes. If Yes, document details in the Notes section.

Question 4: Is the individual able to self-manage care of the ENDOCRINE/METABOLIC condition(s)?

Answer No, Yes or Unable to Determine. If No or Unable to Determine, you must document details in the Notes section.

Instructions for Completing the LCD Tool

4.G. GENITOURINARY

Question 1: Select all GENITOURINARY diagnoses:

Select the appropriate response(s) for all diagnoses. If None, skip to 4.H.1. If not listed, select *Other* and document details in the Notes section.

Urinary incontinence usually results from an underlying treatable medical condition. If an individual is incontinent of urine, do not assume that it is caused by a bladder disorder such as neurogenic bladder, overactive bladder, or urinary retention. Incontinence has many causes. Try to find out the underlying diagnosis that is causing the incontinence.

Neurogenic bladder dysfunction: Sometimes referred to as neurogenic bladder, it is a dysfunction of the urinary bladder due to disease of the central nervous system or peripheral nerves involved in the control of micturition (urination). Neurogenic bladder usually causes difficulty or full inability to pass urine without use of a catheter or other method.

Question 2: Current treatments for GENITOURINARY diagnoses:

Select the appropriate response(s) for all treatments the individual is receiving. If Medications is selected, list the medications in 9.D. If the treatment is not listed, select *Other* and document details in the Notes section.

Question 3: Does the GENITOURINARY diagnosis affect the individual's ability to function?

Answer No or Yes. If Yes, document details in the Notes section.

Question 4: Is the individual able to self-manage care of the GENITOURINARY condition(s)?

Answer No, Yes or Unable to Determine. If No or Unable to Determine, you must document details in the Notes section.

Instructions for Completing the LCD Tool

4.H. INFECTIONS/IMMUNE SYSTEM

Question 1: Select all INFECTION/IMMUNE System diagnoses:

Select the appropriate response(s) for all diagnoses. If None, skip to 4.I.1. If not listed, select *Other* and document details in the Notes section.

Question 2: If HIV or AIDS is indicated in 4.H.1, has the individual ever had lab results of CD4 count under 400?

Select No, Yes or Unknown.

Question 3: Current treatments for INFECTION/IMMUNE system diagnoses:

Select the appropriate response(s) for all treatments the individual is receiving. If Medications is selected, list the medications in 9.D. If the treatment is not listed, select *Other* and document details in the Notes section.

Question 4: Does the INFECTION/IMMUNE system diagnosis affect the individual's ability to function?

Answer No or Yes. If Yes, document details in the Notes section.

Question 5: Is the individual able to self-manage care of the INFECTION/IMMUNE system conditions?

Answer No, Yes or Unable to Determine. If No or Unable to Determine, you must document details in the Notes section.

Instructions for Completing the LCD Tool

4.I. CANCER

Question 1: Does the individual have any current CANCER diagnoses?

Answer Yes or No. If No, skip to 5.A.1.

Question 2: If Yes, identify the CANCER stage:

Select the correct box. The assessor may have to refer to the medical record or the individual's physician to obtain the correct stage of cancer.

Staging: Describes the extent or severity of an individual's cancer. Knowing the stage of disease helps the doctor plan treatment and estimates the person's prognosis. Staging systems for cancer have evolved over time and continue to change as scientists learn more about cancer. The TNM staging system is based on the size and/or extent (reach) of the primary tumor (T), whether cancer cells have spread to nearby (regional) lymph nodes (N), and whether metastasis (M), or the spread of the cancer to other parts of the body, has occurred. Physical exams, imaging procedures, laboratory tests, pathology reports, and surgical reports provide information to determine the stage of a cancer.

Question 3: Select all current CANCER diagnoses:

Select the appropriate response(s) for all diagnoses. If not listed, select *Other* and document details in the Notes section.

Question 4: Current treatments for CANCER diagnoses:

Select the appropriate response(s) for all treatments the individual is receiving. If Medications is selected, list the medications in 9.D. If the treatment is not listed, select *Other* and document details in the Notes section.

Question 5: Does the CANCER diagnosis affect the individual's ability to function?

Answer No or Yes. If Yes, document details in the Notes section.

Question 6: Is the individual able to self-manage the CANCER conditions?

Answer No, Yes or Unable to Determine. If No or Unable to Determine, you must document details in the Notes section.

Instructions for Completing the LCD Tool

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| 5. NEUROLOGICAL (MANDATORY completion of Section 8 if Neurological diagnosis) |
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| 5.A. NEUROLOGICAL |
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Question 1: If there is a NEUROLOGICAL diagnosis, select all types & completion of Section 8 Behaviors is MANDATORY.

Select the correct response(s). If None, skip to 6.A.1. If not listed, select *Other* and document details in the Notes section.

Question 2: Current treatments for NEUROLOGICAL diagnosis:

Select the appropriate response(s) for all treatments the individual is receiving. If Medications is selected, list the medications in 9.D. If the treatment is not listed, select *Other* and document details in the Notes section.

Question 3: Is the individual ABLE to communicate?

Select the correct response. If No, document details in the Notes section.

Question 4: What characteristics describe the individual's cognitive state?

Select the correct response(s). If not listed, select *Other* and document details in the Notes section.

Question 5: Does the NEUROLOGICAL diagnosis affect the individual's ability to function?

Answer No or Yes. If Yes, document details in the Notes section.

Question 6: Is the individual able to self-manage care of the NEUROLOGICAL condition(s)?

Select the correct response. If No or Unable to Determine, document details in the Notes section.

Instructions for Completing the LCD Tool

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| 6. INTELLECTUAL DEVELOPMENTAL DISABILITY (IDD) (MANDATORY completion of Section 8 if IDD diagnosis) |
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| 6.A INTELLECTUAL DEVELOPMENTAL DISABILITY (IDD) |
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Question 1: Does the individual have a diagnosis of Intellectual Developmental Disability (IDD) from birth to 22nd birthday or known to the IDD system?

Select the correct response. If No, skip to 7.A.1. If Yes, Section 8 - Behaviors are MANDATORY.

Question 2: Is the individual able to self-manage care of the IDD condition?

Select the correct response. If No or Unable to Determine, document details in the Notes section.

Question 3: Does the IDD diagnoses affect the individual's ability to function?

Select the correct response. If Yes, document details in the Notes section.

Instructions for Completing the LCD Tool

7. MENTAL HEALTH (MANDATORY completion of Section 8 if Psychiatric diagnosis)

7.A. PSYCHIATRIC

Determine whether or not the individual has any type of psychological disorder/mental illness.

Mental Illness: A mental or bodily condition marked primarily by sufficient disorganization of personality, mind, and emotions to seriously impair the normal psychological functioning of the individual. The illness may result in a disruption in a person's thinking, feeling, moods, and ability to relate to others.

Prompting questions may include:

- ❖ Have you ever seen a psychiatrist?
- ❖ Have you ever been told that you have any psychiatric problems?
- ❖ Did you receive treatment?

Question 1: If there is any PSYCHIATRIC diagnosis, select all types & completion of Section 8 Behaviors is mandatory.

Select the appropriate response(s) for all diagnoses. If None, skip to 8.A.1. If not listed, select *Other* and document details in the Notes section.

Question 2: Current treatments for PSYCHIATRIC diagnosis:

Select the appropriate response(s) for all treatments the individual is receiving. If Medications is selected, list the medications in 9.D. If the treatment is not listed, select *Other* and document details in the Notes section.

Question 3: Does the PSYCHIATRIC diagnosis affect the individual's ability to function?

Answer No or Yes. If Yes, document details in the Notes section.

Question 4: Is the individual able to self-manage care of the PSYCHIATRIC conditions?

Answer No, Yes, or Unable to Determine. If No or Unable to Determine, you must document in the Notes section.

Instructions for Completing the LCD Tool

8. BEHAVIORS - MANDATORY if Neurological, IDD or Psychiatric Diagnosis

8.A. BEHAVIORS

Question 1: Does the individual present with any BEHAVIORAL signs/symptoms? This Section is REQUIRED if a Neurological, IDD or Psychiatric diagnoses was noted in Section 5, 6 or 7.

Select No, Yes, or Unable to Determine. If No, skip to 9.A.1. If Yes or Unable to Determine, complete all of Section 8.

Question 2a: Does the individual exhibit PHYSICAL behavioral symptoms toward OTHERS?

Select the correct response. If No, skip to 3a. If Yes, complete 2b and 2c.

Question 2b: Specify ALL types of aggressive PHYSICAL behavior toward OTHERS (If not listed, document in Notes.)

Select the correct response(s). If not listed, select *Other* and document details in the Notes section.

Question 2c: Does the aggressive PHYSICAL behavior toward OTHERS interfere with the individual's ability to function daily?

Answer No or Yes. If No, document why the behavior does not interfere in the Notes section. If Yes, document how the behavior interferes in the Notes section.

Question 3a: Does the individual exhibit aggressive PHYSICAL behavioral symptoms towards SELF?

Answer No or Yes. If No, skip to 4a. If Yes, complete 3b and 3c.

Question 3b: Specify ALL types of aggressive PHYSICAL behavior towards SELF (If not listed, document in Notes.)

Select the correct response(s). If not listed, select *Other* and document details in the Notes section.

Question 3c: Does the aggressive PHYSICAL behavior toward SELF interfere with the individual's ability to function daily?

Answer No or Yes. If No, document why the behavior does not interfere in the Notes section. If Yes, document how the behavior interferes in the Notes section.

Instructions for Completing the LCD Tool

Question 4a: Does the individual exhibit aggressive VERBAL behavior symptoms toward OTHERS?

Answer No or Yes. If No, skip to 5a. If Yes, complete 4b and 4c.

Question 4b: Specify ALL types of aggressive VERBAL behavior towards OTHERS (If not listed, document in Notes.)

Select the correct response(s). If not listed, select *Other* and document details in the Notes section.

Question 4c: Does the aggressive VERBAL behavior toward OTHERS interfere with the individual's ability to function daily?

Answer No or Yes. If No, document why the behavior does not interfere in the Notes section. If Yes, document how the behavior interferes in the Notes section.

Question 5a: Does the individual exhibit any GENERAL aggressive VERBAL behavior symptoms not specifically directed toward self or others?

Answer Yes or No. If No, skip to 6a. If Yes, complete 5b and 5c.

Question 5b: Select ALL GENERAL aggressive VERBAL behaviors (If not listed, document in Notes.)

Select correct response(s). If not listed, select *Other* and document details in the Notes section.

Question 5c: Does the GENERAL aggressive VERBAL behavior interfere with the individual's ability to function daily?

Answer No or Yes. If No, document why the behavior does not interfere in the Notes section. If Yes, document how the behavior interferes in the Notes section.

Question 6a: Does the individual exhibit any OTHER behavioral symptoms?

Answer Yes or No. If Yes, complete 6b and 6c. If No, skip to Section 9.

Question 6b: Specify ALL OTHER types of behaviors reported (If not listed, document in Notes.)

Select correct response(s). If not listed, select *Other* and document details in the Notes section.

Instructions for Completing the LCD Tool

Question 6c: Do the OTHER types of behaviors interfere with the individual's ability to function daily?

Answer No or Yes. If No, document why the behavior does not interfere in the Notes section. If Yes, document how the behavior interferes in the Notes section.

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| 9. OTHER MEDICAL INFORMATION |
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| 9.A. INFORMATION |
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Question 1: Has the individual exhibited ELOPEMENT behavior in the PAST 6 MONTHS? If so, indicate the FREQUENCY.

Select the correct response. If *Other*, document details of the elopement behavior in the Notes section.

Elopement: An individual who is cognitively, physically, mentally, emotionally, and/or chemically impaired; wanders away, walks away, runs away, escapes, or otherwise leaves their environment unsupervised or unnoticed.

Question 2: Does the individual require supervision?

Answer No or Yes. If No, skip to 9.A.4. If Yes, complete 9.A.3.

Question 2a: How long can the individual be routinely left alone?

Select the correct response.

Question 3: Why does the individual require supervision?

Select the correct response(s). There may be more than one correct response. If not listed, select *Other* and document details in the Notes section.

Question 4: Can the Individual evacuate their home in the event of a fire?

Answer No or Yes. If No, document details in the Notes section.

Instructions for Completing the LCD Tool

9.B. FRAILITY SCORE

The term frail is intended to identify individuals at greatest risk of adverse outcomes that include falls, worsening disability, institutionalization, and death. Frailty is a term commonly used among health care professionals to label the condition of an older person who has health problems, has lost functional abilities, and is likely to deteriorate further. It is thus a syndrome, describing a health state that could occur as the result of a number of underlying health conditions.

Someone is frail if they meet 3 or more of the 5 criteria, which include:

- ❖ Weight loss,
- ❖ Exhaustion,
- ❖ Weak grip strength,
- ❖ Slow walking speed, and
- ❖ Low physical activity.

The following simple test measures frailty. If the individual has 3 negative responses to the following questions, they meet the definition of frail, which is an indicator that they could deteriorate further.

Note: Negative responses are underlined.

Question 1: Are you tired?

Select correct response No or Yes.

Question 2: Can you walk up a flight of stairs?

Select correct response No or Yes.

Question 3: Can you walk a city block (250-350 feet)?

Select correct response No or Yes.

Question 4: Do you have more than 5 illnesses?

Select correct response No or Yes.

Question 5: Have you lost more than 5% of your weight in the last year?

Select correct response No or Yes.

Instructions for Completing the LCD Tool

Question 6: Individual shows symptoms of being frail?

Frailty score: 3 of 5 indicators = frail.

A true or false response is generated by the algorithm.

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| 9.C. DEPRESSION / LIFE SATISFACTION |
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This depression screen has been recommended by PDA and DPW's Medical Director. When the individual has 3 or more negative responses, they have an indicator for depression. Depression incidences in older individuals have been known to increase institutionalizations (e.g. hospitalizations and nursing facility admissions).

Note: Negative responses are underlined.

Question 1: Are you basically satisfied with your life?

Answer No or Yes.

Question 2: Do you often get bored?

Answer No or Yes.

Question 3: Do you often feel hopeless?

Answer No or Yes.

Question 4: Do you prefer to stay at home, rather than going out and doing new things?

Answer No or Yes.

Question 5: Do you ever have feelings of worthlessness?

Answer No or Yes.

Question 6: Individual shows symptoms of being depressed?

Depression/Life Satisfaction score: 3 of 5 indicators = possible depression

A true or false response is generated by the algorithm.

Instructions for Completing the LCD Tool

9.D. MEDICATION MANAGEMENT

The purpose of this section is to document the name of the medication prescribed, dose, type, route, and frequency. It also describes the individual's ability level to manage medication.

Over-the-Counter (OTC) medications are recorded under Over-the-Counter (OTC) Medications unless the individual is in a facility. If an individual is in a facility, the Over-the-Counter medications are recorded under Prescribed Medications. When evaluating an individual in a facility, evaluate the ability of the individual to administer medications, not that the medication is administered to the individual by the facility. Information on facility residents' ability is essential to be considered for Level of Care determination, especially if the person is interested in returning home in the near future.

Central Venous Catheter: Is also referred to as central line, CVC, central venous line, or central venous access catheter. It is a long thin flexible catheter placed into a large vein in the neck (internal jugular vein), chest (subclavian vein or auxiliary vein), or groin (femoral vein) that is used to give medicines, fluids, nutrients, or blood products over a long period of time, take frequent blood samples, to receive kidney dialysis for kidney failure, give long-term medicine treatment for pain, infection, or cancer, or to supply nutrition. A central venous catheter can be left in place far longer than an intravenous catheter (IV).

Question 1: Does the individual take any PRESCRIBED medications?

Answer No or Yes. If No, skip to 9.D.5.

Question 2: Does the individual have a central venous line?

Answer No or Yes. If Yes, document the type and details in the Notes section.

Question 3: List all PRESCRIBED medications taken by the individual:

The assessor must document:

- ❖ The name of the medication
- ❖ The dose of the medication ordered
- ❖ The form (route of administration as coded)
- ❖ The frequency of the medication taken

Question 4: Does the individual take all medications as prescribed?

Answer No or Yes. If No, document details in the Notes section

Instructions for Completing the LCD Tool

Question 5: List all OVER THE COUNTER (OTC) medications taken by the individual:

The assessor must document:

- ❖ The name of the medication
- ❖ The dose of the medication ordered
- ❖ The form (route of administration coded)
- ❖ The frequency of the medication taken

Question 6: Does the individual have any allergies or adverse reactions to any medication?

Answer No or Yes. If Yes, document details in the Notes section.

Question 7: What is the individual's ability level to manage medication?

Select the correct response. If Independent, skip to 9.E.

Question 8: If limited assistance, indicate all types needed for MEDICATION MANAGEMENT:

Select correct response(s). If *Other*, document details in the Notes section.

Question 9: Who assists the individual with medication administration?

Select the correct response. Document details for all responses in the Notes section.

Instructions for Completing the LCD Tool

9.E. HEIGHT/WEIGHT

An individual's weight is an important factor for an assessor to know, especially if the individual has lost 10 pounds or more in the past 6 months. Weight loss could possibly be indicative of an illness or eating disorder.

Utilize the BMI calculation to determine weight type.

<http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm>

Prompting questions for weight loss or gain may include:

- ❖ Have you recently (last six months) lost or gained weight without any changes to your diet or exercise?
- ❖ Do you know why your weight has gone up or down?

Question 1: What is the individual's height?

Indicate the height of the individual.

Question 2: What is the individual's weight?

Indicate the weight of the individual.

Question 3: What is the individual's weight type?

Select the correct response.

Instructions for Completing the LCD Tool

9.F. PAIN

This section will address if the individual is experiencing pain, the location of the pain, the level of pain, the frequency of pain, and whether or not the individual's pain is impacting their ability to function daily.

Note: When it is determined that numerous sites of pain exist, document the most severe site of pain. Document additional pain site(s) information in the Notes section.

Question 1: Does the individual report PAIN?

Select the correct response. If No or Unable to Determine, skip to 10.A.1.

Question 2: Location(s) of PAIN site(s):

Select the correct box (boxes) for location of pain. There may be more than one box selected. If not listed, select *Other* and document details in the Notes section.

Question 3: Indicate the level of PAIN the individual reports using a scale from 0-10 (0=no pain, 10=severe pain)

Select the correct box to indicate the level of pain the individual is experiencing. Choose only one response.

Question 4: Indicate the frequency the individual reports the PAIN.

Select the correct box to indicate how frequent the individual has pain and document additional information in the Notes section.

Question 5: Select all the current treatments for PAIN diagnoses:

Select the correct response(s). If Medications is selected, list the medications in 9.D. If treatment is not listed, select *Other* and document details in the Notes section.

Question 6: Does PAIN affect the individual's ability to function?

Answer No or Yes. If Yes, document details in the Notes section.

Instructions for Completing the LCD Tool

10. ACTIVITIES OF DAILY LIVING (ADLs)

10.A. ADLs

The assessor must rate the individual's ability to perform their ADLs and to manage them with reasonable safety. There may be instances in which the individual has no opportunity to perform ADL tasks because they may be in a facility, a hospital, or family members are assisting with ADL tasks. In order to accurately assess the individual's ability to perform any ADLs, the assessor is required to review facility charts, in addition to asking the individual and evaluating their abilities.

ADLs include:

- ❖ Bathing
- ❖ Dressing
- ❖ Grooming
- ❖ Eating
- ❖ Transferring
- ❖ Toileting
- ❖ Bladder/Bowel Incontinence
- ❖ Walking

Walking was added to the ADL section because it is a tool to accurately measure the individual's capability of performing ADLs.

Independent: The ability to completely manage the ADL.

Limited Assistance: Some assistance is required for the individual to complete the ADL. Select the response in the drop down menu that best describes what assistance is being provided.

Guided Maneuvers: An individual who requires hands-on assistance or requires weight-bearing support while performing ADLs.

Total Assistance: The inability of the individual to complete the ADL in full.

Utilize the Notes section for documentation of any additional details.

Question 1a: BATHING Ability to prepare a bath and wash oneself, includes turning on the water, regulating temperature, etc.

Select the appropriate response. Check one box only.

Instructions for Completing the LCD Tool

Question 1b: If Limited Assistance, indicate ALL types needed for BATHING

Select the appropriate response(s). There may be more than one box selected. If *Other*, document details in the Notes section.

Question 2a: DRESSING Ability to remove clothes from a closet/drawer; application of clothing, including shoes/socks (regular/TEDS); orthotics; prosthesis; removal/storage of items; managing fasteners; and to use any needed assistive devices.

Select the appropriate response. Check one box only.

Question 2b: If Limited Assistance, indicate ALL types needed for DRESSING:

Select the appropriate response(s). There may be more than one box selected. If *Other*, document details in the Notes section.

Question 3a: GROOMING/PERSONAL HYGIENE Ability to comb/brush hair; brush teeth; care for/inset dentures; shave; apply make-up (if worn); apply deodorant, etc.

Select the appropriate response. Check one box only.

Question 3b: If Limited Assistance, indicate ALL types needed for GROOMING/PERSONAL HYGIENE:

Select the appropriate response(s). There may be more than one box selected. If *Other*, document details in the Notes section.

Question 4a: EATING Ability to eat, drink, cut, chew, swallow food, and to use any needed assistive devices.

Select the appropriate response. Check one box only. If Does not eat is selected, skip to 10.A.4c.

Question 4b: If Limited Assistance, indicate ALL types needed for EATING:

Select the appropriate response(s). There may be more than one box selected. If *Other*, document details in the Notes section.

Question 4c: If response to 9A.4a is “4-Does not eat”, indicate type of nutritional intake. Check ALL that apply:

Select the appropriate responses. There may be more than one box selected. If *Other*, document the details in the Notes section.

Instructions for Completing the LCD Tool

Question 5a: TRANSFER Ability to move between surfaces, including to/from bed, chair, wheelchair, or to a standing position; onto or off a commode; and to manage/use any needed assistive devices.

Select the appropriate response. Check one box only.

Question 5b: If Limited Assistance, indicate ALL types needed for TRANSFER:

Select the appropriate responses. There may be more than one box selected. If *Other*, document details in the Notes section.

Question 6a: TOILETING Ability to manage bowel and bladder elimination.

Select the appropriate response. Check one box only.

Question 6b: If Limited Assistance, indicate ALL types needed for TOILETING:

Select the appropriate response(s). There may be more than one box selected. If *Other*, document details in the Notes section.

Question 6c: BLADDER CONTINENCE Indicate the description that best describes the individual's BLADDER function

Select the appropriate response. Check one box only.

Question 6d: BOWEL CONTINENCE Indicate the description that best describes the individual's BOWEL function

Select the appropriate response. Check one box only.

Question 7a: WALKING Ability to safely walk to/from one area to another; manage/use any needed ambulation devices

Select the appropriate response. Check one box only.

Question 7b: If Limited Assistance, indicate ALL types needed for WALKING:

Select the appropriate response(s). There may be more than one box selected. If *Other*, document details in the Notes section.

Instructions for Completing the LCD Tool

11. MOBILITY

11.A. CONSUMER'S MOBILITY

The assessor is to choose the correct response box (boxes) for each question regarding mobility status that best describes the individual's ability to perform each task.

Bedbound: An individual who is bedridden and never leaves the bed. Even if the individual is able to be transferred from bed to chair with assistance (by an individual or with an assistive device), they are not considered bedbound.

Non-ambulatory: The individual, after rising from the bed/chair (assisted or non-assisted), cannot walk without the assistance of another person.

Guided Maneuvers: An individual who requires hands-on assistance or requires weight-bearing support while performing ADLs.

The assessor can evaluate an individual's mobility through observation and questioning. If the individual is willing, the assessor must ask for a demonstration of walking or wheeling ability across a room and back.

Question 1: BEDBOUND Is the individual bedbound? Indicate in notes any comments or relevant information.

Select the correct response. If Yes, skip to 12.A. Describe additional information in the Notes section.

Question 2a: INDOOR MOBILITY Ability of movement within INTERIOR environment

Select the appropriate response. Check one box only. Describe additional information in the Notes section.

Question 2b: If Limited Assistance, indicate ALL types needed for INDOOR MOBILITY:

Select the appropriate response(s). There may be more than one box selected. If *Other*, document the details in the Notes section.

Question 3a: OUTDOOR MOBILITY Ability of movement OUTSIDE living arrangement

Select the appropriate response. Check one box only. Describe additional information in the Notes section.

Instructions for Completing the LCD Tool

Question 3b: If Limited Assistance, indicate ALL types needed for OUTDOOR MOBILITY:

Select the appropriate response(s). There may be more than one box selected. If *Other*, document details in the Notes section.

Question 4a: STAIR MOBILITY Movement safely up and down STEPS

Select the appropriate response. Check one box only. Describe additional information in the Notes section.

Question 4b: If Limited Assistance, indicate ALL types needed for STAIR MOBILITY:

Select the appropriate response(s). There may be more than one box selected. If *Other*, document details in the Notes section.

Question 5: What is the individual's weight bearing status?

Select the correct response.

Note: Putting weight on your legs is called "weight bearing".

Full weight bearing (FWB): You may place your full body weight on your affected leg(s) when you stand or walk. No limitations.

Non-weight bearing (NWB): You do not/cannot place any weight on your affected leg(s). You do not touch the floor with your affected leg(s). If only one leg is affected while you stand or walk, you must hold your affected leg off the floor.

Partial weight bearing (PWB): When you stand or walk, you may place XX percent of your body weight (## pounds) on your affected leg. *Note: These numbers are designated by your physician or therapist.*

Toe-touch weight bearing (TTWB): When you stand or walk, you may touch the floor only for balance. You do not place actual weight on your affected leg.

Select the correct response. If Unable to Determine, describe in the Notes section.

Describe additional information in the notes section.

Question 6: Select all that affect the individual's MOBILITY:

Select the correct response(s). There may be more than one box selected. If *Other*, document details in the Notes section.

Instructions for Completing the LCD Tool

11.B. FALLS

The assessor must document if the individual is at risk of falling.

Factors that may render an individual at risk for falls include, but are not limited to, poor health or declining health, impaired balance, decreased strength and/or flexibility, decreased vision, and medications. This item requires the assessor to make a judgment regarding the individual's risk for falls that is based on observations or information provided by the individual or significant others.

In the Notes section, document what functional deficit related to their diagnoses puts them at risk. Provide as much information as possible.

Document whether or not the individual has fallen recently. Recently is defined as within the last six months.

Prompting questions may include:

- ❖ Have you fallen during the past six months?
- ❖ How often?
- ❖ Where did you fall?
- ❖ What were you doing at the time?
- ❖ Did you faint or lose consciousness?
- ❖ Were you injured in the fall(s)?
- ❖ Could you get back up by yourself?
- ❖ Did a physician see you or did you go to the emergency room to be evaluated after your fall?
- ❖ Do you do anything special to prevent falls?

Question 1: Is the individual at risk of falling?

Select the correct response. Describe additional information in the Notes section.

Question 2: Select the number of times the individual has fallen in the LAST 6 MONTHS:

Select the correct response.

Question 3: Reasons for falls-Document Details in Notes

Select the correct response. If *Other*, document the details in the Notes section. If the individual has fallen, utilize the Notes section to provide details.

Instructions for Completing the LCD Tool

12. INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)

12.A. IADLs

Deficits in IADLs alone will not meet the criteria for Nursing Facility Clinically Eligible.

IADLs include tasks that are not necessarily done every day, but are important to independent living. These tasks include preparing meals, doing housework, laundry, shopping, using transportation, managing money, using the telephone, and doing home maintenance. The ability to perform IADL tasks can help an assessor determine the impact of physical and mental impairments, since performance of these tasks requires a combination of memory, judgment, and physical ability.

There may be instances in which the individual has no opportunity to perform IADL tasks. For example, some individuals do not prepare meals because a spouse or other relative (who lives with them) routinely does this task. In the same way, individuals who are in an institution at the time of the assessment have no regular opportunity to cook, clean, do laundry, or shop. Therefore, when administering the IADL questions, it is very important for the assessor to stress the ability of the individual to perform the task.

The assessor is to choose one response (box) for each IADL that best describes the individual's ability to perform each task. Record the identity of helpers, if any, in the additional space provided.

Question 1: MEAL PREPARATION Ability to plan/prepare meals, use of kitchen appliances, heat meals. List any needed adaptive equipment/assistive devices in Notes.

Select the appropriate response. Check one box only. Describe additional information in the Notes section.

Question 2: HOUSEWORK Ability to maintain living space; includes tasks such as dishwashing, making the bed, dusting, running the vacuum or sweeping an area. List any needed adaptive equipment/assistive devices in Notes.

Select the appropriate response. Check one box only. Describe additional information in the Notes section.

Question 3: LAUNDRY Ability to gather clothes, place clothes in washing machine, turn on appliance, remove clothes and place in dryer, or hand wash items and hang to dry. List any needed adaptive equipment/assistive devices in Notes.

Select the appropriate response. Check one box only. Describe additional information in the Notes section.

Instructions for Completing the LCD Tool

Question 4: SHOPPING Ability to go to the store and purchase needed items, includes groceries and other items. List any needed adaptive equipment/assistive devices in Notes.

Select the appropriate response. Check one box only. Describe additional information in the Notes section.

Question 5: TRANSPORTATION Ability to travel on public transportation or drive a car. List any needed adaptive equipment/assistive devices in the Notes.

Select the appropriate response. Check one box only. Describe additional information in the Notes section.

Question 6: MONEY MANAGEMENT Ability to manage financial matters, writing checks, paying bills, going to the bank. List any needed adaptive equipment/assistive devices in the Notes.

Select the appropriate response. Check one box only. Describe additional information in the Notes section.

Question 7: TELEPHONE Ability to obtain phone numbers, dial the number and communicate with the person on the other end. List any needed adaptive equipment/assistive devices in Notes.

Select the appropriate response. Check one box only. Describe additional information in the Notes section.

Question 8: HOME MANAGEMENT Ability to perform heavier household tasks such as taking out the trash, completing minor repairs around the living space, yard work and/or snow removal. List any needed adaptive equipment/assistive devices in Notes.

Select the appropriate response. Check one box only. Describe additional information in the Notes section.

Instructions for Completing the LCD Tool

13. LEVEL OF CARE DETERMINATION (LCD) ASSESSMENT DATA

13.A. ASSESSMENT OUTCOME

This section addresses the level of care outcome based on the information obtained in the LCD. All questions must be completed and follow the order in which they are listed. The assessor must be the first to complete the LOC Determination. If the individual is determined NFCE, the registered nurse must review and enter the correct information in this section. The assessment supervisor is the last to review the assessment.

Question 1: What Level of Care did the physician recommend?

Select the correct response. Check one box only.

Question 2: What is the date the AAA received the individual's MA-51 or Rx Script, signed by a physician?

Using the MM/DD/YYYY format, document the date the AAA received the individual's MA-51 or Rx Script, signed by a physician.

Question 3: What is the Level of Care determination for this individual?

Select the correct response.

Question 4: Summarize how the functional limitations of the individual's medical conditions support the Level of Care determination. Document a summary of the diagnoses & treatments and how the limitations impede the individual's ability to manage own care needs.

The assessor must provide documentation to support the determination.

Questions 5: Individual is recommended NFCE:

True or False (Response is model generated)

Question 6: Recommended Tier for NFCE Consumers. If 0, consumer is recommended NFI.

Numeric response is model generated.

Instructions for Completing the LCD Tool

Question 7: Are the assessor and the model clinical eligibility results the same? If False, document reasons in NOTES.

True or False (Response is model generated)

If the response is False, review the documentation in the tool. Ensure that you completed the tool as indicated in the LCD instructions.

Note: Medical conditions captured in the Notes section will not be reflected in the model-generated response.

Question 8: Document the reason(s) why assessor disagrees with indicator:

Provide a summary of the individual's condition that supports the level of care determined and indicate how this determination was not captured in the model.

13.B. INDIVIDUAL'S PLACE OF SERVICE PREFERENCE

Question 1: Does the individual want to be served in the community?

Select the correct response.

Question 2: Having been determined NFI, what is the individual's PREFERRED RESIDENTIAL setting?

Select the correct response. Check one box only. If *Other*, document details in the Notes section.

Question 3: Having been determined NFI, what is the individual's PREFERRED COMMUNITY Service Program?

Select the correct response. Check one box only. If *Other*, document details in the Notes section.

Instructions for Completing the LCD Tool

13.C. LEVEL OF CARE AUTHENTICATION

Question 1: Name of the assessor completing this assessment:

Document the assessor's first and last name.

Question 2: Date of assessor's signature:

Using the MM/DD/YYYY format, document the date the assessor signed the LCD.

Question 3: Name of Registered Nurse reviewing the assessment for Clinical Eligibility:

Document the name of the registered nurse who reviewed the assessment for clinical eligibility.

Question 4: Date of Registered Nurse review:

Using the MM/DD/YYYY format, indicate the date the registered nurse reviewed the assessment.

Question 5: Name of assessment supervisor who reviewed and approved the Level of Care:

Document the name of the supervisor who reviewed and approved the final Level of Care Determination.

Question 6: Date the assessment Supervisor approved the assessment:

Using the MM/DD/YYYY format, indicate the date the assessment supervisor reviewed and approved the assessment.

Question 7: Date the Level of Care is being issued:

Using the MM/DD/YYYY format, indicate the date the Level of Care is issued. This is the date that the supervisor determines that the LCD is fully completed, and the Level of Care Determination Form is sent to the appropriate entities.

Assessor Webinar FAQs

Level of Care Definition

- 1. What exactly is meant by room and board when people that are in PCBH, Dom Care, etc. have needs that are above room and board but are deemed NFI? Thinking of it that way, people can have care needs above room and board and be NFI.**

A level of care determination is to be made without regard to the location (locus) of an individual. If an annual recertification an individual is found to be NFCE, then that is the level of care that must be issued. This is a licensure issue and the licensing entity will have to make decisions related to NFCE status in Personal Care Homes. In Dom Care, there is a process in place by which a waiver can be requested from the Secretary of Aging for an NFCE individual to remain in a Dom Care Home.

- 2. Please define "care and services above level of room and board". Do you mean assist with either/or managing medical needs, assist with ADLs?**

Room and board describes a situation where, in exchange for money, a person is provided with a place to live, as well as meals and other services.

Above the level of room and board is considered custodial care. Custodial care is nonmedical care that assists individuals with activities of daily living, preparation of special diets, and medication administration. Medical personnel are available for assessment and monitoring, but do not provide ongoing skilled services.

Many times, individuals are admitted to a nursing facility for skilled care and their condition improves and stabilizes. They require intermittent monitoring and other care and services above the level of room and board. Most public long-term care (LTC) programs, such as Medicaid, cover custodial care as long as it is provided within a nursing facility. Medicare, on the other hand, covers only medically necessary skilled care and will cover at-home custodial care only if it is provided in conjunction with skilled care.

- 3. Are psychiatric conditions now considered to be the same as medical conditions such as dementia or TBI for determining level of care?**

Psychiatric conditions are medical conditions. The assessor needs to take into consideration the medical conditions, including psychiatric conditions when determining a level of care. These conditions could have an impact on functioning for ADLs and IADLs. Psychiatrists are medical physicians that specialize in psychiatric care, just like a cardiologist is a medical physician that specializes in cardiology.

Assessor Webinar FAQs

- 4. What if a consumer clearly has mental health issues but no formal diagnosis and refuses to see a psychiatrist and it clearly affects their functioning ability? According to the NFCE definition, they must have a diagnosis that is currently being treated as part of the determination of NFCE.**

The individual must have physician input via a MA-51/Script before someone can be determined NFCE. The assessor should document in the LCD how the mental health issues affect the individual's functional ability. If they have no medical diagnoses but do have functional deficits, they cannot be NFCE, as this does not meet the definition of NFCE.

- 5. In reference to the medication management need and NFCE determination, is it assumed that trained family/informal supports fit the definition of "technical and medical personnel"?**

No, medical and technical personnel would be medical doctors, registered nurses, therapists (physical, occupational, speech, respiratory), technicians, and certified aides that provide health care.

- 6. On page 11, Other Mental Health Diagnosis is listed along with Dementia and TBI. If the mental health diagnosis is the only reason that they cannot manage their needs such as medications, ADLs, and IADLs, is that enough for NFCE? The individual has no physical impairments but cannot manage due to mental health.**

The individual must meet all aspects of the definition in order to be determined NFCE. If functional deficits are based on the medical condition (in this case a mental health diagnosis), they could be NFCE.

- 7. If a person needs only medication set up and reminders to take the medication, would that person be considered to be NFCE?**

This alone may not make a person NFCE; it is the whole picture of the individual's medical conditions/diagnoses and overall ability to function.

Assessment Process – Time Frames

- 8. If a referral comes in for an assessment late in the afternoon (like after 3:00 or later), does the 15-day start on that day or the next day when it is assigned? Quite often PAIEB referrals come in after 4:00.**

The 15-day time frame for a completed assessment begins on the date the referral is received. If this is a frequent occurrence with the IEB, then this should be reported to OLTL.

- 9. Does the 15-day time frame pertain to all assessments regardless of locus and does the 15-day rule apply to OPTIONS?**

Yes, all LCDs must be completed within 15 days of the referral and includes the review and sign-off by the RN (if required or requested) and by the supervisor.

Assessor Webinar FAQs

- 10. When does 15-day time frame start – at the time of intake or at the time the consumer agrees to be assessed?**

The 15-day time frame starts the day of the referral. Any anomalies must be documented.

- 11. If we receive a nursing facility referral and then find out the person is hospitalized, how does this affect the time frame?**

If the nursing facility referral is received in the community, then the 15-day time frame would start when the agency received the referral. Note this situation in the journal entries.

MA-51 Requirements

- 12. Would you please address issues/problems commonly found with the MA-51 (absence of the original MA-51, medications not listed but on a separate page of orders, and issues regarding short-term vs. long-term care, which were extensively discussed last summer)?**

The MA-51 must be completed in full by the physician. The AAA should not indicate short-term or long-term on the MA-51 (this has been verified by OLTL). The MA-51 form is DPW's form, not Aging's form. Please refer your questions to OLTL.

- 13. Regarding PCH Recertifications – the time frame for the AAA recertifications is within 364 days. However, some PCHs want to use the dates of their own physician evaluations as the recertification due dates. They do not acknowledge our due dates. We have sent MA-51s directly to the attending physicians in order to meet our requirements. This often results in the physicians completing two forms – the MA-51 and the PCH's medical forms. Is it possible for us to use the PCH's medical document, instead of the MA-51, as long as it was completed within the past 364 days?**

No, a MA-51 is required by DPW for PCH recertifications. AAAs should encourage their PCH providers to advocate with DPW for use of a single medical form.

- 14. On the MA-51, do we still need to check short-term/long-term? Is the CAO going to question the agency why this is not marked?**

No, the short-term and long-term questions on the MA-51 should not be answered by the AAA assessor. This decision should be made by a physician or a nursing home treatment team.

- 15. Will a physician script be required to complete a level of care determination for an Aging Waiver recertification assessment?**

No, the MA-51/Rx script is not required for an Aging Waiver annual recertification.

Assessor Webinar FAQs

- 16. Must there be a MA-51 required prior to an NFCE determination? Without a MA-51, are all LCDs NFI?**

By definition, a level of care determination of NFCE requires that a physician certify (with a recommendation on a MA-51, Rx script, or medical certification form) that the individual is NFCE. Refer to the Mosley vs. Alexander settlement and the OLTL bulletin 55-12-03 for additional guidance when the 15-day time frame is near and you do not have the physician's input.

- 17. For the OPTIONS program, is it correct that you can be NFCE without a MA-51 or physician's script?**

No, a completed MA-51, Rx script, and physician certification is needed prior to a NFCE level of care determination. Refer to the revised assessment chapter effective July 1, 2014.

- 18. Since there is no short-term or long-term on the new LCD, will the MA-51 be changed as well to reflect the same?**

No, the MA-51 under Section 20 A B C is for physician determination. The assessor is not responsible to complete this section of the tool; this is a form to be completed by the physician

- 19. Is it the service coordination agency's responsibility to notify the AAA when an annual recertification for Aging Waiver is due?**

Yes, it is the service coordination agency's responsibility to notify the AAA when an annual recertification for an Aging Waiver is due. However, there is a report that the AAA can run in SAMS to monitor annual recertifications.

- 20. Would we need a new MA-51 if it is over one year old?**

No, not for recertification.

OBRA

- 21. If the Regional Office/UMRT has stamped a PASRR and the AAA feels the PASRR is not correct, what is the protocol?**

If the AAA feels that a PASRR-ID is not correct, they should contact the appropriate program office for direction on how to proceed.

Assessor Webinar FAQs

Level of Care Determination Tool

- 22. Contact information is vital as we send paperwork to the families of most consumers. We need more than just phone numbers.**

Additional contact information should be documented in the Details screen in SAMS.

- 23. In the Demographic section 4.B on veteran spouse, we are thinking that widow should be added or spouse/widow.**

We will take this into consideration when we update the LCD.

- 24. The instruction book (p. 197) says we do not need to offer a voter registration form to nursing facility residents, but the LCD states that the form is required for nursing facility residents. Which one do we follow?**

The LCD has been corrected. The voter registration in a nursing facility is the responsibility of the nursing facility, not the AAA.

- 25. Question 1.E.1 – When a consumer is long-term nursing facility and their mail goes to a POA, what address do you use?**

The assessor should use both the residential and postal/mailing address sections of the LCD.

Use of Medical Services

- 26. 2.A Question 1 – Please confirm skip pattern. Did you say deceased was an error?**

This has been corrected in the LCD.

- 27. If a chart review is being completed due to the consumer's death, do you mark "deceased individual" or "chart review"?**

Deceased Individual.

- 28. If someone is in a medically induced coma, does that count as comatose for using the skip pattern?**

An individual is placed in a medically induced coma in response to an injury and illness. In this state, an individual is still being actively treated and it would not be appropriate to conduct a level of care assessment until which time they are returned to consciousness.

- 29. For clarification, does Question 2.A.2 include observation stays?**

No, an observation stay is not considered an admission. It may be necessary for the assessor to consult with the hospital in order to determine if an individual was admitted. Refer to the definitions in the LCD instructions.

Assessor Webinar FAQs

- 30. Would you consider the psychiatric hospitalizations in the total hospital admissions in the past year?**

Psychiatric inpatient admissions are addressed in Question 2.A.5.

SLUMS

- 31. Do we do SLUMS on the under 60 assessment cases also?**

Yes, the completion of the SLUMS on the LCD is mandatory if the individual is able.

- 32. On pg. 49 in the Cognitive Assessment section, we are concerned that it appears that the assessor is making a diagnosis of dementia. This is in the last question.**

The answer to Question 3.C.4 is based on the scoring presented by the SLUMS exam. The scores associated with each answer have been added to the LCD.

- 33. Question 3.A.3 – If CR answers No, how is the worker to proceed?**

The SLUMS should be completed by the individual unless they refuse to answer the questions. Refer to the SLUMS guidance in the LCD instructions.

- 34. Question 3.A.2 – If a consumer is alert, oriented, and has no cognitive issues, does the worker need to continue with the SLUMS interview. It also appears insulting to complete the SLUMS on individuals who do not have cognitive impairments.**

Yes, the SLUMS should be completed by all individuals. Refer to the SLUMS guidance in the LCD instructions. Assessors and care managers need to be able to address sensitive issues with individuals. Effective communication skill is a part of the assessor credentialing process. In completing the SLUMS interview, they need to be able to talk about cognitive impairment and explain the purpose of the SLUMS.

- 35. Where are the items needed for 9, 10a, 10b & story in 11?**

All items needed for the SLUMS Exam are available via the SLUMS training webinar on the PDA website under resources.

- 36. If a person in the nursing facility has already been psychologically assessed, do we still have to do the SLUMS?**

Yes.

- 37. If an individual is blind, are you saying not to complete the entire exam or just the clock and geometric figures?**

Refer to the SLUMS instructions in the LCD instructions. Blindness is an indicator not to use the SLUMS.

Assessor Webinar FAQs

38. Can you please review Question 6 in the SLUMS, as far as what is acceptable and what is not?

Refer to the SLUMS instructions in the LCD instructions. The name of the animal, fish, or bird is acceptable (e.g. lion, trout, or robin). However, the answer animal, fish, or bird itself is not acceptable.

39. Concerning the SLUMS, is there a way to document if a person was never able to subtract, say due to lack of education or low functioning?

This would be addressed in Question 3.C.2. Indicate any additional information in the Notes section. This will also be reflected in the SLUMS score.

40. Will we need to retain a copy of the completed SLUMS test with the consumer's records?

Yes, the AAA should retain a copy of the completed SLUMS exam in the individual's case record.

41. Is the SLUMS available in other languages?

Yes. <http://www.elderguru.com/slums-dementia-test-available-in-various-languages/>

42. For some consumers, family members are able to translate for the consumer. Is it recommended that an interpreter be used to administer the SLUMS if the consumer speaks another language?

Yes, it is recommended but the individual may want to use the family. If they wish, they can but the family need to make sure they ask the questions as written.

Diagnoses

43. Throughout the Diagnoses sections, it refers to "current". Do we consider all histories of illnesses in the LCD?

No, unless the illness affects the current functional ability of the individual. For example, if a person had a stroke two years ago and is still paralyzed, this affects their functioning and this diagnosis would need to be documented.

44. Why is Ascites listed under Cancer?

Ascites is a common condition that goes along with cancer, including cancer of the colon, ovaries, uterus, pancreas, and liver. It should not be a type of cancer. This has been corrected.

Assessor Webinar FAQs

- 45. In using diagnoses, will we be required to include notes for conditions or treatments (e.g. If we choose asthma as the condition, will we be required to state if there were any recent attacks? If they use oxygen, will we be required to include any notes on whether it is all day use or as necessary)?**

The assessor should document any additional information that may describe the individual's situation in more detail in the Notes section of a question.

- 46. If we check medication as a treatment, do we list the medications in the Notes?**

No, please document medications in Section 9.D Medication Management.

- 47. High cholesterol is a common diagnoses, why is in not included in the LCD?**

High cholesterol is not something that will impair functioning so that an individual would need to be admitted to a nursing facility.

- 48. If a diagnosis of blindness makes a consumer NFCE, where should that be documented?**

A diagnosis of blindness alone does not make an individual NFCE.

- 49. We have done assessments on people who have not seen a physician for 10-15 years. If they deny a diagnosis, do we document what we see? They say they do not have a pulmonary problem but are short of breath with no oxygen.**

Yes, the assessor should document any observations; however, it is not the assessor's role to diagnose.

- 50. Where should we document drug and alcohol conditions?**

Drug and alcohol conditions are documented in the NAT.

- 51. Do we need to indicate how the diagnosis is known (self-reported/physician reported/family reported)?**

This information could be added to the Notes section if it is relevant.

- 52. Since the category "Other" has been removed, where would we put any information that does not fit into other categories (e.g. blindness, anemia, hard of hearing etc.)?**

ENT diagnoses and hearing diagnoses are no longer on the LCD and should be documented in the functional areas that they impact (ADLs Mobility, IADLs). For example, if an individual has macular degeneration and this condition affects their ability to bathe independently, this would be addressed in the bathing question. Depending on the severity, this could be "limited assistance" or "total assistance" and the notes would indicate that the individual's poor vision due to macular degeneration affects the ability to complete this task. If it is a medical condition that is supportive of the level of care determination, it should be documented in Question 13.A.4.

Anemia is addressed under Heart/Circulatory in the Diagnoses section.

Assessor Webinar FAQs

Mental Health

- 53. For Section 7.A, should they select the diagnosis if they are not officially diagnosed? Can they accept self-report and choose what they report having?**

Yes, the assessor can accept a self-report and document it as self-report. However, that will not meet the definition of NFCE without the physician input. You should verify self-report diagnoses.

Other Medical Information

- 54. What is the difference between wandering and elopement? The definition for elopement is "one who wanders away".**

The assessor will need to take the entire definition as documented in the LCD instructions into consideration. Wandering could be purposeful.

- 55. Question 9.A.4 – Does the question apply to any type of assistance, such as physical assistance or prompting?**

If the individual is unable to evacuate the home independently, the response would be No and the details must be documented in the Notes.

- 56. In regard to safely evacuating in an emergency, what if the person requires extra time due to poor mobility? Would that be considered having difficulty with evacuating?**

“Safely” is not a term utilized in the LCD, as it is very subjective. Yes, the assessor should document the details in the Notes section of the question.

Frailty

- 57. Some individuals who are wheelchair bound are not able to walk up a flight of stairs or walk a city block. If they have five illnesses, this tool will denote that they are frail, even though they may not be. How do we handle that type of situation?**

The assessor should document the situation in the Notes section.

Depression/Life Satisfaction

- 58. Under Section 9.C Depression, if the answers are Yes, should there be notes?**

The assessor may add notes under all questions. Information sufficient enough to assist with the level of care determination should be documented.

Assessor Webinar FAQs

- 59. For Section 9.C Depression, what do we do if the person is not able to answer the questions, how does it affect the algorithm?**

Document in the Notes section. It does not affect the algorithm. The Depression and Frailty sections are to assist the assessor in evaluating the individual's overall condition and provide information for use when determining level of care. Historically, frailty and depression can be indicators that the individual may decline at a pace faster than an individual who is not frail or depressed.

- 60. If someone is very ill or confused and is not able to answer questions on the depression screening, do we need to do it?**

No, document the details in the Notes section.

- 61. For the question, How often do you feel hopeless? – How is "often" defined?**

This is for the individual to answer. It is a question that only the individual can describe.

- 62. Do we have any flexibility in the way we ask the questions in Section 9.C.5? The concern is that they will feel worse after asking all of those questions.**

No, these are tools that are nationally developed and asked in many different settings.

- 63. For Question 9.B.1 – Are you tired? Is this in reference to after they complete their ADLs or IADLs or is this in general?**

This question is in general.

Height/Weight

- 64. Was it said that there will be a separate website to view a BMI calculator during the completion of the LCD?**

Yes, the assessor should refer to the website identified in the LCD instructions Section 9.E.

- 65. Can we build the BMI calculation into the LCD?**

We can explore this for the future.

Pain

- 66. For the pain scale, are you planning to add in a question related to pain before and after medication?**

No, please document this information in Question 9.F.5. The NAT relates to needs and this is a needs issue, not level of care.

- 67. If a person has pain in more than one location, would we code the higher pain and note the lower pain code?**

Yes.

Assessor Webinar FAQs

Activities of Daily Living (ADLs)

68. Are notes required for any answer that is not independent in ADLs and IADLs?

Yes.

69. Is total assist more than 50%?

No. Total Assistance is defined as the inability of an individual to complete the ADL or IADL in full. Refer to the definitions in the LCD instructions.

70. Can you clarify if limited assistance includes some hands-on assistance?

Limited assistance describes an individual who may require some assistance with the ADL. Refer to the definitions listed in the LCD instructions. The drop down boxes indicate what assistance they need and further describes their ability or inability to function. When type of assistance is not listed in the drop down menu. Document type of assistance in the Notes section.

71. If documented as moderate assist in a nursing facility chart, do we check minimum or total assist?

The choices are independent, limited assistance or total assistance. The assessor should look at the individual's chart, talk to the nursing facility staff, and talk to the individual. Utilizing the information and their skills, the assessor should assess the individual independently utilizing the definitions in the LCD instructions.

72. For bathing, does that refer to any method (e.g. bath, shower, or sponge bath)?

Yes, bathing includes bath, shower, or sponge bath. Please document details in the Notes section.

73. If a consumer needs help getting into/out of the tub with bathing but is able to bathe independently once in the tub, how do we document that?

The assessor should document this as limited assistance and place any additional information in the Notes section. Please refer to the LCD instructions.

74. Under walking in the ADL section, are you referring to indoor or outdoor, and is there a difference between that and walking under ambulation? (Or why is it in 2 different places in the LCD?)

In the Mobility section, we are assessing an individual's ability to move indoors and outdoors by whatever means they do this. It also looks at Stair Mobility and Weight Bearing status. Walking in the ADL section was added to the ADL section because it is a tool to accurately measure the individual's capability of performing ADLs.

Assessor Webinar FAQs

- 75. If a person uses an assistive device to be independent with ADLs, would that be independent or limited because of assistive device?**

The assessor would indicate that the individual is independent. Please refer to the LCD instructions.

Mobility

- 76. If a person can use an assistive device, such as a trapeze, to get out of bed without the assistance of another person, would they be considered bedbound?**

No. An individual who is bedbound never gets out of bed.

- 77. Question 11.A.5 – What is toe-touch weight bearing?**

Toe-touch weight bearing is defined as the foot or toes may touch the floor (such as to maintain balance), but not support any weight. Refer to the definitions in the LCD instructions.

- 78. On page 63 under Mobility Question 6, Aphasia is listed. How does this affect mobility?**

Aphasia was added as a result of the pilot. This may affect mobility, as the individual cannot tell someone they need assistance or understand what they are being told.

- 79. Wheelchair mobility has been removed. If someone uses a wheelchair indoors independently, how would you answer that for the mobility questions? Limited assistance with the use of a wheelchair?**

The LCD asks if the individual has the ability of movement in the interior living area and outside the living area. The method by which they are mobile is addressed in the NAT. In this example, in the LCD you would indicate “Independent” and note “uses wheelchair” in the Notes section.

Instrumental Activities of Daily Living (IADLs)

- 80. Question 12.A.5 – Previously we were directed that this question is asking if the consumer has the ability to arrange transportation. Now the question appears to be asking if they can drive a car or travel on public transportation. Please clarify what is to be addressed here.**

This question does address the ability to drive a car or travel on public transportation. The ability to arrange transportation is addressed in the NAT.

Assessor Webinar FAQs

Level of Care Determination (LCD) Assessment Data

- 81. For Mosley vs. Alexander cases in which we find the consumer to be NFCE but we have no script, how should we document the questions in Section 13.A?**

In Question 13.A.1 indicate in the Notes section that a MA-51 was not received.

Question 13.A.2, leave blank.

Question 13.A.3, indicate NFCE.

Question 13.A.4, indicate the Physician Certification was not received and that the applicant is therefore NFI.

- 82. Under 13.B, should there be an NFCE question with appropriate community services?**

OLTL did not want an indication on the LCD as to what services/programs may be appropriate. The outcome of an LCD is a level of care determination. It is not a care planning tool or for specific program enrollment.

- 83. Question 13.C.7 Date Level of Care is Issued – Is this the day the AAA issues its Determination Report to appropriate parties? Also, how do we complete this question for OBRA cases?**

Yes. For OBRA cases, they will not complete Question 13.C.7. Refer to the Assessment Chapter of the Aging Policy and Procedure manual, which will be effective 7/1/14.

- 84. Where is the registered nurse to write comments that he/she used to put in the narrative?**

The registered nurse should write comments in the Notes section. If they have comments that are more extensive or need to address conflicts/issues in making a determination, they can use the Decision Narrative available as the last page in the LCD.

- 85. Do registered nurses have to sign off on annual LCDs for Aging Waiver consumers?**

Yes.

- 86. Can the registered nurse be the supervisor and sign as both? Or do they have to be two separate people signing after review?**

The registered nurse and supervisor may be the same person, but must sign off on the LCD in the two different places.

Place of Service Preference

- 87. Why are OPTIONS and Caregiver Support Program NFCE not a choice?**

Because all Aging consumers that are determined NFCE and seeking community based services must apply for the Aging Waiver (Mandatory Enrollment). These choices are only for a NFI Level of Care determination.

Assessor Webinar FAQs

Algorithm

- 88. If the algorithm determines a consumer to be NFCE and the assessor determines them NFI, is a registered nurse review needed?**

No, this is optional.

General Questions

- 89. If we assess in the nursing facility for MA payment and they also want to go home in a few months with Aging Waiver, do we only need one assessment since NFCE is NFCE? What about service delivery? There would not be an outcome for the Aging Waiver assessment.**

Yes. There is no need to do a service delivery for the Aging Waiver, as you do not need to complete an additional LCD.

- 90. Our AAA has a rule that if someone is out of home for 30 days, then LOCA is required.**

A new LCD only needs to be completed if an individual experiences a change in level of care or a change in condition.

- 91. What are we to do with Dom Care consumers that we were told previously to recertify for the supplement, but who are NFCE?**

A level of care determination should accurately reflect an individual's level of care, regardless of locus of care. In order to remain in Dom Care, a waiver must be requested and approved by the Secretary of Aging.

- 92. Will there be a new determination report issued without long-term vs. short-term?**

Yes, there will be a Level of Care Determination tool issued, which replaces the OPTIONS Determination Report. Refer to the Assessment Chapter effective July 1, 2014.

- 93. We only send OPTIONS Determination Reports to consumers, etc., when a Preadmission LOCA is completed. We do not complete them for OPTIONS LOCA consumers. Will this change after July 1st?**

No, the Level of Care Determination tool is only for individuals seeking medical assistance benefits and outlines the appeal process. Appeals for other individuals are addressed in the Hearing and Appeals Chapter.

Assessor Webinar FAQs

94. Will a LCD have to be completed for every existing participant or will the NAT populate from the current CMI or LOCA?

After July 1, 2014, a LCD should be completed for an existing participant when an individual is due for recertification or experiences a change in their condition. The CMI will only populate the NAT if the questions are exactly the same. The only time a NAT should be used to populate an LCD is if at reassessment there is an indication that the level of care has changed or there is a significant change in condition that would require a new LCD.

95. Can you please share the field operations phone number?

Yes, the Headquarters' Field Operations phone number is (717) 783-7377.

96. In our experience, some consumers appear to be untruthful during assessments regarding their functioning to present with greater need to possibly try to get increased PAS hours. Do you have any suggestions on how to motivate consumers/supports to be truthful in responses?

The assessor may want to have a conversation with the individual that their medical conditions and/or diagnoses do not support what is being described as their functional ability. They should also contact the Primary Care Physician and /or request additional medical records.

97. Are notes only required if the drop down box does not answer the question?

No. The Notes section should be used any time the assessor wants to provide additional information.

SAMS

98. Do we select short-term or long-term on the service delivery of a NFCE case on the outcome in SAMS?

Short-term or long-term for the service delivery has been deactivated in SAMS.

99. Regarding the Activities & Referrals on page 123, do we understand correctly, the date of referral is an activity, a call and a journal note for every intake that comes into the office?

There are no longer mandatory A&Rs. We have recommended that for management of workload, using dashboards that identified A&Rs be used.

100. Also, is there to be a journal note for every activity and referral?

Activity & Referrals are no longer mandated. Relevant information should be in a journal entry, which cannot be edited.

Assessor Webinar FAQs

101. With the LCD, we are using the non-care managed care enrollment. Is the service delivery then going to remain as part of the process in SAMS?

Yes, the agency cannot be reimbursed for an LCD unless there is a service delivery.

102. This question is on the last section. Will PCH recertification LCD be listed under Non-care management now or will they continue to be listed under the PCH enrollment?

The LCD should be delivered under the PCH enrollment.

103. By removing guardian and POA, we may not know where to send the determination or where to get signatures for all required forms that need signed.

This information should be entered in SAMS on the Details screen under Contacts. There is a drop down box to be used for type of POA or guardian. The address and phone number information can be added under location and there is also a comment box.

104. We do not import or export, is it still required as per assessor checklist?

You need to be able to function in SAMS to electronically save and deliver an assessment on an as needed basis.

OLTL Bulletin 55-12-03

***All questions pertaining to this Bulletin or the Aging Waiver must be directed to the Office of Long Term Living.

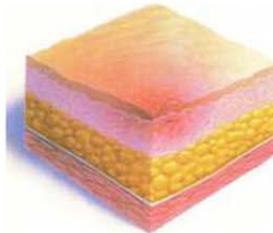
Pressure Ulcer Staging



Pressure Ulcer Staging

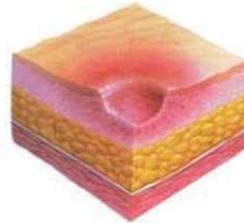
Stage I:

An observable pressure related alteration of intact skin whose indicators as compared to the adjacent or opposite area on the body may include changes in one or more of the following: skin temperature (warmth or coolness), tissue consistency (firm or boggy feel) and/or sensation (pain, itching). The ulcer appears as a defined area of persistent redness in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red, blue, or purple hues.



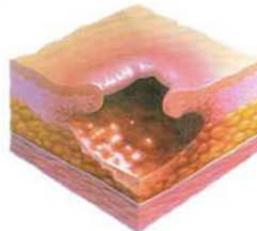
Stage II:

Partial thickness skin loss involving epidermis, dermis, or both. The ulcer is superficial and presents clinically as an abrasion, blister or shallow crater.



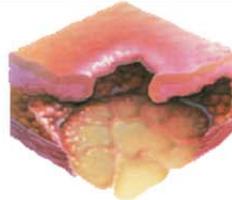
Stage III:

Full thickness skin loss involving damage to, or necrosis of, subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.



Stage IV:

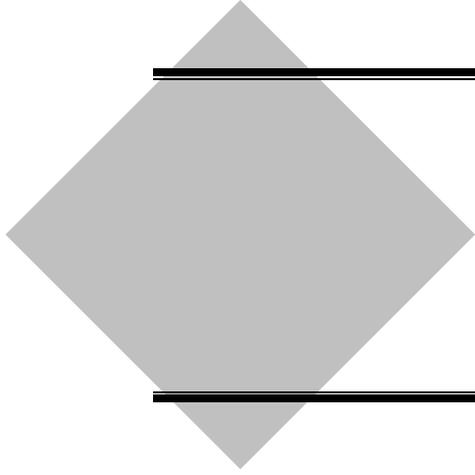
Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g. tendon, joint capsule). Undermining and sinus tracts also may be associated with Stage IV pressure ulcers.



Eschar

Thick dry black necrotic tissue – Unstageable





Appendix

Level of Care Definition Case Study Key

Case Study #1 Jane is NFCE because:

- ❖ Jane has a medical condition diagnosed by a physician, that includes:
 - High blood pressure
 - Congestive heart failure with extreme shortness of breath
 - Edema
 - Thyroid condition
 - Bleeding ulcer
 - Pain due to arthritis and osteoporosis
 - Diabetes Mellitus Type II
 - Macular degeneration
 - Dementia

- ❖ Jane requires care above the level of room and board and requires care and services that are both skilled and inherently complex because she:
 - Requires care and services that are inherently complex.
 - Sponge bathes with set-up but requires total assistance getting into tub.
 - Dresses herself but slowly due to shortness of breath.
 - Needs total assistance with grooming due to pain in her arms.
 - Uses a walker and her mobility is fragile.
 - Needs assistance with a walker due to falling and a broken hip.
 - Requires set-up and verbal reminders of medications.

Level of Care Definition Case Study Key

Case Study #2 Jake is NFI because:

- ❖ Jake has a medical condition diagnosed by a physician, that includes:
 - Depression
 - Gastro-esophageal reflux disease
 - Congestive heart failure

- ❖ Jake does not require a level of care above room and board because:
 - His depression appears to be the only diagnosis that would prevent him from functioning well enough to manage his needs.
 - The incidents may be isolated or may be occurring frequently, which would signal that more information about treatments is needed.
 - The assessor may not have enough information to accurately determine his level of care.
 - This would be a good case to consult with the Primary Care Physician and/or Psychiatrist/Psychologist if he has been diagnosed with his depression by either.

This would be a good case to consult the Primary Care Physician and/or Psychiatrist/Psychologist if either diagnosed his depression.

Level of Care Definition Case Study Key

Case Study #3 Sally is NFCE because:

- ❖ Sally has a medical condition diagnosed by a physician, that includes:
 - Cerebral palsy
 - Generalized muscular weakness
 - Spasticity in upper extremities, with tremors
 - Acid reflux

- ❖ Sally requires care above the level of room and board and requires care and services that are both skilled and inherently complex because she:
 - Requires care and services that are both skilled and inherently complex due to the need of monitoring her skin for breakdown.
 - Needs oversight and monitoring of medications for side effects.
 - Requires hands-on assistance with a wheelchair/walker.
 - Has bladder and bowel incontinence and the risk of breakdown since she is not able to manage her incontinence.
 - Needs total assistance with ADLs.

Level of Care Definition Case Study Key

Case Study #4 John is NFI because:

- ❖ John has a medical condition diagnosed by a physician, that includes:
 - Hard of hearing
 - Edema in his feet
 - Gastro-esophageal reflux disease
 - Hyperthyroidism
 - Anxiety disorder

- ❖ John does not require a level of care above room and board because he:
 - Ambulates with a walker and no assistance.
 - Needs minimal assistance with bathing, such as washing his back and hair.
 - Dresses himself if clothing items do not need pulled over his head.
 - Requires assistance with IADLs, such as laundry and grocery shopping.
 - Manages his own medications.
 - Is continent of bladder and bowel.

Level of Care Definition Case Study Key

Case Study #5 Josephine is NFCE because:

- ❖ Josephine has a medical condition diagnosed by a physician, that includes:
 - Dementia
 - Arthritis in both knees

- ❖ Josephine requires care above the level of room and board and requires care and services that are both skilled and inherently complex because she:
 - Requires care and services that are both skilled and inherently complex due to her dementia diagnosis.
 - Has dementia, which prevents her from recognizing impairments or making her needs, known.
 - Requires direction, such as monitoring of diet, prompting to elevate legs, and monitoring regarding her pain levels.
 - Needs hands-on assistance with all ADLs.
 - Has an increase in incontinence and requires assistance.
 - Requires assistance with medication management.
 - Is wheelchair bound and needs assistance propelling.

Level of Care Definition Case Study Key

Case Study #6 Carl is NFI because:

- Carl has a medical condition diagnosed by a physician, that includes:
 - Asthma
 - Gastro-esophageal reflux disease
 - Osteoarthritis
 - Severe burning in his feet

- ❖ Carl does not require a level of care above room and board because he:
 - Is independent with his ADLs, other than being slow and needing assistance with getting in and out of shower/bath.
 - Walks independently with a cane.
 - Can do some IADLs, such as preparing his meals.
 - Needs assistance with housework and shopping.
 - Manages his own medications.

Level of Care Definition Case Study Key

Case Study #7 Mary is NFCE because:

- ❖ Mary has a medical condition diagnosed by a physician, that includes:
 - End stage renal disease
 - Dementia

- ❖ Mary requires care above the level of room and board and requires care and services that are both skilled and inherently complex because she:
 - Requires monitoring of fluid retention, including intake and output.
 - Needs hands-on assistance with bathing and dressing.
 - Needs limited assist with toileting and grooming.
 - Requires hands-on assistance with ambulating.
 - Requires set-up and verbal reminders of medications, including monitoring of diuretics.

Level of Care Definition Case Study Key

Case Study #8 Jason is NFCE because:

- ❖ Jason has a medical condition diagnosed by a physician, that includes:
 - Traumatic Brain Injury
 - Complications, such as hemorrhaging and fracture

- ❖ Jason requires care above the level of room and board and requires care and services that are both skilled and inherently complex because he:
 - Requires care and services that are inherently complex.
 - Has some ambulatory dysfunction and requires assistance with ambulation.
 - Requires monitoring for blood clots.
 - Requires limited assist with bathing, dressing, and toileting.
 - Needs assistance with continence products due to occasional bladder incontinence.
 - Requires set-up and verbal reminders of medications due to his inability to differentiate between medications.



Acknowledgements

We wish to thank the following people for their contributions to this project:

Pennsylvania Department of Aging

Bureau of Quality Assurance

Quality and Compliance Unit

Metrics and Analytics

Pennsylvania Association of Area Agencies on Aging

Crystal Lowe

Janet Neidig

Diana Linn

Mike Mullen

Dering Consulting Group

Paul Caulfield

Brian Keefer

Lynn M. Dehner