LEVE OF CARE DETERMINATION NOTICE INSTRUCTIONS

The Determination Notice is completed following the review of all the assessment and medical information. The report is the official notification of the level of care determination to the Individual/legal guardian or other responsible party and the County Assistance Office.

The Individual, guardian, etc., is to be listed in the upper left corner block and copies are to be sent to the other parties listed. The Individual's name, address, Social Security Number is to be listed in the upper right hand corner block.

When making a level of care determination for individuals applying for community services, specify the level of care determination of:

A. Nursing Facility Clinically Eligible
B. Nursing Facility Ineligible.

An Individual applying for OLTL Waivers without an MA51/script and is determined NFCE level of care and the time frame has exceeded the 15 day requirement, the AAA must determine NFI as directed in OLTL Bulletin 55-12-03. The Assessor should complete:

C. Other and note in comment section.

The form shall be signed by the assessor or the agency's designee such as a supervisor or lead worker. A copy of the Determination Notice must be sent to the Individual and/or the Individual's guardian and be attached to each medical evaluation form which is sent to the local County Assistance Office. A copy of the Determination Notice must also be retained in the Individual's case record.
LEVEL OF CARE DETERMINATION NOTICE

Name: ___________________________ S.S. #: _____________________________

Guardian: _______________________________________ M.A. #: _____________________________

City: _______________________________________ State: ______________ Zip Code:________
________________________________________________________________________________

This is to certify that the above-named individual was assessed on:
Date:  __________________________
________________________________________________________________________

The purpose of this Level of Care Assessment was to determine the Individual’s level of care. As a result
of the Assessment, the level of care was determined to be:

A.  ☐ Nursing Facility Clinically Eligible

B.  ☐ Nursing Facility Ineligible

C.  ☐ OLTL Bulletin 55-12-03 requirement for Individuals who are determined NFCE but due to lack of
MA51/script and exceeded 15 day time frame, must be considered NFI until MA51/script is obtained

Comments: _______________________________________________________________
________________________________________________________________________________

ASSESSMENT UNIT

Name:_____________________________________________________________________________

Address: __________________________________________________________________________
(Street)
_________________________________________________________________________________
(City) (State) (Zip Code)
_________________________________________________________________________________
(Telephone Number)

Signature: _______________________________________ Date: _________________________

This Assessment Notice deals solely with the preliminary level of care determination made by the
Assessment Unit. Upon receipt of your completed Common Application Form (PA-600P), the Department
of Public Welfare, through the County Assistance Office (CAO), will determine your financial eligibility for
Medical Assistance (MA). That Office will notify you of their decision via a Notice to Applicant Form (PA-
162). An appeal process will be available for both the final level of care determination and the financial
eligibility decision. Details of the appeal process will be outlined in the PA-162 Notification.

If you disagree with either the level of care determination or the decision made regarding your eligibility for
MA, you may file an appeal subsequent to receipt of notification from the CAO PA-162. In all cases to
access the formal appeals process for level of care or financial eligibility, the CAO must be contacted and
the PA-600P must be completed and returned to the CAO.