

**SECTION**

Appendix

**SUBJECT**

Level of Care Determination (DPHHS-AMDD-86) Instructions

**PURPOSE**

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

**PROCEDURE**

The MPQH will complete this form after receiving a request for level of care determination and send to the case management teams by secured e-mail.

**INSTRUCTIONS**

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Program Requested--Check the name of the program being requested:

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

Screen Requested By--Enter the name of the individual who is requesting the screen.

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

Applicant Location--Enter the location of the individual at the time of the screening.

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

Relationship and Phone--Enter the relationship and phone number of the significant other. List the work number if appropriate.

Address--Enter the mailing address of the significant other including street address or box number, city, state and zip code.

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

Health Care Professional--Enter the name and phone number of the individual's health care professional and state the type of professional (M.D., nurse practitioner or physician assistant).

Medical Diagnosis/Summary--List the diagnosis of the individual and other pertinent medical information.

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Special Treatments/Medications/Therapies--List any special treatments, therapies and medications the individual is receiving.

Social and Other Information--List any information the referral source feels would be helpful or significant in making the level of care determination.

Dementia--Check the "yes" box if the individual has a diagnosis of dementia. **Dementia is an automatic rule out for the SDMI waiver.** Check the "no" box if this does not pertain to this applicant.

Traumatic Brain Injury (TBI)--Check the "yes" box if the individual has a diagnosis of TBI. Check the "no" box if the individual does not have a diagnosis of TBI.

Communication Deficit--Check the "yes" box if the individual has a problem with communication. Indicate if the individual's primary language is another language other than English. Check the "no" box if the individual is able to hear and talk over the phone, etc.

DETERMINATION--This section is to be completed by the MPQH.

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

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**FUNCTIONAL ASSESSMENT**

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

*0=Independent:* The individual is able to fulfill ADL/IADL needs without the regular use of human or mechanical assistance, prompting, or supervision.

*1=With Aides/Difficulty:* To fulfill the ADL/ IADL, the individual requires consistent availability of mechanical assistance or the expenditure of undue effort.

*2=With Help:* The individual requires consistent human assistance, in the absence of which the ADL cannot be completed. The individual does, however, actively participate in the completion of the activity.

*3=Unable:* The individual cannot meaningfully contribute to the completion of the task.

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**NARRATIVE/ASSESSMENT CATEGORIES**

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

*Adequate*: Should reflect whether the assistance (or lack of) is sufficient to meet the individual's needs.

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

**ACTIVITIES OF DAILY LIVING**

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

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

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

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

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

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

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

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

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**INSTRUMENTAL ACTIVITIES OF DAILY LIVING**

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

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

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

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

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

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

Transportation--Assess both the individual's ability to use transportation (ability to enter/exit vehicles, ability to identify destination, etc.) and the availability of transportation.

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

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

Ability to Summon Emergency Help--Assess the individual's abilities, cognitively and physically, to recognize an emergency situation and to summon appropriate assistance if necessary.

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

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

Patient Mental Status--This section documents any cognitive or emotional factors which may impact the individual's current functional capacity. Check all issues which apply to the individual's mental status.

Oriented-- Check box

Coding for Functional Capabilities--This section refers to physiological factors which might impact the individual's current functional capabilities. Coding for Functional Capabilities should be interpreted as follows:

0=Good: Within normal limits

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

2=Total Loss: No reasonable functional capacity.

List any assistive devices used by the individual.

