

**APPENDIX I  
Level of Care**

**Appendix I: Intermediate Nursing Home Level of Care**

**Rev. 07/11 USE SECTION 801.3 FOR INTERPRETIVE GUIDELINES AND USE INSTRUCTION /GUIDE (FOLLOWING PAGE).**

To meet an intermediate nursing home level of care the individual must meet:

Item # 1 in Column A AND one other item (2-8) in Column A,

PLUS at least one item from Column B or C (with the exception of #5, Column C)

Column A	Column B	Column C
<b>Medical Status</b>  <b>(If #1 is circled, please document etiology)</b>	<b>Mental Status</b>  <b>(If #1-4 is circled, please document etiology)</b>	<b>Functional Status</b>  <b>(If #1-5 is circled, please document etiology)</b>
In addition to the criteria in # 1 below, the patient's specific medical condition must require any of the following plus one item from Column B or C	<i>The mental status must be such that the cognitive loss is more than occasional forgetfulness</i>	<i>Functional Status</i>  <i>One of the following conditions must exist (with the exception of #5)</i>
1. Requires monitoring and overall management of a medical condition(s) under the direction of a licensed physician	1. Documented short or long-term memory deficits with etiologic diagnosis. Cognitive loss addressed on MDS/care plan for continued placement	1. Transfer and locomotion performance of resident requires limited/extensive assistance by staff through help or one-person physical assist.
2. Nutritional management; which may include therapeutic diets or maintenance of hydration status	2. Documented moderately or severely impaired cognitive skills with etiologic diagnosis for daily decision making. Cognitive loss addressed on MDS/care plan for continued placement.	2. Assistance with feeding. Continuous stand-by supervision, encouragement or cueing required and set-up help of meals.
3. Maintenance and preventative skin care and treatment of skin conditions, such as cuts, abrasions or healing decubiti  (continued)	3. Problem behavior, i.e. wandering, verbal abuse, physically and/or socially disruptive or inappropriate behavior requiring appropriate supervision or intervention (continued)	3. Requires direct assistance of another person to maintain continence.
4. Catheter care such as catheter change and irrigation	4. Undetermined cognitive patterns which cannot be assessed	4. Documented communication deficits in making self-understood or understanding

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		by a mental status exam, for example, due to aphasia	others.
5. Therapy services such as oxygen therapy, physical therapy, speech therapy, occupational therapy, (3 times per week or less)			5. Direct stand-by supervision or cueing with one-person physical assistance from staff to complete dressing and personal hygiene. (If this is the only evaluation of care identified, another deficit in functional status is required).
6. Restorative nursing services such as range of motion exercises and bowel and bladder training			
7. Monitoring of vital signs and laboratory studies or weights			
8. Management and administration of medications including injections			

**INSTRUCTIONS/GUIDE for Determination of ILOC**

Intermediate Level of Care Criteria: SOURCE Applications

**Rev. 07/11**

The target population for SOURCE are physically disabled individuals who are functionally impaired, or who have acquired a cognitive loss, that results in the need for assistance in the performance of the activities of daily living (ADLs) or instrumental activities of daily living (IADLs); these individuals must meet the Definition for Intermediate Nursing Home LEVEL OF CARE and all other eligibility requirements listed in 801.3. The Intermediate Level of Care Criteria is recommended by the Site’s Registered Nurse, using assessment information reported via the MDS-HC assessment, case notes, physician notes, history & physical, and other assessment tools. The R.N. circles all relevant items from Column A, B & C to support the level of care. If additional notes such as related diagnoses are required, such information is noted on the document.

Specific criteria as below:

**I. Medical Status: Must satisfy Question #1 and any one of #2 through #8**

SOURCE LOC CRITERIA	PRIMARY LOC APPLICATIONS
1. “Has at least one chronic condition . . . “	Examples: HTN, diabetes, heart disease, pulmonary disease, Alzheimer’s, spinal cord injury, CVA, arthritis, etc.
2. Nutritional management . . . “	Medical record reflects status as underweight or morbidly obese; need for therapeutic diet d/t exacerbation chronic condition (HTN, diabetes, skin condition, etc.); dialysis patients (hydration); others at risk of dehydration.
3. “Maintenance and preventive skin care . . . “	Diabetics; SRC members spending significant time in wheelchair or bed; existing wound care/skin issues or history of; members with incontinence
4. “Catheter care . . . “	Self explanatory
5. “Therapy services . . . “	Self explanatory
6. “Restorative nursing services . . . “	Self explanatory

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7. "Monitoring of key clinical indicators, laboratory studies or weights . . . "	Diagnosis requiring ongoing monitoring of clinical indicators: hypertension, pulmonary disease, diabetes, cardiovascular disease, etc. (key clinical indicators include but are not limited to blood pressure, pulse, respiration, temperature, weight, blood sugar for diabetics); medications indicating ongoing laboratory studies (Coumadin, Dilantin, Tegretol, Digoxin, Phenobarbitol, liver profiles, certain cholesterol medications, etc.); CHF and dialysis patients for monitoring of weight.
8. "Management and administration of medications . . . "	SRC members needing assistance with management OR administration of medications (d/t cognitive or physical impairments). May be paid care or informal support providing assistance.

**II. Cognitive Status that includes cognitive loss. Must Satisfy one of #1 through #4**

(NOTE: ALWAYS INVOLVES COGNITIVE LOSS WITH ETIOLOGIC DIAGNOSIS NOT RELATED TO A DEVELOPMENTAL DISABILITY OR MENTAL ILLNESS FOR SOURCE WAIVER ELIGIBILITY)

SOURCE LOC CRITERIA	PRIMARY LOC APPLICATIONS
1. "Documented short or long-term memory deficits . . . "	Linked to a diagnosis (CVA, TBI, dementia, Alzheimer's, etc.) documented in medical record; review MMSE score.
2. "Documented moderately or severely impaired cognitive skills . . . "	Same as above. Allow for eccentricities.
3. "Problem behavior . . . "	Self-explanatory. Allow for eccentricities.
4. "Undetermined cognitive patterns which cannot be assessed by a mental status exam . . . "	Rarely used. Aphasia listed as example.

**OR**

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III. Functional Status: Must satisfy one of #1 through #4 (with the exception of #5)

**(NOTE: ALWAYS INVOLVES IMPAIRMENT WITH ETIOLOGIC DIAGNOSIS NOT RELATED TO A DEVELOPMENTAL DISABILITY OR MENTAL ILLNESS FOR SOURCE WAIVER ELIGIBILITY)**

<b>SOURCE LOC CRITERIA</b>	<b>PRIMARY LOC APPLICATIONS</b>
1. "Transfer and locomotion performance requires limited/extensive assistance . . . "	"One person physical assist" is key indicator. Not someone who lives alone with no support (paid or informal) in place or planned. "Locomotion" viewed as primarily in home.
2. "Assistance with feeding."	May be due to significant physical or cognitive impairment. Cueing and set-up help required together (i.e., not just an IADL issue).
3. "Direct assistance . . . to maintain continence."	"Assistance of another person" is key indicator (i.e., not just using incontinence products). May be due to physical (transfers, etc.) or cognitive impairments.
4. "Documented communication deficits . . . "	Deficits must be addressed in medical record with etiologic diagnosis addressed on MDS/care plan for continued placement.
5. "Assistance . . . dressing/personal hygiene"	Self-explanatory. See "another deficit" requirement described.

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To meet an intermediate nursing home level of care the individual must meet:

Item # 1 in Column A AND one other item (2-8) in Column A, PLUS at least one item from Column B or C (with the exception of #5, Column C).

Column A Medical Status
<p><b>Medical Status</b> (If #1-8 is circled, please document etiology/cause/diagnosis)</p> <p>1. Requires monitoring and overall management of a medical condition(s) under the direction of a licensed physician <i>Etiology</i> _____</p> <p>2. Nutritional management; which may include therapeutic diets or maintenance of hydration status <i>Etiology</i> _____</p> <p>3. Maintenance and preventative skin care and treatment of skin conditions, such as cuts, abrasions or healing decubiti <i>Etiology</i> _____</p> <p>4. Catheter care such as catheter change and irrigation <i>Etiology</i> _____</p> <p>5. Therapy services such as oxygen therapy, physical therapy, speech therapy, occupational therapy (3 times per week or less) <i>Etiology</i> _____</p> <p>6. Restorative nursing services such as range of motion exercises and bowel and bladder training <i>Etiology</i> _____</p> <p>7. Monitoring of vital signs and laboratory studies or weights <i>Etiology</i> _____</p> <p>8. Management and administration of medications including injections <i>Etiology</i> _____</p>

Column B Mental Status
<p><i>The mental status for this column must be cognitive loss and more than occasional forgetfulness</i></p> <p><b>Mental Status</b> (If #1-4 is circled, please document etiology)</p> <p>1. Documented short or long-term memory deficits with etiologic diagnosis. Cognitive loss addressed on MDS/care plan for continued placement <i>Etiology</i> _____</p> <p>2. Documented moderately or severely impaired cognitive skills with etiologic diagnosis for daily decision making. Cognitive loss addressed on MDS/care plan for continued placement. <i>Etiology</i> _____</p> <p>3. Problem behavior, i.e. wandering, verbal abuse, physically and/or socially disruptive or inappropriate behavior requiring appropriate supervision or intervention <i>Etiology</i> _____</p> <p>4. Undetermined cognitive patterns which cannot be assessed by a mental status exam, for example, due to aphasia <i>Etiology</i> _____</p> <p><b>Note!</b> Etiologies not covered in SOURCE are those due to a mental health (i.e. Schizophrenia, mental retardation, developmental delay etc)</p> <p><b>However, cognitive loss (traumatic brain injury, dementia, Alzheimer's) can be covered under SOURCE.</b></p>

Column C Functional Status
<p><i>The Functional Status impairment must not be related to a developmental disability or mental illness</i></p> <p><b>Functional Status</b> (If #1-5 is circled, please document functional etiology. Circle where supported on MDS (Optional).</p> <p>1. Transfer and locomotion performance of resident requires limited/extensive assistance by staff through help or one-person physical assist. <i>Functional Etiology of movement deficit</i> _____</p> <p>G2f: 3 4 5 6                      G2g 3 4 5 6 G3c: 0                                      G3d 0 *J3a: 1 2 3 4                      *J3b 1 2 3 4 *If J3a-b is circled, is this compensated by walker, cane, slower movements, or use of furniture? y n. If so, this is not enough for NH level.</p> <p>2. Assistance with feeding. Continuous stand-by supervision, encouragement or cueing required and set-up help of meals. <i>Functional Etiology of feeding assist need</i> _____ G2j 3 4 5 6</p> <p>3. Requires direct assistance of another person to maintain continence. <i>Functional Etiology of incontinence</i> _____ G2g 3 4 5 6                      G2h 3 4 5</p> <p>4. Documented communication deficits in making self-understood or understanding others. <i>Functional Etiology of communication deficit</i> _____ D1 3 4                      D2 3 4</p> <p>5. Direct stand-by supervision or cueing with one-person physical assistance from staff to complete dressing and personal hygiene. (If this is the only evaluation of care identified, another deficit in functional status is required). <i>Functional Etiology</i> _____ G2a 3 4 5 6                      G2b 3 4 5 6 G2c 3 4 5 6                      G2d 3 4 5 6</p>

Signature of R.N. \_\_\_\_\_ Date \_\_\_\_\_  
(Must be present)

Signature of Other \_\_\_\_\_ Date \_\_\_\_\_  
title\_

This is a preliminary review of patient. Final determination is made with the Level of Care and Placement Instrument (Appendix F).