

Nursing Facility Level of Care (LOC) Determination Guide  
Division of Senior and Disability Services (DSDS)

This document serves as a summary of the DRAFT LOC Algorithm 2.0 which determines a participant’s Nursing Facility Level of Care (LOC). The DRAFT LOC Algorithm 2.0 should be used to determine a participant’s LOC. However, this guide serves as a blueprint for stakeholders and participants to understand proposed LOC updates.

<b>BEHAVIORAL:</b> o Determine if the participant: <ul style="list-style-type: none"> <li>• Receives monitoring for Mental Condition</li> <li>• Exhibits one of the following mood or behavior symptoms – wandering, verbal abuse, physical abuse, socially inappropriate or disruptive behavior, inappropriate public sexual behavior or public disrobing; resists care</li> <li>• Exhibits one of the following psychiatric conditions –abnormal thoughts, delusions, hallucinations</li> </ul>				
<b>0 pts</b>	<b>3 pts</b>	<b>6 pts</b>	<b>9 pts</b>	<b>18 pts</b>
Stable Mental Condition <b>AND</b> No mood or behavior symptoms observed <b>AND</b> No reported psychiatric conditions	Stable Mental Condition monitored by a physician or licensed mental health professional at least monthly <b>OR</b> Behavior Symptoms exhibited in past, but not currently present <b>OR</b> Psychiatric Conditions exhibited in past, but not recently present	Unstable Mental Condition monitored by a physician or licensed mental health professional at least monthly <b>OR</b> Behavior Symptoms are currently exhibited <b>OR</b> Psychiatric conditions are recently exhibited	Unstable Mental Condition monitored by a physician or licensed mental health professional at least monthly <b>AND</b> Behavior Symptoms are currently exhibited <b>OR</b> Psychiatric conditions are currently exhibited	

<b>COGNITION:</b> o Determine if the participant has an issue in one or more of the following areas: <ul style="list-style-type: none"> <li>• Cognitive skills for daily decision making</li> <li>• Memory or recall ability (short-term, procedural, situational memory)</li> <li>• Disorganized thinking/awareness – Mental function varies over the course of the day</li> <li>• Ability to understand others or to be understood</li> </ul>				
<b>0 pts</b>	<b>3 pts</b>	<b>6 pts</b>	<b>9 pts</b>	<b>18 pts</b>
No issues with cognition <b>AND</b> No issues with memory, mental function, or ability to be understood/ understand others	Displays difficulty making decisions in new situations or occasionally requires supervision in decision making <b>AND</b> Has issues with memory, mental function, or ability to be understood/ understand others	Displays consistent unsafe/poor decision making or requires total supervision <b>AND</b> Has issues with memory, mental function, or ability to be understood/ understand others	Rarely or never has the capability to make decisions <b>OR</b> Displays consistent unsafe/poor decision making or requires total supervision <b>AND</b> rarely or never understood/able to understand others	TRIGGER: Comatose state

<b>MOBILITY:</b> o Determine the participant’s primary mode of locomotion o Determine the amount of assistance the participant needs with: <ul style="list-style-type: none"> <li>• Walking – how moves between locations on the same floor</li> <li>• Locomotion – how moves walking or wheeling, if wheeling how much assistance is needed once in the chair</li> <li>• Bed Mobility – transition from lying to sitting, turning, etc</li> </ul>				
<b>0 pts</b>	<b>3 pts</b>	<b>6 pts</b>	<b>9 pts</b>	<b>18 pts</b>
No assistance is needed <b>OR</b> Only supervision is needed	Participant requires limited or moderate assistance, i.e. performs more than 50% of task independently	Participant requires maximum assistance. Needs 2 or more helpers <b>OR</b> More than 50% of caregiver weight-bearing assistance	Participant is totally dependent on caregiver for walking, locomotion, or bed mobility	TRIGGER: Participant is bedbound

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<b>EATING:</b> ○ Determine the amount of assistance the participant needs with eating ○ Determine if the participant requires a physician ordered therapeutic diet				
0 pts	3 pts	6 pts	9 pts	18 pts
No assistance needed with eating <b>AND</b> No physician ordered diet	Physician ordered therapeutic diet <b>OR</b> Set up, supervision, or limited assistance needed with eating. Includes mostly independent tube feeding	Moderate assistance needed with eating, i.e. <b>participant</b> performs more than 50% of the task independently	Extensive/maximum assistance needed with eating, i.e. <b>participant</b> requires <b>caregiver</b> to perform more than 50% for assistance	TRIGGER: Unable to eat without full assistance

<b>TOILETING:</b> ○ Determine the amount of assistance the participant needs with toileting. Toileting includes: using the toilet (bedpan, urinal, commode), changing incontinent episodes, managing catheters/ostomies, and adjusting clothing ○ Determine the amount of assistance the participant needs with transferring on/off the toilet				
0 pts	3 pts	6 pts	9 pts	18 pts
Participant is independent <b>OR</b> Needs only set up or supervision	Participant requires limited or moderate assistance, i.e. <b>participant</b> performs more than 50% of task independently	Participant requires maximum assistance. Needs 2 or more helpers <b>OR</b> More than 50% of caregiver weight-bearing assistance	Participant is totally dependent. Full performance of toilet use or toilet transfer by caregiver	

<b>BATHING:</b> ○ Determine the amount of assistance the participant needs with bathing. Bathing includes: taking a full body bath/shower and the transferring in and out of the bath/shower				
0 pts	3 pts	6 pts	9 pts	18 pts
Participant is independent <b>OR</b> Needs only set up or supervision	Participant requires limited or moderate assistance, i.e. <b>participant</b> performs more than 50% of task independently	Participant requires maximum assistance or is totally dependent. Needs 2 or more helpers <b>OR</b> More than 50% of caregiver weight-bearing assistance		

<b>DRESSING AND GROOMING:</b> ○ Determine the amount of assistance the participant needs with: <ul style="list-style-type: none"> <li>• Personal Hygiene</li> <li>• Dressing Upper Body</li> <li>• Dressing Lower Body</li> </ul>				
0 pts	3 pts	6 pts	9 pts	18 pts
Participant is independent <b>OR</b> Needs only set up or supervision	Participant requires limited or moderate assistance, i.e. <b>participant</b> performs more than 50% of task independently	Participant requires maximum assistance or is totally dependent. Needs 2 or more helpers <b>OR</b> More than 50% of caregiver weight-bearing assistance		

<b>REHABILITATION:</b>				
<ul style="list-style-type: none"> <li>○ Determine if the participant has the following medically ordered therapeutic services:                             <ul style="list-style-type: none"> <li>• Physical therapy</li> <li>• Occupational therapy</li> <li>• Speech-language pathology and audiology services</li> <li>• Cardiac rehabilitation</li> </ul> </li> </ul>				
<b>0 pts</b>	<b>3 pts</b>	<b>6 pts</b>	<b>9 pts</b>	<b>18 pts</b>
None of the above therapies ordered	Any of the above therapies ordered, but less than daily	Any of the above therapies ordered daily	Any of the above therapies ordered more than once per day	

<b>TREATMENTS:</b>				
<ul style="list-style-type: none"> <li>○ Determine if the participant requires any of the following treatments:                             <ul style="list-style-type: none"> <li>• Ostomy care</li> <li>• Alternate modes of nutrition (tube feeding, TPN)</li> <li>• Suctioning</li> <li>• Ventilator/respirator</li> <li>• Wound care (skin must be broken)</li> </ul> </li> </ul>				
<b>0 pts</b>	<b>3 pts</b>	<b>6 pts</b>	<b>9 pts</b>	<b>18 pts</b>
None of the above treatments needed		One or more of the above treatments are needed		

<b>MEAL PREP:</b>				
<ul style="list-style-type: none"> <li>○ Determine the amount of assistance the participant needs to prepare a meal. This includes planning, assembling ingredients, cooking, and setting out the food and utensils.</li> </ul>				
<b>0 pts</b>	<b>3 pts</b>	<b>6 pts</b>	<b>9 pts</b>	<b>18 pts</b>
Participant prepares meals independently  <b>OR</b> Needs only set up or supervision	Participant requires limited or moderate assistance, i.e. <b>participant</b> performs more than 50% of task	Participant requires maximum assistance or is totally dependent, i.e. <b>caregiver</b> performs more than 50% of task		

<b>MEDICATION MANAGEMENT:</b>				
<ul style="list-style-type: none"> <li>○ Determine the amount of assistance the participant needs to safely manage their medications. Assistance may be need due to a physical or mental disability.</li> </ul>				
<b>0 pts</b>	<b>3 pts</b>	<b>6 pts</b>	<b>9 pts</b>	<b>18 pts</b>
Participant manages medications independently  <b>OR</b> Needs only set up or supervision	Participant requires limited or moderate assistance, i.e. <b>participant</b> performs more than 50% of task	Participant requires maximum assistance or is totally dependent, i.e. <b>caregiver</b> performs more than 50% of task		

<b>SAFETY:</b>				
<ul style="list-style-type: none"> <li>○ Determine if the participant needs assistance in one or more of the following areas:                             <ul style="list-style-type: none"> <li>• Vision</li> <li>• Falling</li> <li>• Balance – moving to standing position, turning to face the opposite direction, dizziness, or unsteady gait</li> </ul> </li> </ul>				
<b>0 pts</b>	<b>3 pts</b>	<b>6 pts</b>	<b>9 pts</b>	<b>18 pts</b>
No difficulty or some difficulty with vision <b>AND</b> No falls in last 90 days <b>AND</b> No recent problems with balance	Severe difficulty with vision (sees only lights and shapes) <b>OR</b> Has fallen in last 90 days <b>OR</b> Has current problems with balance	No vision <b>OR</b> Has fallen in last 90 days <b>AND</b> Has current problems with balance		