

NURSING FACILITY LEVEL OF CARE CRITERIA WORKSHEET

Patient/ Resident:		Authorization End Date (if seeking extension):		Worksheet Completion Date		Staff completing Worksheet:	
1.	Does the resident have a Chronic Condition?	YES*	NO	*Identify Condition(s):			
2.	Does the resident have a diagnosis of dementia?	YES*	NO	*Identify what type and source of dx:			
3.	Has an MD certified the above diagnoses (1 and 2)?	YES	NO*	*If "NO", what efforts are being made to obtain?			
4.	Does the resident receive daily skilled nursing care for an uncontrolled, unstable or chronic condition?	YES*	NO	*If "YES", identify the type of nursing care: →	IV or IM injections or IV feeding	Naso-pharyngeal or trach care	
					Enteral feeding	MD ordered Heat treatments	
					Decubitus ulcers care, Stage 3 or worse	Rehabilitation nursing procedures, ex.: B & B training	
					Suprapubic catheter care	Respiratory Therapy	
					Application of dressings	Post-Operative colostomy care	
					Diabetic Teaching	Other: Describe Below	
NOTE: Criteria # 4 indicates NF LOC by itself and does not require a "chronic condition" or "substantial assistance" to meet criteria.							
5.	Does the resident have a "Need Factor"?	YES*	NO	*If "YES", identify the Need Factor: → → →		Rehab 5x/week (PT/OT/ST/RT)	Behavioral (needs supervision to prevent harm)
6.	Does the resident require "substantial assistance" with daily personal care (ADLs)?	YES*	NO	*If "YES", use definitions → to identify the level(s) of assistance needed, in Section 6.a	Supervision: The individual requires support such as monitoring, observing, verbal or gestural prompting, verbal coaching and gestural or pictorial cueing in order to accomplish the task. The support is needed daily. No hands-on support is needed.		
					Assist (Hands-on support): Physical assistance from another person is needed to initiate or complete the task or activity in a way that assures health and safety. Even with diligent verbal or gestural cues the individual requires physical assistance or intervention to accomplish the task.		
"Substantial Assistance" =				6.a.	Measurable ADLs	Super- vision	Assist
<ul style="list-style-type: none"> • Supervision w/ ≥ 3 ADLs + Need Factor (see #5), or • Hands on assist w/ ≥ 3 ADLs, or • Hands on assist w/ ≥ 2 ADLs + Need Factor (see #5) 					Bathing: Supports needed to clean all parts of body and hair, getting in and out of tub or shower or make preparations needed for a sponge bath.		
					Dressing: Selecting appropriate clothing; to put on, take off and adjust clothing items, including buttoning and fastening..		
					Eating: Supports needed with utensils or othere devices to get food from plate to mouth. Includes supports needed with NG tube, J-tube or parenteral route.		
					Toileting: Supports needed to use toileting equipment;; adjust clothing; attend to hygiene after toileting, transfer to/from toilet, managing ostomy or catheter		
					Continance: Includes supports to assist to control emptyinge bladder or bowel , change incontinence pads/briefs, cleanse changing pads disposal of soiled articles		
					Transferring: Supports needed to move from surface to surface or position to position safely with or without the use of assistive devices/ adaptive modifications.		
					Mobility: Supports needed to move about the environment, from/ to locations, with or without assistive devices/adaptive modifications.		
Summary:							

DECISION GUIDE: If the individual has :

A.) a chronic condition (#1 or #2), certified by a physician (#3) **AND EITHER**

B.) a daily skilled nursing care need for an uncontrolled, unstable, or chronic condition (#4) **OR**

C.) need for substantial assistance with ADLs (#6) on a daily basis,

they should meet nursing facility level of care criteria, per the CT Public Health Code, Section 19-13-D8t(d)General Conditions(1)Patient Admissions(A)(i)