

Nursing Facility Level of Care

Recording the Basis of Professional Determination of Need

Preadmission Screening and Community Assessment for Individuals Under 21 Years Old

Professional conclusions based on need for acute or rehabilitative care

Please indicate the reason(s) you determined this person requires the level of care a nursing facility provides (NF LOC). Record in Section E of Long Term Care Screening Document (DHS Form 3427)

1. Restorative and rehabilitative treatment:

The person requires active restorative or rehabilitative treatment as part of a planned discharge, or such treatment is needed to foster a lower level of dependency.

2. Unstable health:

The person experiences episodes of active disease processes requiring immediate clinical judgements by licensed nurses. Episodes come at unpredictable times of the day or night.

The person receives medication requiring professional dosage adjustment or preadministrative monitoring, or licensed nurse observations for reactions, side effects, or drug interaction, including during evening and night shifts.

3. Special treatment:

The person requires direct care services by licensed nurses during evening and night shifts for:

- injections
- intravenous medications
- sterile dressings
- lamp treatments
- complex topical therapy
- catheter care (urinary or nasal)
- ostomy care, colostomy, ileostomy or tracheostomy
- tube feeding
- oxygen therapy or IPPB
- suctioning

4. Complex management:

- The person requires assistance with all or most activities of daily living because of extreme frailty, advanced dementia or other cognitive impairments, or the need for intensive palliative care.

➔ No - NF functional limitation? (see next page)

Complete waiver eligibility determination, as applicable, including OBRA Level I Screening

➔ Yes - NF Level of Care

Complete OBRA Level I screening for NF admission

ADA1 (12-12)

This information is available in accessible formats for individuals with disabilities by calling 651-431-2600, toll-free 800-882-6262, or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

Professional conclusions based on functional limitation

Please indicate the reason(s) that you determined this person requires the level of care a nursing facility provides.

1. Functional limitation criteria - Assess need based on age-appropriate functional status:

The person:

- a. Needs ongoing assistance (hands on care, supervision or cueing) from another person in safely or appropriately performing activities of daily living (ADLS); or
- b. Needs periodic assistance (hands on care, supervision or cueing) from another person in safely or appropriately performing activities of daily living (ADLS); or
- c. Needs ongoing assistance (hands on care, supervision or cueing) from another person in safely or appropriately performing instrumental activities of daily living (IADLS); or
- d. Needs periodic assistance (hands on care, supervision or cueing) from another person in safely or appropriately performing instrumental activities of daily living (IADLS).

OR

2. Complicating conditions:

The person has a complicated medical condition which limits the person's ability to independently meet his/her needs as indicated:

- a. Requires frequent medical or social intervention to safely maintain an acceptable health or developmental status; or
- b. Requires frequent changes in service due to intermittent or unpredictable changes in his/her condition; or
- c. Requires a range of interventions (medical or social) due to a multiplicity of conditions which are either medical or cognitive in nature.

OR

3. Cognition or Behavior:

The person has:

- a. Impaired cognition which is exhibited by any of the following:
 1. Short term memory loss
 2. Disorientation of person, place, time or location
 3. Impaired decision-making ability
- b. Frequent history of the following behavior symptoms:
 1. Wandering
 2. Physical abuse of others
 3. Resistive to care
 4. Behavior problems requiring some supervision for safety of self or others
 5. Severe communication problems

OR

4. Frailty or Vulnerability - Assess need based on age-appropriate functional status:

- a. Self neglect: The person has not or may not obtain goods or service necessary to ensure reasonable care, hygiene, nutrition and safety, or to avoid physical or mental harm or disease; or
- b. Neglect, abuse, or exploitation: The person's caregiver(s) or other persons cannot provide reasonable care to the person, or the person has been or may be physically and/or verbally abused, or the caregiver(s) or other persons have or may mismanage the person's funds and/or possessions.
- c. The person has experienced frequent or recent hospitalization, nursing facility admissions, falls, or overall frailty.

Complete waiver eligibility determination, as applicable, including OBRA Level I Screening

Yes - NF Level of Care

Complete OBRA Level 1 screening for NF admission

Record your professional conclusion(s) from this pamphlet on the Long Term Care Screening Document (DHS Form # 3427), Section E.

Waiver Eligibility Determination: Must answer YES to ALL. Numbers refer to required fields on LTC Screening Document.

In your professional judgment:

1. The person requires the level of care a nursing facility provides. (82)
2. The person requires at least one waiver service for community support. (101)
3. The person's need can be met in the community in a satisfactorily safe and cost-effective manner. (102)
4. No other payor is responsible to cover services to be authorized and billed to the waiver (i.e., Medicare, health insurance, medical assistance home care, etc. (103)
5. The person meets income eligibility requirements.

NOTE: Additional eligibility requirements may apply to certain home and community-based waiver programs.

Use of This Form:

The statements contained in this document are intended to represent the assessor's summary of the determination of NF LOC for individuals under age 21. Use the criteria contained in this document for NF LOC determination of individuals who are or will be under age 21 as of the Assessment Result or Effective Date. This date represents the date the result of the assessment would take effect, such as admission to a NF or opening to a waiver program. Assessment is completed in person using the assessment tool DHS Form 3428 or MnCHOICES. The assessor reviews their assessment and the statements contained in this document, selects those that best describe the basis of the NF LOC determination, and records their selection on the LTC Screening Document, DHS Form 3427.

(To be used in conjunction with DHS-3428 or 3428A

Assessment Tool, DHS 3428C and DHS-3427 - Long Term Care Screening Document.)

This document is also available on our web site www.dhs.state.mn.us