

Indiana Division of Aging

Short Assessment Nursing Facility Level of Care



Better Assessment, Better Care, Better Outcomes





What is Nursing Facility Level of Care?

- The functional standard that indicates nursing facility placement can be reimbursed under Medicaid.
- Our standard is not changing.
- Only the tool is changing.
- Next slide outlines the definition of NF LOC.



Indiana's NF LOC

An individual is said to have nursing facility level of care if they either have

- a skilled medical need OR
- impairments in performing three or more activities of daily living as the result of a medical condition (as opposed to a mental health diagnosis or intellectual disability)



Long Term or Short Term Level of Care

- If either skilled medical needs or the noted impairments in performing ADLs are short term in nature then level of care may be granted for a designated short term stay.
- The clinical reviewer will make that determination based on the assessment information and other supporting documentation that you provide including the H&P.



Activities of Daily Living - ADLs

- Indiana uses an expanded list that includes more than the federally designated ADLs.
- The Indiana list includes items such as assistance with oxygen use, assistance with medications, need for 24/7 supervision due to dementia, need for assistance with range of motion, and others as well as the more standard ADLs of bathing, dressing, transfer, ambulation, and eating.



Skilled Needs

- Skilled need is basically represented by any activity the individual requires assistance with that, in the absence of their primary informal support, would require a nurse.
- These needs include seizure interventions, unstable medical condition, intravenous medication administration, acute rehabilitative therapies, treatment for stage 3 or 4 decub, etc.

interRAI Home Care Assessment



interRAI HC Sections that Apply:

- Section C – Cognition
- Section D – Communication and Vision
- Section G – Functional Status
- Section H – Continence
- Section I – Disease Diagnosis
- Section J – Health Conditions
- Section K – Oral and Nutritional Status
- Section L – Skin Condition
- Section N – Treatments and Procedures

C1: Cognitive Skills for Daily Decision Making



Making decisions regarding tasks of daily life—e.g., when to get up or have meals, which clothes to wear or activities to do

- 0 Independent—Decisions consistent, reasonable, and safe
- 1 Modified independence—Some difficulty in new situations only
- 2 Minimally impaired—In specific recurring situations, decisions become poor or unsafe; cues/supervision necessary at those times
- 3 Moderately impaired—Decisions consistently poor or unsafe; cues/supervision required at all times
- 4 Severely impaired—Never or rarely makes decisions
- 5 No discernable consciousness, coma

D1: Making Self Understood (Expression)



Expressing information content—both verbal and non-verbal

- 0 Understood—Expresses ideas without difficulty
- 1 Usually understood—Difficulty finding words or finishing thoughts
BUT if given time, little or no prompting required
- 2 Often understood—Difficulty finding words or finishing thoughts
AND prompting usually required
- 3 Sometimes understood—Ability is limited to making concrete requests
- 4 Rarely or never understood



D2: Ability to Understand Others (Comprehension)

Understanding verbal information content (however able; with hearing appliance normally used)

- 0 Understands—Clear comprehension
- 1 Usually understands—Misses some part/intent of message BUT comprehends most conversation
- 2 Often understands—Misses some part/intent of message BUT with repetition or explanation can often comprehend conversation
- 3 Sometimes understands—Responds adequately to simple, direct communication only
- 4 Rarely or never understands



Section G1d –Managing Medications

How medications are managed (e.g., remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments)

- 0 Independent—No help, setup, or supervision
- 1 Setup help only
- 2 Supervision—Oversight / cuing
- 3 Limited assistance—Help on some occasions
- 4 Extensive assistance—Help throughout task, but performs 50% or more of task on own
- 5 Maximal assistance—Help throughout task, but performs less than 50% of task on own
- 6 Total dependence—Full performance by others during entire period
- 8 Activity did not occur—During entire period [DO NOT USE THIS CODE IN SCORING CAPACITY]



Section G2 – Functional Status for ADLs

Applies to all Section G2 questions:

- 0 Independent—No physical assistance, setup, or supervision in any episode
- 1 Independent, setup help only—Article or device provided or placed within reach, no physical assistance or supervision in any episode
- 2 Supervision—Oversight / cuing
- 3 Limited assistance—Guided maneuvering of limbs, physical guidance without taking weight
- 4 Extensive assistance—Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
- 5 Maximal assistance—Weight-bearing support (including lifting limbs) by 2+ helpers —OR—
Weight-bearing support for more than 50% of subtasks
- 6 Total dependence—Full performance by others during all episodes
- 8 Activity did not occur during entire period



G2: ADLs

- Bathing—How takes a full-body bath / shower. Includes how transfers in and out of tub or shower AND how each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area — EXCLUDE WASHING OF BACK AND HAIR
- Personal hygiene—How manages personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing and drying face and hands — EXCLUDE BATHS AND SHOWERS



G2: ADLs

- Dressing upper body—How dresses and undresses (street clothes, underwear) above the waist, including prostheses, orthotics, fasteners, pullovers, etc.
- Dressing lower body—How dresses and undresses (street clothes, underwear) from the waist down including prostheses, orthotics, belts, pants, skirts, shoes, fasteners, etc.



G2: ADLs

- Walking—How walks between locations on same floor indoors
- Locomotion—How moves between locations on same floor (walking or wheeling). If in wheelchair, self-sufficiency once in chair
- Transfer toilet—How moves on and off toilet or commode



G2: ADLs

- Toilet use—How uses the toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes pad, manages ostomy or catheter, adjusts clothes — EXCLUDE TRANSFER ON AND OFF TOILET
- Eating—How eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)

Slide 16

PD(5) I deleted bed mobility just because it is not included in our short form.
Pierson, Debbie (FSSA), 6/4/2016



H2: Incontinence Related Item

Urinary Collection Device (Exclude Pads/Briefs)

- 0 None
- 1 Condom catheter
- 2 Indwelling catheter
- 3 Cystostomy, nephrostomy, ureterostomy



I1r: Contributing To Significant Decline in Health

Pneumonia

- 0 Not present
- 1 Primary diagnosis/diagnoses for current stay
- 2 Diagnosis present, receiving active treatment
- 3 Diagnosis present, monitored but no active treatment



Section J3 – Health Conditions

Applies to all section J3 questions:

Problem Frequency. Code for presence in last 3 days. Cardiac or Pulmonary

- 0 Not present
- 1 Present but not exhibited in last 3 days
- 2 Exhibited on 1 of last 3 days
- 3 Exhibited on 2 of last 3 days
- 4 Exhibited daily in last 3 days



Section J3 – Health Conditions

- Difficult or unable to move self to standing position unassisted
- Difficult or unable to turn self around and face the opposite direction when standing
- Dizziness
- Unsteady gait
- Difficulty clearing airway secretions



Section J6 – Pain Symptoms

Frequency with which person complains or shows evidence of pain (including grimacing, teeth clenching, moaning, withdrawal when touched, or other nonverbal signs suggesting pain)

- 0 No pain
- 1 Present but not exhibited in last 3 days
- 2 Exhibited on 1–2 of last 3 days
- 3 Exhibited daily in last 3 days



Section J6 – Pain Symptoms

Intensity of highest level of pain present

- 0 No pain
- 1 Mild
- 2 Moderate
- 3 Severe
- 4 Times when pain is horrible or excruciating



Section J6 – Pain Symptoms

Pain control—Adequacy of current therapeutic regimen to control pain (from person’s point of view)

- 0 No issue of pain
- 1 Pain intensity acceptable to person; no treatment regimen or change in regimen required
- 2 Controlled adequately by therapeutic regimen
- 3 Controlled when therapeutic regimen followed, but not always followed as ordered
- 4 Therapeutic regimen followed, but pain control not adequate
- 5 No therapeutic regimen being followed for pain; pain not adequately controlled

Section J7 – Instability of Health Conditions



Experiencing an acute episode, or a flare-up of a recurrent or chronic problem

0 No

1 Yes

End-stage disease, 6 or fewer months to live

0 No

1 Yes



K1: Nutritional Items

Weight loss (5% or more in LAST 30 DAYS, or 10% or more in LAST 180 DAYS)

0 No 1 Yes

Dehydrated or BUN/Cre ratio > 25

0 No 1 Yes

Fluid intake less than 1,000 cc per day [less than four 8 oz cups/day]

0 No 1 Yes

Fluid output exceeds input

0 No 1 Yes



K3 – Mode of Nutritional Intake

- 0 Normal—Swallows all types of foods
- 1 Modified independent—e.g., liquid is sipped, takes limited solid food, need for modification may be unknown
- 2 Requires diet modification to swallow solid food—e.g., mechanical diet (e.g., puree, minced, etc.) or only able to ingest specific foods
- 3 Requires modification to swallow liquids—e.g., thickened liquids
- 4 Can swallow only pureed solids—AND—thickened liquids
- 5 Combined oral and parenteral or tube feeding
- 6 Nasogastric tube feeding only
- 7 Abdominal feeding tube—e.g., PEG tube
- 8 Parenteral feeding only—Includes all types of parenteral feedings, such as total parenteral nutrition (TPN)
- 9 Activity did not occur—During entire period



Section L – Skin Condition

Most Severe Pressure Ulcer

- 0 No pressure ulcer
- 1 Any area of persistent skin redness
- 2 Partial loss of skin layers
- 3 Deep craters in the skin
- 4 Breaks in skin exposing muscle or bone
- 5 Not codeable, e.g., necrotic eschar predominant



Section N - Treatments and Procedures

Applies to all section N2 questions:

Treatments and Programs Received or Scheduled in the Last 3 Days (or Since Last Assessment if Less than 3 Days).

- 0 Not ordered AND did not occur
- 1 Ordered, not implemented
- 2 1-2 of last 3 days
- 3 Daily in last 3 days



Section N - Treatments and Procedures

- IV medication
- Oxygen therapy
- Suctioning
- Tracheostomy care
- Ventilator or respirator
- Wound care
- Turning/Repositioning program

Is direct assistance from others is required for special routines or prescribed treatments that must be followed at least five (5) days per week as part of acute rehabilitative Physical Therapy, Occupational Therapy, and/or Speech Therapy? General strengthening exercise programs and habilitation are excluded.

- Medical condition which requires acute rehabilitation (not habilitation or strengthening)
- Types of therapies are being performed
- How often is each therapy being performed
- Type of therapist involved in acute rehab
- How long are the therapies expected to last?



Is direct assistance from others is required to administer physician prescribed medicine (excluding vitamins) by intramuscular, intravenous, or subcutaneous injection more than one (1) time per day? (Note: other than insulin injections for an individual whose diabetes is under control)

- Medical condition requires injections
- Prescribed medication and its purpose
- How often are the injections required?
- How are the injections administered?



Is medical observation and physician assessment required at least every 30 days due to a changing, unstable physical condition (evidenced by changes in orders related to medications, diet, oxygen levels, other treatments, etc.)?

- What is the unstable and changing medical impairment that justifies this need
- Is the condition unstable and changing that requires a nursing intervention/observation until condition stabilizes?
- How long has the condition been considered unstable?
- What dates in the past month did the individual visit/contact the doctor? (list dates, type of physician, reason for visit, and treatment received)

Is nursing level intervention required for the safe management of uncontrolled seizures?

Grand Mal Seizures are a sudden attack of generalized convulsive activity with the loss of consciousness. Tonic Clonic seizures, stiffness of muscles (exhibit flaying of arms and legs, often incontinency during the seizure).

- Describe how the condition is unstable and changing that requires a nursing intervention/observation until condition stabilizes
- How long has the condition been considered unstable?
- Describe the seizure management plan in detail
- Document the dates of the seizure activity within the past 3 to 30 days & describe the skilled intervention

Does the individual require daily recording of the kind and amounts of fluids and solids intake and output?

- Document the Physician order for Input AND Output?
(This includes fluids AND solids)
- Document the frequency of when this is being recorded
- Describe the medical condition and why fluid and solid intake monitoring is required
- Document who is responsible for monitoring this process

Does the individual require assistance with passive range of motion exercise on a daily basis per medical plan of care?

Range of Motion means assisted movement of the joints through their available range of motion which is carried through by the therapist, nurse, nursing assistant, or trained lay person without the assistance or resistance of the patient. These exercises can be used to prevent loss of motion.

- Describe the medical condition requiring Passive Range of Motion (PROM)
- Identify the frequency that PROM is being rendered
- Identify who is assisting with PROM?



To maintain a stable medical condition, does the individual require monitoring of his or her health care plan on a 24 hour a day, seven day a week basis by a licensed nurse?

- Describe the intermediate medical condition that is justifying a nurse 24/7
- Identify and describe the stable medical impairment



Division of Aging Webinars on the Short NF LOC Assessment

This webinar will be repeated two more times.

Remaining dates are:

Monday, June 13, 2016, from 1 p.m. to 3 p.m. EST

Thursday, June 16, 2016, from 10 a.m. to noon EST

For more information or to receive PASRR updates regularly, visit our PASRR page at <http://www.in.gov/fssa/da/5011.htm> and click the link to receive email updates.

