Level of Care Worksheet

Client Name: _____ DCN _____ RedCap _____

Behavioral: Determine if the applicant or recipient:

- Receives monitoring for mental condition
- Exhibits one of the following mood or behavior symptoms - wandering, physical abuse, socially inappropriate or disruptive behavior, inappropriate public sexual behavior, or public disrobing; resists care **OR** Exhibits one of the following psychiatric conditions - abnormal thoughts, delusions, hallucinations.

(0 Points) Stable mental condition **AND** no mood or behavior symptoms observed **AND** no reported psychiatric conditions.

(3 Points) Stable mental condition monitored by a physician or licensed mental health professional at least monthly; **OR**

Behavior symptoms exhibited in past, but not currently present; **OR**

Psychiatric conditions exhibited in past, but not recently present.

(6 Points) Unstable mental condition monitored by a physician or licensed mental health professional at least monthly; **OR**

Behavior symptoms are currently exhibited; **OR**

Psychiatric conditions are recently exhibited.

(9 Points) Unstable mental condition monitored by a physician or licensed mental health professional at least monthly **AND** behavior symptoms are currently exhibited; **OR**

Psychiatric conditions are currently exhibited.

_____ Original Behavioral Points _____ Bock Behavioral Points

Comments: _____

Cognition: Determine if the applicant or recipient has an issue in one or more of the following areas:

- Cognitive skills for daily decision making
- Memory or recall ability (short-term, procedural, situational memory)
- Disorganized thinking/awareness - mental function varies over the course of the day
- Ability to understand others or to be understood.

(0 Points) No issues with cognition **AND** no issues with memory, mental function, or ability to be understood/understand others.

(3 Points) Displays difficulty making decisions in new situations or occasionally requires supervision in decision making **AND** has issues with memory, mental function, or ability to be understood/understand others.

(6 Points) Displays consistent unsafe/poor decision making requiring reminders, cues or supervision at all times to plan, organize and conduct daily routines **AND** has issues with memory, mental function, or ability to be understood/understand others.

(9 Points) Rarely or never has the capability to make decisions; **OR**

Displays consistent unsafe/poor decision making or requires total supervision requiring reminders, cues, or supervision at all times to plan, organize, and conduct daily routines **AND** rarely or never understood/able to understand others.

(18 Points) **TRIGGER:** No discernible consciousness, coma.

_____ Original Cognition Points _____ Bock Cognition Points

Comments: _____

Client Name: _____

Mobility: Determine the applicant or recipient's primary mode of locomotion **AND** Determine the amount of assistance the applicant or recipient needs with:

- **Locomotion** - how moves walking or wheeling, if wheeling how much assistance is needed once in the chair.
- **Bed Mobility** - transition from lying to sitting, turning, etc.

(0 Points) No assistance needed; **OR**

Only set up or supervision needed.

(3 Points) Limited or moderate assistance needed (i.e. applicant or recipient performs more than 50% of tasks independently).

(6 Points) Maximum assistance needed (i.e. applicant/recipient needs two (2) or more individuals or more than 50% weight bearing assistance); **OR**

Total dependent for bed mobility.

(18 Points) **TRIGGER:** Applicant or recipient is bed bound; **OR**

Totally dependent on others for locomotion.

_____ Original Mobility Points _____ Bock Mobility Points

Comments: _____

Eating: Determine the amount of assistance the applicant or recipient needs with eating and drinking. Includes intake of nourishment by other means (e.g. tube feeding or total parenteral nutrition (TPN). **OR** Determine if the participant requires a physician ordered therapeutic diet.

Diet Ordered by Physician: _____

(0 Points) No assistance needed; **OR**

No physician ordered diet.

(3 Points) Physician ordered therapeutic diet; **OR**

Set up, supervision, or limited assistance needed with eating.

(6 Points) Moderate assistance needed with eating (i.e. applicant or recipient performs more than 50% of the task independently).

(9 Points) Maximum assistance needed with eating (i.e. applicant or recipient requires an individual to perform more than 50% for assistance).

(18 Points) **TRIGGER:** Totally dependent on others.

_____ Original Eating Points _____ Bock Eating Points

Comments: _____

Client Name: _____

Toileting: Determine the amount of assistance the applicant or recipient needs with toileting. Toileting includes: the actual use of the toilet room (or commode, bedpan, or urinal), transferring on/off the toilet, cleansing self, adjusting clothes, managing catheters/ostomies, and managing incontinence episodes.

(0 Points) No assistance needed; **OR**

Only set up or supervision needed.

(3 Points) Limited or moderate assistance needed (i.e. applicant or recipient performs more than 50% of tasks independently).

(6 Points) Maximum assistance needed (i.e. applicant or recipient needs two (2) or more individuals, or more than 50% of weight bearing assistance).

(9 Points) Total dependence on others.

_____ Original Toileting Points _____ Bock Toileting Points

Comments: _____

Bathing: Determine the amount of assistance the applicant or recipient needs with bathing. Bathing includes: taking a full body bath/ shower and the transferring in and out of the bath/shower.

(0 Points) No assistance needed; **OR**

Only set up or supervision needed.

(3 Points) Limited or moderate assistance needed (i.e. applicant or recipient performs more than 50% of tasks independently).

(6 Points) Maximum assistance needed (i.e. applicant/recipient requires two (2) or more individuals, more than 50% weight bearing assistance); **OR**

Total dependence on others.

_____ Original Bathing Points _____ Bock Bathing Points

Comments: _____

Dressing and Grooming: Determine the amount of assistance needed by the applicant or recipient to dress, undress, and complete daily grooming tasks.

(0 Points) No assistance needed; **OR**

Only set up or supervision needed.

(3 Points) Limited or moderate assistance needed (i.e. applicant or recipient performs more than 50% of tasks independently).

(6 Points) Maximum assistance needed (i.e. applicant/recipient requires two (2) or more individuals, more than 50% weight bearing assistance); **OR**

Total dependence on others.

_____ Original Dressing and Grooming Points _____ Bock Dressing and Grooming Points

Comments: _____

Client Name: _____

Rehabilitative Services: Determine if the applicant or recipient has the following medically ordered rehabilitative services: Physical therapy/ Occupational therapy/ Speech therapy/ Cardiac rehabilitation/ Audiology. For each services indicate frequency (days per week). Add all frequencies together to obtain total point count.

0 Physical Therapy

0 Occupational Therapy

0 Speech Therapy

0 Cardiac Rehabilitation

0 Audiology

(0 Points) None of the above therapies ordered.

(3 Points) Any of the above therapies ordered 1 time per week.

(6 Points) Any of the above therapies ordered 2-3 times per week.

(9 Points) Any of the above therapies ordered 4 times per week.

_____ Original Rehabilitative Services Points _____ Bock Rehabilitative Services Points

Comments: _____

Treatments: Determine if the applicant or recipient requires any of the following treatments: Catheter/Ostomy care; Alternate modes of nutrition (tube feeding, TPN); Suctioning; Ventilator/respirator; or Wound care (skin must be broken).

(0 Points) None of the above treatments were ordered by the physician.

(6 Points) One or more of the above treatments were ordered by the physician requiring daily attention by a licensed professional.

_____ Original Treatment Points _____ Bock Treatment Points

Comments: _____

Meal Preparation: Determine the amount of assistance the applicant or recipient needs to prepare a meal. This includes planning, assembling ingredients, cooking, and setting out the food and utensils

(0 Points) No assistance needed; **OR**

Only set-up or supervision needed.

(3 Points) Limited or moderate assistance needed (i.e. applicant or recipient performs more than 50% of tasks).

(6 Points) Maximum assistance (i.e. an individual performs more than 50% of tasks for the applicant or recipient); **OR**

Total dependence on others.

_____ Original Meal Preparation Points _____ Bock Meal Preparation Points

Comments: _____

Client Name: _____

Medication Management: Determine the amount of assistance the applicant or recipient needs to safely manage their medications. Assistance may be needed due to a physical or mental disability.

(0 Points) No assistance needed.

(3 Points) Set up help needed; **OR**

Supervision needed; **OR**

Limited or moderate assistance needed (i.e. applicant or recipient performs more than 50% of tasks).

(6 Points) Maximum assistance needed (i.e. an individual performs more than 50% of tasks for the applicant or recipient); **OR**

Total dependence on others.

_____ Original Medication Management Points _____ Bock Medication Management Points

Comments: _____

Safety: Determine if the individual exhibits any of the following risk factors: Vision impairment; falling; or problems with balance. Balance is moving to standing position, turning to face the opposite direction, dizziness, or unsteady gait.

After determination of preliminary score, history of institutionalization and age will be considered to determine final score. Institutionalization in the last 5 years - long term care facility, mental health residence, psychiatric hospital, inpatient substance abuse, or settings for persons with intellectual disabilities. Age - 75 years and over.

(0 Points) No difficulty or some difficulty with vision **AND** no falls in last 90 days **AND** no recent problems with balance.

(3 Points) Severe difficulty with vision (sees only lights and shapes); **OR**

Has current problems with balance; **OR**

Has fallen in the last 90 days; **OR**

Preliminary score of 0 **AND** (Age **OR** Institutionalization).

(6 Points) No vision; **OR**

Has fallen in last 90 days **AND** has current problems with balance; **OR**

Preliminary score of 3 **AND** (Age **OR** Institutionalization).

Preliminary score of 0 **AND** Age **AND** institutionalization; **OR**

(9 Points) Preliminary score of 6 **AND** Institutionalization.

(18 Points) **TRIGGER:** Preliminary score of 6 **AND** Age; **OR**

Preliminary score of 3 **AND** Age **AND** Institutionalization.

_____ Original Safety Points _____ Bock Safety Points

Comments: _____

0 **Original Total Points** 0 **Bock Total Points**

Please provide comments on any point changes, especially if the client score is 17 or less. Mandated 18 point count for SNF placement

Completed By: _____ Date: _____