

**Medicaid/PASRR
Nursing Home Level of Care Criteria**

1. The client must require the services of a nursing home as follows: There is.....
 - 3.1 The presence of an uncontrolled and/or unstable and/or chronic medical condition requiring continuous skilled nursing services as evidenced by diagnosis(es), therapies/services, observation requirements, and frequency; *or*
 - 3.2 A chronic condition(s) requiring substantial assistance with personal care on a daily basis. Substantial personal care is evidenced by one or more of the following:
 - 3.2.1 Chronic condition *plus* supervision with 3 or more ADLs* daily *plus* a Need Factor**.
 - 3.2.2 Chronic condition *plus* hands-on assistance with 3 or more ADLs.
 - 3.3.3 Chronic condition *plus* hands-on assistance with 2 or more ADLs *plus* a Need Factor.
 - 3.3.4 A diagnosis of a dementia, supported by corroborative evidence, and treatment for the dementia supercedes any treatment for the mental illness. The dementia must have resulted in cognitive deterioration to the extent that a structured, professionally staffed environment is needed for daily monitoring, evaluating and/or accommodating to the individual's changing needs.

***ADL MEASURES:**

- a. Independent/supervision less than daily: Individual independently accomplishes the activity in a way that assures health and/or requires supervision less than daily.
- b. Supervision/cuing daily: The individual requires support such as monitoring, observing, verbal or gestural prompting, verbal coaching and gestural or pictorial cuing in order to accomplish the task. The support is needed daily. No hands on support is needed.
- c. 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.
- d. Total Dependence: The individual is incapable of performing the task without assistance of another person or persons.

*** ADLs (Activities of Daily Living)**: Bathing; Dressing; Eating; Toileting; Continence; Transferring; Mobility. *NOTE: Supports needed for eating exclude those needed for meal preparation or for supervision of obesity or weight reduction.*

NEED FACTORS:

- a. Rehabilitative services 5 times per week (PT, OT, ST, RT) and the individual is determined to have restorative potential.
- b. Requires the presence of a caregiver daily for supervision to prevent harm due to cognitive impairment, with severe deficits evidenced by impairments in one or more of the following areas: memory; orientation; judgment; communication.
- c. Due to dementia, the individual requires the presence of another person at least daily for supervision to prevent harm due to one or more of the following: Abusive/Assaultive behavior; Unsafe/Unhealthy Hygiene/Habits; Wandering; Threats to Health/Safety.
- d. Requires the assistance of another for administration of physician-ordered daily medications. Assistance includes supports required beyond set ups and may include verbal or gestural supports (e.g., instructions, coaching, pointing) – or physical assistance with some or all of the physical steps of taking daily prescribed medications.

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