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.