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**APPENDIX 500, LEVEL OF CARE CRITERIA**

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**510 - INTERMEDIATE LEVEL OF CARE INDICATORS**

Intermediate level of care is defined as that continuous care which is limited to persons who, because of physical or mental impairment, require nursing care and supervision under the direction of a physician. Their physical or mental impairment are such that self-execution of the required nursing care is improbable or impossible.

**NOTE:** The Minimum Data Set (MDS) is used to complete comprehensive assessments of nursing home residents to measure cognitive loss. It is a federal mandate for facilities participating in Medicaid or Medicare Programs. The Community Care Services Program Level of Care (LOC) page, Minimum Data Set-Home Care (MDS-HC) and Comprehensive Care Plan (CCP) are used for CCSP clients.

Use the Intermediate Level of Care Criteria to determine a CCSP client's degree of medical, mental, and functional disability. Applicant must meet A plus one or more of the criteria in Column A and one from Column B or C, with the exception of # 5 in Column C.

### Intermediate Level of Care Criteria

Intermediate care services may be provided to an individual with a stable medical condition requiring intermittent skilled nursing services under the direction of a licensed physician (Column A – Medical Status) **AND** a mental or functional impairment that would prevent self-execution of the required nursing care (Column B and C Mental Status, Functional Status).

Special attention should be given where psychiatric treatment is involved. A patient is not considered appropriate for intermediate care services when the primary diagnosis or the primary needs of the patient are psychiatric rather than medical. **This individual must also have medical care needs that meet the criteria for intermediate care facility placement.** In some cases a patient suffering from mental illness may need the type of services which constitute intermediate care because the mental condition is secondary to another more acute medical disorder.

#### Column A Medical Status

1. Requires monitoring and overall management of a medical condition(s) under the direction of a licensed physician.

**In addition to the criteria listed immediately above, the patient's specific medical condition must require any of the following plus one item from Column B or Column C except C5.**

2. Nutritional management; which may include therapeutic diets or maintenance of hydration status.

3. Maintenance and preventive skin care and treatment of skin conditions, such as cuts, abrasions or healing decubiti.

4. Catheter care such as catheter change and irrigation.

5. Therapy services such as oxygen therapy, physical therapy, speech therapy, occupational therapy (3 times per week or less).

6. Restorative nursing services such as range of motion exercises and bowel and bladder training.

7. Monitoring of vital signs and laboratory studies or weights.

8. Management and administration of medications including injections.

#### Column B Mental Status

The mental status must be such that the cognitive loss is more than occasional forgetfulness.

1. Documented short or long –term memory deficits with etiologic diagnosis. Cognitive loss addressed on MDS/care plan for continued placement.

2. Documented moderately or severely impaired cognitive skills with etiologic diagnosis for daily decision making. Cognitive loss addressed on MDS/care plan for continued placement.

3. Problem behavior, i.e. wandering, verbal abuse, physically and/or socially disruptive or inappropriate behavior requiring appropriate supervision or intervention.

4. Undetermined cognitive patterns which cannot be assessed by a mental status exam, for example, due to aphasia.

#### Column C Functional Status

One of the following conditions must exist (with the exception of # 5).

1. Transfer and locomotion performance of the resident requires limited/extensive assistance by staff through help of one person physical assist.

2. Assistance with feeding. Continuous stand-by supervision, encouragement or cueing required and set up of meals.

3. Requires direct assistance of another person to maintain continence.

4. Documented communication deficits in making self understood or understanding others. Deficits must be addressed in medical record with etiologic diagnosis addressed on MDS/care plan for continued placement.

5. Direct stand-by supervision or cueing with one person physical assistance from staff to complete dressing and personal hygiene. **(If this is the only evaluation of care identified, another deficit in functional status is required).**