

North Dakota Level of Care
SCREENING Instructions



The *Level of Care Form* applies to applicants and residents of all Medicaid certified nursing facilities, when their payment method is North Dakota Medicaid or if the patient has been referred for a level II evaluation. This form must be completed on all individuals prior to NF admission. Screening information can be entered two ways:

- ~ Online at www.pasrr.com
- ~ Complete the PASRR Level I form and fax to DDM at 1.877.431.9568 if you do not have web access.

Nursing home criteria are codified under NDAC 75-02-02-09 and are applicable to Medicaid eligible individuals entering (or residing in) Medicaid Certified nursing facilities, swing beds, or Home and Community based services. As part of federal PASRR guidelines, these same criteria are applied to people meeting criteria for PASRR evaluation, regardless of individual payment source, as follows:

SECTION A -- Any one of the following may demonstrate that a nursing facility level of care is medically necessary:

Criterion	Information Needed to Support LOC Need
1. The individual’s nursing facility stay is or is anticipated to be temporary for receipt of Medicare Part A benefits. A NF stay may be based on this criterion for no more than fourteen days after termination of Medicare Part A benefits.	Once the Medicare benefit period ends as a result of absence of hospital or skilled care within a designated period, continued NF care under this standard remains valid for a maximum of fourteen days following termination of Medicare part A benefits. Additional screening is required to obtain Medicaid funding for continued nursing facility placement.
2. The individual is in a comatose state.	A clinical state of unconsciousness where the patient is unaware of himself/herself and the environment. A “persistent vegetative state” in which the patient is wakeful but devoid of conscious content, without cognitive or effective mental function, would be included under this criterion. Documentation of either a coma or persistent vegetative state must be provided.
3. The individual requires the use of a ventilator at least six hours per day.	In order to warrant nursing home level of care, ventilator reliance must remain at or above six hours per day.
4. The individual has respiratory problems that require regular treatment, observation, or monitoring that may only be provided by or under the direction of a registered nurse or in the case of a facility which has secured a waiver of the requirements of 42 CFR 483.30(b), a licensed practical nurse, and is incapable of self-care.	Description of the individual’s treatment needs and his/her capabilities. For example, an individual who uses portable oxygen at night and suffers no physical or cognitive deficits that impair the ability to self-administer would not meet this criterion.
5. The individual requires constant help sixty	The individual who meets this criterion requires the

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Criterion	Information Needed to Support LOC Need
<p>percent or more of the time with at least two of the activities of daily living of toileting, eating, transferring, and locomotion. For purposes of this subdivision, constant help is required if the individual requires a caregiver's continual presence or help without which the activity would not be completed.</p>	<p>physical presence of a caregiver for toileting (use of toilet room, commode, bedpan, or urinal; cleansing; Clothing adjustment, etc), eating (feeding), transferring (movement between surfaces, i.e., to/from bed, chair, wheelchair, standing position), and locomotion (movement between locations - room to room, etc). The caregiver might provide constant instruction or cueing or the individual might require actual physical assistance to complete the tasks 6 out of 10 times the action is completed.</p>
<p>6. The individual requires aspiration for maintenance of a clear airway.</p>	<p>The individual requires suctioning to remove secretions from the airways.</p>
<p>7. The individual has Dementia, physician-diagnosed or supported with corroborative evidence, for at least six months, and as a direct result of that Dementia, the individual's condition has deteriorated to the point where a structured, professionally staffed environment is needed to monitor, evaluate, and accommodate the individual's changing needs.</p>	<p>The essential feature of a Dementia is the development of multiple cognitive deficits that include memory impairment and at least one of the following cognitive disturbances; aphasia (deterioration of language function), apraxia (impaired ability to execute motor activities despite intact motor abilities, sensory function, and comprehension of the required task), agnosia (failure to recognize or identify objects despite intact sensory function), or a disturbance in executive functioning (ability to think abstractly and to plan, initiate, sequence, monitor, and stop complex behavior). There must be documentation of a physician-diagnosed Dementia occurring at least six months prior to the screening or, in the absence of that diagnosis, evidence supporting the presence and progression of that Dementia. Descriptions of behaviors or deficits requiring a professionally staffed environment must be provided. For example, an individual diagnosed with Dementia but has no significant impairment in social or occupational functioning (school, working, shopping, dressing, bathing, handling finances, and other activities) could likely function at a lower level of care than NF.</p>

SECTION B -- In the absence of meeting any one criterion in Section A standards, the applicant or resident may demonstrate that a NF level of care is medically necessary if any two of the criteria are met:

Criterion	Information Needed to Support LOC Need
<p>1. Individual requires administration of prescribed:</p> <ul style="list-style-type: none"> • Injectable medication • Intravenous medication or solutions on a daily basis; or 	<p>Both the individual's physical and cognitive abilities must be considered. For example, a 70-year-old individual with good cognitive skills and relatively good physical health might safely manage several medications including some injectable medications (i.e. Insulin),</p>

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Criterion	Information Needed to Support LOC Need
<ul style="list-style-type: none"> Routine oral medications, eye drops, or ointments on a daily basis 	<p>whereas a much younger individual with severe cognitive deficits might require daily assistance with medications.</p>
<p>2. The individual has one or more unstable medical conditions requiring specific and individual services on a regular and continuing basis that can only be provided by or under the direction of a RN or, in the case of a facility which has secured a waiver of the requirements of 43 CFR 483.30(b), a LPN.</p>	<p>Evaluation of symptom severity is highly individualized. In other words, medications or lifestyle changes may be successful in treating a particular diagnosis for one individual; however, that same diagnosis in another individual may be resistant to those interventions (e.g., brittle versus stable IDDM). Information must focus upon symptoms, required interventions, and whether interventions necessitate delivery by or under the direction of a nurse.</p>
<p>3. The individual is determined to have restorative potential and can benefit from restorative nursing or therapy treatment, such as gait training or bowel and bladder training, which are provided at least five days per week.</p>	<p>The individual's potential for restorative response from rehabilitation services (e.g., physical, occupational, speech therapy, etc.) is the focus of assessment. In this sense, restorative suggests an expectation that, with and as a result of the services, the individual will regain skills or avoid significant deterioration, and those services must and should be delivered by a qualified professional no less than five days per week. Routine maintenance services are not included.</p>
<p>4. The individual requires administration of feedings by nasogastric tube, gastrostomy, jejunostomy, or parenteral route.</p>	<p>The individual receives nourishment via a gastrointestinal or intravenous tube. Either route of administration requires nursing intervention to monitor intake and output (I&O), residual results, correct tube placement, etc.</p>
<p>5. The individual requires care of decubitus ulcers, stasis ulcers, or other widespread skin disorders.</p>	<p>This criterion references skin disorders that have a potential detrimental effect on an individual's physical health. While decubiti, for example, can very quickly lead to very serious outcomes without aggressive treatment, many skin disorders, while unpleasant, pose little threat to physical health (dermatitis, etc) and would not require NF level of care.</p>
<p>6. The individual requires constant help sixty percent or more of the time with any one of the activities of daily living of toileting, eating, transferring, or locomotion. For purposes of this subdivision, constant help is required if the individual requires a care giver's continual presence or help without which the activity would not be completed.</p>	<p>See Section A</p>

SECTION C –If no aforementioned criteria are met, an individual who applies to or resides in a nursing facility designated as a facility for nongeriatric individuals with physical disabilities may demonstrate that a nursing facility level of care is medically necessary if the individual is determined to have restorative potential.

Criterion	Information Needed to Support LOC Need
	The focus must be directed at potential for restoration/improvement as a basis for admission to specialty facilities treating non-geriatric, physically handicapped individuals who are not seeking medical care alone. Specific services must be identified.

SECTION D – If no criteria are met, an individual who applies for NF care may demonstrate that a nursing facility level of care is medically necessary if:

Criterion	Information Needed to Support LOC Need
	The individual has an acquired brain injury, including anoxia, cerebral vascular accident, brain tumor, infection, or traumatic brain injury –and- As a result of the brain injury, the individual requires direct supervision at least eight hours a day.