LTC-300R
Guidelines for Completion

The form must be received by LOCEU <u>within 10 days of admission</u>.

<u>The LTC-300R is to be completed upon admission for all residents, regardless of</u> <u>pay source.</u>

The completed LTC-300R form is to be mailed to:

Oklahoma Health Care Authority
Attn: Level of Care Evaluation Unit
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

FORM INSTRUCTIONS

A. IDENTIFYING INFORMATION

DEMOGRAPHIC DATA:

Admission Date – Date of admission to nursing facility.

Discharge/Deceased Date – Complete if resident has already been discharged from the facility, or if the resident is now deceased.

Client Name –Enter resident name in last, first, and middle initial order.

Social Security Number – Make sure the resident's social security number belongs to the resident, and is listed correctly. This number should match that listed on DHS case files.

Date of Birth – Resident's date of birth.

Race – Resident's race.

Hispanic Ethnicity – Y/N

Sex – Circle 'M' or 'F'

Medicaid/Private/VA/Medicare – Select the applicable pay source(s).

Facility Name/Address/Client Address – Identify facility name and the 'Mail to' address as you indicated on your Medicaid contract.

Facility Provider Number – Make sure the correct facility provider number is used.

DHS Case Number – Enter case number if applicable.

RID Number – Enter the Medicaid identification number, if applicable.

New Admit/Interfacility Transfer/Name of Transferring Facility – Indicate the type of admission. For any resident transferring from another NF, indicate the name of the transferring facility in the space provided.

County – Enter the county name or number.

Prior Living Arrangement – Indicate the resident's living arrangement, immediately prior to NF admission, by selecting from the choices listed.

B. CLIENT ASSESSMENT

RATING GUIDE FOR COMPLETING ADLs AND IADLs

Definition of Answers

Independent- Indicates the client is able to perform the activity without assistance from *another person*. Assistance with equipment to perform the activity is an "independent" response. This receives a 0 score. No assistance also means that the consumer can perform the activity without supervision or reminders.

Needs Help-Indicates that the client requires supervision, reminder, or physical assistance from another person during part of the activity.

Total Assistance-Indicates that the client is completely unable to perform the activity without assistance from another person(s).

<u>NOTE:</u> If the client is not able to answer the questions or you do not agree with the client's response, seek information from another source (e.g. caregiver).

ADLs:

1. ***Dressing/Grooming***
   Dressing includes getting out of clothes, putting them on and fastening them; it also includes putting on shoes. Grooming includes combing hair, washing face, and brushing teeth.

2. ***Bathing***
   Bathing includes running the water, taking the bath or shower, and washing all parts of the body including hair.

3. ***Eating***
   Eating includes eating, drinking from a cup and cutting up food.

4. ***Transferring***
   Transferring refers to the actions of getting in and out of a tub, bed, chair, sofa or vehicle. If only equipment is needed to transfer score "Independent". If another person (with or without equipment) is needed, score "Needs Help" or "Total" depending on amount of assistance needed.

5. ***Mobility***
   This term includes moving about even with a can or walker or using a wheelchair. Independence in walking refers to the ability to walk/or move yourself short distances. Independence in walking does not include the ability to climb stairs.

6. ***Bowel/Bladder Function***
   Using the toilet independently includes adjusting clothing, getting to the toilet and getting on/off of the toilet. This item also includes keeping oneself dry and clean. If an accident occurs and the client can manage it alone, he/she is considered "Independent". If the client requires assistance the score is "Needs Help". If the client is totally incontinent and cannot manage alone, the score is "Total".

IADLs:

7. ***Answers/Call on the Telephone***
   This activity includes identifying the ring, picking up the phone, use of the equipment as well as ability to respond effectively to call, etc.

8. ***Shopping/Errands***
   This activity include making lists, selecting needed items, reading labels, reaching shelves, completing purchases. This also includes shopping for food or other things needed, but does not include managing transportation.

9. Arranges Transportation

Arranging for and using local transportation or to drive places beyond walking distance. The activity is arranging and using transportation regardless of how the client gets into/onto the car, bus, etc. This is not mobility.

10. Preparation of Meals

Preparing meals refers to preparing food (making sandwiches, heating food etc.), not the nutritional quality of the food.

11. Laundry

Doing laundry includes using detergent, putting clothes into the washing machine or dryer, starting and stopping the machine, sorting, folding, and putting away clothes.

12. Housekeeping/Cleanliness

Housekeeping includes dusting, vacuuming, sweeping. Keeping their home clean.

13. Manages Money

This refers to the client's ow n m oney. Handling m oney includes activities such as paying bills a nd balancing a checkbook, counting money, staying within available resources, etc.

14. Manages Medication

This item refers to the ability to set-up, remember, and take one's own medication, in correct doses and methods.

NUTRITION:

15. Diet

Regular*:* On no special diets.

Modified*:* On self imposed diet. Example: Low Sodium to manage BP, Low calorie, Low Fat to loose weight. Religious restrictions.

Therapeutic*:* Requires nutritional m anagement that includes therapeutic diets prescribed by a physician that can incl ude maintenance of hydration. Include s dietary suppl ements ordered by physician.

Formula Only*:* Tube feedings.

16. Communication

Check the choice that most clearly reflects the client's communication ability based on the performance in the interview.

Understandable*:* No problems communicating.

Non-Verbal*:* Can communicate using writing, hand signals etc.

Doesn't Communicate*:* Not able to communicate.

17. Health or Safety Issues

Check the choice that most cl early reflects the client's health and safety.

No Problem*:* Client has no problematic health or safety issues.

Some Problem*:* Client has health or safety issues that are problematic and require oversight.

Substantial Problem*:* Client has problematic health and safety issues that require 24-hour supervision.

18. Consumer Support

No Problem*:* Client has family/informal support that is available to meet all needs.

Some Problems*:* Client has family/informal support that is able to meet some of client's needs. Support is changing, problematic or fragile.

Substantial Problems*:* Client's family/informal support is unable to meet client's needs. Supports are changing, problematic, or fragile.

19. Social Resources

No Problem*:* Client has sufficient social resources (family/friends) that check on him/her on a daily basis.

Some Problems*:* Client has some social resources (family/friends) that check on him/her several times weekly.

20. Health Assessment

Low Risk*:* Client has only minor health problems – such as arthritis, allergies, minor health problems, and hearing or vision disorders, which benefit from medical treatment or corrective measures which are available to the client.

Moderate Risk*:* Client has one or more diseases and /or chronic conditions that require a high frequency and /or intensity of medical care/oversight and/or the client has a need for care that is currently unmet. A partial list of indicators that a client is at Moderate Risk are:

(1) the presence of condition(s) not under treatment and worsening;
(2) an unmet need for care;
(3) multiple or serious medication concerns; and /or
(4) evidence of multiple occasions or hospital emergency room use.

High Risk*:* The consumer may be, or is typically, confined to bed requiring full time (24-hour) assistance or nursing care for illness.

21. Speech

No Impairment*:* Client has no impairment with his/her speech.

Impairment*:* Client has some impairment with speech, but is still able to communicate needs/wants.

Total Loss*:* Client has lost the ability to speak. Client is unable to make needs/wants known.

22. Hearing

No Impairment: Client is able to hear/understand what is being communicated to him/her.
Impairment*:* Client has difficulty hearing/understanding what is being communicated to him/her. Limited ability.
Total Loss*:* Client is unable to hear/understand what is being communicated to him/her. Client has Total loss of hearing.

23. Vision

No Impairment*:* Client is able to see with limited correction. Able to read, recognize faces, etc.
Impairment*:* Client vision impaired making it very difficult to read or recognize faces. Client dependent on other to read labels, instructions, etc.
Total Loss*:* Client is totally blind.

24. Heart Disease
25. Hypertension/Stroke
26. Emphysema/COPD
27. Diabetes
28. Arthritic Conditions
29. Terminal Illness

Rating guide:

No*:* Client does not have the above condition(s) (24-29) as diagnosed by a physician***.***

Moderate*:* Client has been diagnosed with the above condition(s) (24-29) by a physician. Diagnosed conditions) require frequent/intense medical oversight.

Excessive*:* Client has been diagnosed with the above condition(s) by a physician. Diagnosed condition(s) require high frequency /intensity of medical oversight. Condition(s) are in end-stage status.

MENTAL STATUS

30. ***Memory/Recall-*** Alert to person, place and time. Status of short and long term memory.
31. ***Irrational Behavior –*** Abnormal behavior, lacking logical reasoning.
32. ***Confused-*** Impaired orientation with respect to time, place, or person; a disturbed mental state.
33. ***Impulsive-*** **A**ction without forethought or consideration of possible consequences.
34. ***Hallucinative-***Psychosis causes false or distorted sensory experience that appears real. Psychotic patients may see, hear, smell, taste, or feel things that aren't there.

35. ***Delusional*****-**An unshakable and irrational belief in something untrue. Delusions defy normal reasoning, and remain firm even when overwhelming proof is presented to disprove them.
36. ***Tx Compliance*****-**Describes individual ability/willingness to comply with treatment regimen.
37. ***Agitated*****-**Extreme, generalized arousal, increased tension, and irritability
38. ***Fearful*****-**Inclined to fear; easily frightened; without courage; timid
39. ***Withdrawn*****-**Emotionally unresponsive and detached; introverted.
40. ***Aggressive*****-**Hostile or destructive behavior or actions
41. ***Refuses Activities*****-** Willful isolation from scheduled therapeutic or social events.
42. ***Suicidal*****-**Voiced intent or thoughts of committing suicide; recent suicide attempt.
43. ***Homicidal*****-**Voiced or exhibited homicidal urges**.**
44. ***Seizures*****-** As in convulsions and/or epilepsy.

Rating guide:

No Problem*:* Client shows no signs/symptoms of the above condition(s) (30-44). Has not been diagnosed with the above condition(s) by a physician.
Some Problem*:* Client shows minor signs/symptoms of the above conditions. Has been diagnosed by a physician with the above condition(s) and is undergoing/responding well to treatment. Client is able to function well in society with treatment.
Substantial Problem*:* Client is demonstrating major signs/symptoms of the above condition(s). Has been diagnosed by a physician with the above condition(s) (30-44). Is undergoing treatment. May require frequent/in-patient treatment. Is not able to function in society. Cannot live independently.

SECTION E. LEVEL I PASRR SCREEN

<u>This Section is being completed by</u>:

NF Authorized Official – Administrator, co-administrator, licensed nurse, social service director, social worker, or other designee of the NF administrator;

Hospital Authorized Official-Licensed nurse, social service director, or social worker from the hospital;

DHS Official-licensed nurse from DHS Aging Services.

Six Very Important Questions!

1. A 'Yes' answer to any of these six questions should, prior to the resident's admission, necessitate a call to the Level of Care Evaluation Unit (LOCEU) to see if a Level II evaluation is indicated.

SELECT: APPLICANT □ IS □ IS NOT A DANGER TO SELF OR OTHERS.

Exempted Hospital Discharge – check if indicated. Please note! ***The exempted hospital discharge provision does not cover all hospital discharges.*** This option should only be checked when the individual has indications of mental illness or mental retardation or a related condition, but is not a danger to self and/or others, is being released from an acute medical care hospital and meets the following three conditions:

- The individual is being admitted to the NF directly from a hospital after receiving acute inpatient care at the hospital, and
- The individual requires NF services for the condition for which he/she received care in the Hospital; and
- The individual is likely to require less than 30 days of NF services as certified by the attending physician.

NOTE: It is the responsibility of the nursing facility to ensure that the patient is either discharged by the 30th day or that a Level II assessment has been requested and is in process.

PROVISIONAL ADMISSION (Or Short-term Stay category)

As indicated, provisional admissions may be granted for any person with mental illness, mental retardation or related condition prior to admission under the following conditions, as long as the person is not a danger to self or others (homicidal or suicidal). In all cases, LOCEU be contacted for approval.

• ***Provisional Admission for Delirium*:** may be admitted to the nursing facility if the individual is experiencing delirium due to effects of anesthesia, medication, unfamiliar environment, severity of illness, or electrolyte imbalance. A Level II PASRR assessment must be completed as soon as the delirium clears. **Written documentation by a physician may be requested. This documentation must be submitted to and approved by OHCA prior to admission.**

• ***Provisional Admission for Emergency*:** may be admitted to the nursing facility for a period not to exceed seven days pending further assessment in emergency situations requiring protective services. **Written documentation by Adult Protective Services is required and must be approved by OHCA prior to the admission**. The request for a Level II is made immediately upon admission if a longer stay is anticipated.

• ***Respite Care Admission*:** may be admitted to the nursing facility to provide respite to in-home caregivers to whom the individual is expected to return following the brief NF stay. Respite care may be granted for up to 15 consecutive days per stay, not to exceed 30 days per calendar year. **Written documentation must be provided to and approved by OHCA prior to the respite admission.**

Note: Provisional Admission for Delirium, Emergency or Respite Care can neither be extended nor payment made for NF care beyond the stated limits unless a permanent determination of NF level of care is made.

DEFINITIONS

SERIOUS MENTAL ILLNESS: An individual may be considered to have a serious mental illness if he/she has a major mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition revised in 1987. A major mental disorder is:

> A schizophrenic, mood, paranoid, panic or other severe anxiety disorder, somatoform disorder, personality disorder, other psychotic disorder or another mental disorder that may lead to a chronic disability.

A major mental disorder is **not** a primary diagnosis of dementia, including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder.

MENTAL RETARDATION OR RELATED CONDITION: An individual is considered to be mentally retarded if he/she has a level of retardation (mild, moderate, severe or profound) as described in the American Association of Mental Deficiency's Manual on *Classification in Mental Retardation* (1983), page 1. Mental retardation refers to significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

Related Conditions: (42 CFR 435.1009) "Persons with related conditions means individuals who have a severe, chronic disability" attributable to:

1. Cerebral palsy, epilepsy, autism, or debilitating injury (onset prior to age 22);

2. Any other chronic condition other than mental illness with an onset prior to age 22 closely related to mental retardation because this condition results in impairment of general intellectual functioning **or** adaptive behavior, and requires treatment or services similar to those for persons with mental retardation (e.g. hydrocephalus, spina bifida, Down syndrome, seizure disorder, quadriplegia, anoxia, muscular dystrophy etc.).

DEMENTIA: An individual is considered to have dementia if he/she has a diagnosis of dementia as described in the *Diagnostic and Statistical Manual of Mental Disorders*, 3rd edition Revised 1987(DSM-III-R).

Consultation with LOCEU staff. Consultation with LOCEU staff concerning the need for a Level II PASRR evaluation can be documented in this space. It is recommended that the date of consult, the name of LOCEU staff consulted, and the final decision be documented.

PASRR Level II Completed. Date of Level II Evaluation and the findings are documented here.

Name and Title. Authorized NF official, as defined above.

Signature or Electronic Signature. The form should be reviewed and signed by an authorized NF official, as defined above.

Date. Date that form was signed.

Telephone No. Contact phone number for NF official.