

Resident Name: _____

Date Completed: _____

LEVEL OF CARE SCORING TOOL

PROVIDER MONITORING AND ASSESSMENT FUNCTIONS	POINTS	SCORE
1) Monitoring of medical illness and conditions		
*Question 1: If current illness or psychiatric changes within past 6 months that requires monitoring	Add 1	
*Question 1: Has there been more than one change in the past 6 months for any reason?	Add 1	
*Question 1: If recent suicide attempt	Add 3	
Question 9(g): If gastrostomy tube feeding is checked	Add 1	
Question 9: If two or more answers to 9 (c), (f), or (k) are checked	Add 3	
Question 12(a): If 9 or more medications are ordered.....	Add 1	
Question 12(a): If any high risk medications	Add 1	
Question 12(a): If any anticoagulant therapy requires outside lab services to monitor	Add 2	
Question 12(d): If one or more items require any monitoring by the provider staff	Add 1	
Question 12(d): If one or more items require at least daily monitoring	Add 1	
Total Score for this Section		
2) Monitoring of cognitive impairments, psychiatric illnesses, and behavior		
*Question 1: If acute psychiatric episode (within past 6 months)	Add 1	
Question 5: If any response is answered "yes"	Add 1	
Question 5: If any 2 choice areas are checked	Add 1	
*Question 10(a): If marked "yes"		
*Question 10(c): If marked "yes"		
*Question 10(e): If any items in 10 (e) <u>other than iii, ix, or x</u> are checked as occasional or mild	Add 1	
*Question 10(e): If any items in 10 (e) <u>other than iii, ix, or x</u> are checked as moderate or severe	Add 2	
Questions 28 - 34: If the frequency for any item is marked as regular or continuous	Add 1	
Questions 28 - 34: If the frequencies for 3 or more items are marked as regular or continuous	Add 2	
Total Score for this Section		
PROVIDER CARE AND SERVICE FUNCTIONS		
3) Performing treatments for physical/medical conditions		
Question 12(b): If any diagnoses/conditions require any treatments besides medication(s)	Add 1	
Question 12(b): If 3 or more diagnoses/conditions require any treatment besides medication(s)	Add 3	
Question 12(c): If any treatment listed in this column must be given weekly	Add 1	
Question 12(c): If any treatment listed in this column must be given daily	Add 2	
Total Score for this Section		
4) Medication Management		
Question 12(a): If 9 or more medications (including OTCs and PRNs)	Add 1	
Question 12(a): If 3 or more high risk medications	Add 2	
Question 12(d): If additional staff training is required for staff to safely administer medication	Add 2	
Question 12(d): If anything in this column requires health care practitioners notification	Add 1	
Question 12(d): If any coordination with outside laboratory testing and/or health care practitioner visits	Add 2	
Question 11(b): If checked	Add 1	
*Question 11(b): If checked and medications are required at night		
Question 11(c): If checked	Add 2	
*Question 11(c): If checked and medications are required at night		
Question 34(e): If marked as <i>anything</i> other than never	Add 1	
Question 34(f): If marked as <i>anything</i> other than never	Add 1	
Total Score for this Section		

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	POINTS	SCORE
5) Assistance with ADLs		
*Question 13: If marked "3"		
*Question 14: If marked "2" or "3"		
*Question 15: If marked "2" or "3"		
*Question 16: If marked "2" or "3"		
*Question 17: If bathroom is on a different floor from bedroom		
*Question 18: If marked "1", "2" or "3"		
Question 21: Transfer total score on sum of questions 13-21		
Total Score for this Section		
6) Risk factor management (falls, skin breakdown, etc.)		
*Question 2: If past history of suicide attempt(s)	Add 1	
*Question 2: If chronic conditions or physical functional changes which require awake overnight staff		
*Question 6: If any one item is marked	Add 1	
*Question 6: If any 2 or more items are marked	Add 2	
Question 7: If any skin conditions are noted	Add 1	
*Question 7: If any conditions require overnight attention		
*Question 8(a): If hearing is marked as poor or deaf	Add 1	
*Question 8(b): If vision is marked as poor or resident is blind	Add 1	
*Question 8(c): If any temperature deficits are noted	Add 1	
Question 9(d): If marked as "yes"	Add 1	
*Question 9(e) or (f): If marked as "yes"	Add 2	
*Question 10(b): If diagnoses of dementia is checked as "yes"	Add 2	
*Question 10(e)(iii): If judgment moderately or severely impaired	Add 1	
*Question 10(e)(iii): If judgment mildly impaired		
Question 12(a): If resident has 15 or more medications	Add 3	
Question 28: If any withdrawn behaviors ((a) and/or (b)) are noted	Add 1	
Question 29: If any wandering behaviors (a), (d), or (e) are noted	Add 1	
*Question 29: If any wandering behaviors (c) or (e) are noted at regular or continuous		
Question 35: If (b), (c), or (d) are marked as other than never	Add 1	
*Question 35: If (c) or (d) are marked at regular or continuous or resident is unable to communicate needs.....		
Total Score for this Section		
7) Management of problematic behavior		
*Question 10(e)(x): If frequency of dangerous behavior is noted as regular or continuous	Add 10	
*Question 10(e)(x): If frequency of dangerous behavior is noted as mild		
*Question 10(e)(ix): If frequency of unsafe behavior is noted as regular or continuous	Add 10	
*Question 10(e)(ix): If frequency of unsafe behavior is noted as occasional		
*Question 10(e)(xi): If frequency of agitation is marked as regular or continuous	Add 2	
*Question 10(e)(xi): If frequency of agitation is marked as occasional		
Question 29: If any wandering behaviors (c-e) are noted	Add 3	
Question 30: If any response is noted as regular or continuous	Add 1	
*Question 30: If (a) is marked as regular or continuous		
Question 31: If any response is noted as regular or continuous	Add 1	
*Question 31: If (b) is marked as regular or continuous and behavior occurs at night		
Question 32: If any disruptive behaviors noted as occasional	Add 1	
Question 32: If any disruptive behaviors noted as regular or continuous	Add 2	

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7) Management of problematic behavior (Continued)			
*Question 32: If (c), (d), or (e) are noted as regular or continuous and behavior occurs at night			
Question 33: If any combative behaviors noted as occasional	Add 1		
Question 33: If any combative behaviors noted as regular or continuous	Add 4		
*Question 33: If any combative behaviors noted as regular or continuous occur at night			
Question 34: If any resistive behavior noted as occasional	Add 1		
Question 34: If any resistive behavior noted as regular or continuous	Add 4		
*Question 34: If (d) or (g) are noted as regular or continuous and behavior occurs at night			
Questions 28 - 34: If frequency for any question is marked as regular or continuous	Add 4		
Questions 28 - 34: If frequency of 3 or more of the questions is marked as regular or continuous	Add 4		
Total Score for this Section			
Total Score for All Sections of the Assessment			
		(Add scores to - Sections 1 - 7)	

Signature and Title of Person Completing Form

Date Completed

Level 1 = 1-20 points	Key to Level of Care Level 2 = 21-40 points	Level 3 = 41 points or higher
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AWAKE OVERNIGHT STAFF REQUIREMENT

If the Assessment results in responses as noted to any of the questions marked with an asterisk (*), awake overnight staff is presumed to be required for the resident. If the physician or assessing nurse, in his or her clinical judgment, does not believe that a resident, although these elements have been identified, requires awake overnight staff, the practitioner must document the reason below:

Signature of Health Care Practitioner

Date