

Level of Care Assessment Form

Resident Name _____
Assessment Date _____

Medication Services			Mobility		
Mark One	Level of Service/Assistance Needed	Points	Mark One	Level of Service/Assistance Needed	Points
	Independent Resident handles all aspects of own Medication. (acquiring new Medication, managing refills, following proper storage requirement, taking as Prescribed, etc.) *** Requires Doctor approval	0		Independent Resident is able to safely and independently transfer and move about the facility as needed. No staff assistance is required.	0
	Medication Pass (up to 3 x's per day) Facility assists Resident in managing Medication. Filling and refilling prescriptions, Storage, Daily assistance with self administration to insure all medications are being taken at the correct dosage and at the appropriate time as prescribed. *** Additional charges may apply for medications (prescription & OTC) not sourced through Facility preferred Pharmacy.	3		Transfer Assistance Resident requires assistance to stand, transfer and/or when getting into and out of bed, but is able to move about the facility without assistance.	6
	Medication Pass (4 or more x's per day) Facility assists Resident in managing Medication. Filling and refilling prescriptions, Storage, Daily assistance with self administration to insure all medications are being taken at the correct dosage and at the appropriate time as prescribed. *** Additional charges may apply for medications (prescription & OTC) not sourced through Facility preferred Pharmacy.	5		Full Assistance Resident requires assistance with transferring as well as moving about the facility.	12
Dressing and Grooming			Bowel and Bladder		
Mark One	Level of Service/Assistance Needed	Points	Mark One	Level of Service/Assistance Needed	Points
	Independent Resident is able to dress self completely and appropriately and can do so safely without increased risk of fall or other injury. Resident is also able to handle all personal grooming and hygiene needs appropriately and safely without prompting. No staff assistance is required.	0		Independent Resident is able to independently handle all toileting needs. No staff assistance is required.	0
	Partial Assistance Resident requires some assistance with dressing. They are able to do much of the process independently, but need a little help with some items. Resident also is able to handle most personal grooming and hygiene activities, with just a little help, and/or prompting	3		Assist with Toileting Resident is aware of when they need to use toilet but requires staff assistance to get to the bathroom and/or transfer to the toilet. Once seated, resident is able to appropriately care for their own toileting needs, and able to alert staff when they are ready for assistance to wash hands and leave the bathroom.	5
	Total Assistance Resident is unable to dress or undress without assistance. Their ability to assist in the process by raising arms, lifting legs, etc. is also limited. Resident also is not able to, or not willing to care for own personal grooming and hygiene. Staff must remind, prompt, and assist Daily.	8		Bladder Incontinence Resident has frequent Bladder Incontinence requiring Staff assistance with changing, hygiene, and/or clean up.	10
	Total Assistance more than 2 times daily Resident needs total assistance dressing and grooming more than 2 times per day. This may result simply due to resident preference. Or it may be due to resident dirtying, or soiling clothes multiple times per day, despite efforts to avoid such occurrences, etc.	12		Bowel Incontinence Resident is incontinent both of Bladder and Bowel. Staff assistance with changing, hygiene, and/or clean up.	20

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Bathing		
Mark One	Level of Service/Assistance Needed	Points
	Independent Resident is able to shower independently and safely without the need for staff assistance or supervision.	0
	Standby Assistance 2 times per week Resident requires assistance in preparing shower and getting seated safely, but is able to wash self appropriately without assistance. To insure safety staff must remain in close proximity and check frequently	3
	Total Assistance 2 times per week Resident requires complete assistance with bathing. Staff must assist with preparing shower, seating Resident in Shower Chair, and the bathing process.	8

Behavior		
Mark One	Level of Service/Assistance Needed	Points
	Consistently Appropriate Resident's behavior is appropriate and causes no problems or need for Staff intervention.	0
	Requires Redirection Resident often requires staff intervention to redirect Resident. Behavior is not aggressive or intentional, but can be bothersome to other Residents. Such as repeatedly entering another Resident's room thinking it is their own, etc.	5
	Requires Frequent Intervention Resident routinely exhibits behaviors that are disruptive to other Residents. Behaviors are intentional and may be aggressive (non-physical).	10

Communication		
Mark One	Level of Service/Assistance Needed	Points
	No Communication Problems Resident is able to understand and communicate needs effectively	0
	Visual and/or Extreme Hearing Impairment Resident has a visual and/or Extreme Hearing impairment that makes communication difficult. Special planning and additional staff attention is required to effectively communicate	5
	Aphasia Resident is unable to understand and/or Speak. Cannot communicate their needs effectively	10

Special Diet / Other		
Mark One	Level of Service/Assistance Needed	Points
	Special Diet 1 Resident has dietary needs that require individualized substitutions, such as No Dairy (Lactose intolerant), Food allergies, etc.	4
	Special Diet 2 Resident has dietary needs that often requires a complete separate meal be prepared	8
	Other Special Attention Any other need that requires significant additional Staff attention that is not mentioned elsewhere in this form.	0
	Other Description	

Medication Services	0
Dressing and Grooming	0
Bathing	0
Communication	0

Mobility	0
Bowel and Bladder	0
Behavior	0
Special Diet / Other	0 + 0 = 0

Level of Care Points Total	0	Level of Care Rate
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Level of Care Rates

Level	Points	Monthly Care Rate
I	0 - 4	\$0
II	5 - 9	\$400
III	10 - 14	\$800
IV	15 - 24	\$1,200
V	25 - 44	\$1,700
VI	45 +	\$2,200