LEVEL OF CARE CRITERIA CROSSWALK

Two conditions must exist from Column A (Medical Status) and one from Column B (Mental Status) or Column C (Functional Status) with the exception of #5 in Column C

Column A - Medical Status	Column B - Mental Status	Column C - Functional Status
1. Requires monitoring and overall management of a medical condition(s) under the direction of a licensed physician.	The mental status must be such that the cognitive loss is more than occasional forgetfulness.	One of the following conditions must exist (with the exception of #5).
I1a-u, I2a-f, N2a-k=1,2,or 3		
In addition to the criteria listed immediately above, the patient's specific medical condition must require any of the following plus one item in Column B or Column C. 2. Nutritional management; which may include	1. Documented short or long-term memory deficits with etiologic diagnosis. Cognitive loss addressed on MDS/ care plan for continued placement.	1. Transfer and locomotion performance of the resident requires limited/extensive assistance by staff through help of one person physical assist. G2g, G2f=3,4,5,or 6 G8b=2 or 3
	C2a, b, or c = 12. Documented moderately or severely impaired	G3c, G3d = 0 J3a; J3b = 1,2,3, 4 2. Assistance with feeding. Continuous stand-by
therapeutic diets or maintenance or hydration status.	cognitive skills with etiologic diagnosis for dail decision making. Cognitive loss addressed on MDS/ care plan for continued placement.	supervision, encouragement, or cueing required and set up of meals.
K2a-d=1 or an issue K3(1-9)=5,6,7,or 8 is selected N2d=2 or 3	C1= 3, 4 5 C5=2	G2j= 3,4,5,or 6
3. Maintenance and preventative skin care and treatment of skin conditions, such as cuts,	3. Problem behavior, i.e. wandering, verbal abuse, physically and/or socially disruptive or	3. Requires direct assistance of another person to maintain continence.
abrasions, or healing decubiti. L1=2,3,4,5 L3:L4:L5=1/yes	inappropriate behavior requiring appropriate supervision or intervention.	G2g; G2h=3,4,5 or 6
L7=2 or 3 N2=k (wound care/present)	E3a-f=1, 2 or 3	
4. Catheter care such as catheter change and irrigation. H1=1 H2= 2 or 3	4. Undetermined cognitive patterns which cannot be assessed by a mental status exam, for example, due to aphasia. J3j=2,3, or 4I1j; I1c; I1d=1,2,3I2a-f* Possible Diagnoses: severe seizure do,TBI, ABI, Anoxic	4. Documented communication deficits in makin self understood or understanding others. Deficits must be addressed in medical record with etiological diagnosis addressed on MDS/ care plan for continued placement.
	brain injury	D1; D2= 3 or 4
5. Therapy services such as oxygen therapy, physical therapy, speech therapy, occupational therapy (3 times per week or less). N3b, 3e, 3f, 3g = Present		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.)
N2a-k=Present/1,2,3		G2a;G2b,G2c ;G2d= 3,4,5 or 6
6. Restorative nursing services such as range of motion exercises and bowel and bladder training.		
N3e and N2l= Present		
7. Monitoring of vital signs and laboratory studies or weights.		
N1a=1 N2a,b,d, and i = Present N3b= Present K2a=Present		
8. Management and administration of medications including injections.		
G1d 1-6 (performance) N2a, N2d, N2i = Present M1d=IM(intramuscular), IV (intravenous), Sub-Q (Subcutaneous or ET (Enteral Tube) M3=1 or 2 is selected		

^{**} If J3a-b is circled (C1), is this compensated by walker, cane, slower movements, or use of furniture? Y/N If so, this is NOT enough for NH level.