LEVEL OF CARE REVIEW
DECEMBER 19, 2023

Division of Integrated Care

LOCERI (Level of Care Review)

What is a Level of Care Review?

- Level of Care Review is the periodic, but at least annual, review of a member's condition and service needs to determine whether the member continues to need a level of care specified by a waiver. It is also referred to as Level of Care Review Instrument (LOCERI).
- Once approved for the waiver, annual level of care re-evaluations are conducted to ensure all individuals enrolled in the waiver continue to meet the eligibility criteria to receive waiver services. The Level of Care Eligibility Review Instrument(LOCERI) documents the functional status, medical and nursing needs, physical health of the participant, and risk of institutionalization.

LOCERI (Level of Care Review)

Who is a Level of Care Review completed for?

- **DO** complete LOCERI Reviews for members in the community enrolled in the CCC Plus Waiver
  - LOC 9 (not receiving CCC Plus waiver funded PDN)
  - LOC A (receiving CCC Plus waiver funded PDN)

  ***There is only **one** CCC Plus Waiver, consisting of both of these populations- changes between waiver LOC are not considered waiver terminations
- **DO NOT** complete a Level of Care Review for members who are not eligible for the CCC Plus waiver and are receiving PDN services through EPSDT
- **DO NOT** complete a Level of Care Review for members residing in Nursing Facilities
  - LOC 1 (Intermediate Care Facility)
  - LOC 2 (Nursing Facility)

LOCERI (Level of Care Review)

When should a Level of Care Review be completed?

- LOC reviews must be completed for CCC Plus Waiver members at minimum within 365 calendar days of the last annual LOC review or waiver admission date.
- A LOC review must be completed when a Member experiences a change in status that could impact waiver eligibility.
- A Discharge LOCERI must be completed for expired members or those who have moved out of state. Members should contact their local DSS to complete a change of address form.

LOCERI (Level of Care Review)

Why is it so important to complete a Level of Care Review?

- Annual Level of Care review(LOC) is a federal mandate- 42 §441.302 (c) (2)
- The goal of the review is to determine if the member continues to need the level of care provided and would, but for the provision of waiver services, otherwise be institutionalized.
- CMS holds DMAS accountable for 100% compliance for the completion of annual LOC reviews

LOCERI (Level of Care Review)

Face to Face Level of Care Review

The LOCERI must be completed in-person, face-to-face (F2F) with the member.

If the member refuses an in-person F2F LOCERI, it must be documented as a refusal.

LOCERI (Level of Care Review)

How is it determined if the member continues to meet criteria for the waiver?

There are three criteria and **ALL** three criteria must be met in order for the member to continue to meet criteria.

#1 Functional Capacity

#2 Medical or Nursing Need

#3 Risk of Nursing Facility Placement in the absence of waiver services

1+2+3=Meets Criteria

#1 Functional Capacity

Evaluates the member's ability to independently perform activities of daily living (ADLs), demonstrate mobility, joint motion, and medication administration and assess behavior and orientation status as measured on the UAI. This capacity assessment should be conducted face-to-face and to the extent possible observed by the Screener. The assessment considers how the member functions in a community environment and excludes all institutionally induced dependencies. IADLs may also be assessed to assist in determining needs for community (non-Medicaid) resources that the member could benefit from.

Functional Capacity for Children

Functional Capacity for Children is Different

- Age-appropriate rating of criteria involves the child and caregiver as a unit.
- Independence/semi-dependence/dependence determination is based on age of child and developmental expectations at that age.
- Special consideration is given to children (any age) with complex medical needs
- Screening manual has detailed guidance for each dependency broken down by age and developmental stage.

Functional Capacity

An individual may meet the functional capacity requirements for NF care when one of the following applies:

1. Rated dependent in two or more ADLs, *and* also rated semi-dependent *or* dependent in Behavior Pattern *and* Orientation, *and* semi-dependent or dependent in Joint Motion *or* dependent in Medication Administration; *or*

2. Rated dependent in five to seven ADLs *and* also rated dependent in Mobility; *or*

3. Rated semi-dependent or dependent in two or more of the ADLs *and* also rated dependent in Mobility *and* Behavior Pattern *and* Orientation.

#2 Medical or Nursing Need

In addition to meeting Functional Capacity Criteria, the member must have medical or nursing supervision or care needs.

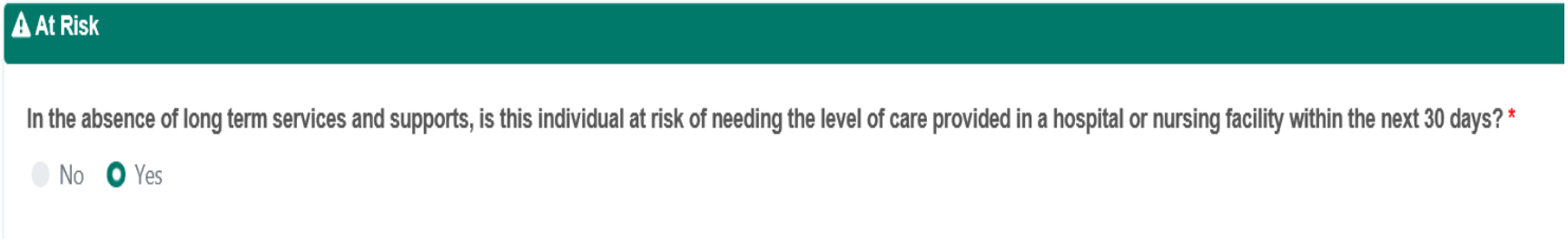
Current Medical Nursing Need(s) *

- ○ No
- ◉ Yes

- ☐ Application of aseptic dressing (a)
- ☐ Routine catheter care (b)
- ☐ Respiratory therapy (c)
- ☐ Therapeutic exercise and positioning (d)
- ☐ Chemotherapy (e)
- ☐ Radiation (f)
- ☐ Dialysis (g)
- ☐ Suctioning (h)
- ☐ Tracheotomy care (i)
- ☐ Infusion therapy (j)
- ☑ Oxygen (k)
- ☐ Routine skin care to prevent pressure ulcers for individuals who are immobile (l)
- ☐ Care of small uncomplicated pressure ulcers, and local skin rashes (m)
- ☐ Use of physical (e.g., side rails, poseys, locked doors in the ADC and/or chemical restraints) (n)
- ☐ Routine care of colostomy or ileostomy or management of neurogenic bowel and bladder (p)
- ☐ Management of those with sensory, metabolic, or circulatory impairment with demonstrated clinical evidence of medical instability (o)
- ☐ Supervision for adequate nutrition and hydration for individuals who show clinical evidence of malnourishment or dehydration or have a recent history of weight loss or inadequate hydration which, if not supervised would be expected to result in malnourishment or dehydration (q)
- ☑ The individual's medical condition requires observation and assessment to assure evaluation of the person's need for modification of treatment or additional medical procedures to prevent destabilization, and the person has demonstrated an inability to self-observe or evaluate the need to contact skilled medical professionals (r)
- ☑ Due to the complexity created by the person's multiple, interrelated medical conditions, the potential for the individual's medical instability is high or exists. (s)
- ☐ Other

#3 “At Risk” Criteria

To qualify and be authorized for Medicaid reimbursement of LTSS, your member must also be “at risk” for Nursing Facility placement within 30 days in the absence of the CCC Plus Waiver. This also includes the need for the level of care provided in a hospital or intermediate care facility.



Resources

- For general waiver questions: CCC Plus Waiver Manual Commonwealth Coordinated Care Plus Waiver | MES (virginia.gov)
- For general assessment questions: Screening Manual for Long-Term Services and Supports- Chapter 4 CCC Plus Waiver chapter 4 (updated 8.1.22) Final.pdf (virginia.gov)


Thank You