

Eligibility Criteria for Nursing Facility B (NF-B) Level of Care (LOC)





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#### **HANDOUTS**

Available for download at:

http://www.dhcs.ca.gov/services/medical/Pages/ADHC/ADHC.aspx

- PowerPoint
- 2. Initial Assessment Report (16 pages)
- 3. ADHC Cover Sheet
- 4. Excerpts from California Code of Regulations (CCR), Title 22
  - Section 51124
  - Section 51335



- The California Code of Regulations can be accessed at <a href="http://www.oal.ca.gov/">http://www.oal.ca.gov/</a>
  - Click on the tab labeled "CCR"
  - Click on the word "Titles" in the second sentence
  - Click on "TITLE 22. SOCIAL SECURITY"
  - Click the + before "DIVISION 3. HEALTH CARE SERVICES"
  - Click the + before "SUBDIVISION I. CALIFORNIA MEDICAL ASSISTANCE PROGRAM"
  - Click the + before "CHAPTER 3. HEALTH CARE SERVICES"
  - Click the + before "ARTICLE 4. SCOPE AND DURATION OF BENEFITS"

### NF-B LEVEL OF CARE

- Provision of care by a licensed nurse (not limited to):
  - Tracheostomy care
  - Administration of routine and as-needed medication
  - Tube feedings
  - Suctioning
  - Indwelling catheters in conjunction with other conditions



- Provision of care by a licensed nurse (continued):
  - Application of dressings with prescribed medication
  - Extensive wound care
  - Intake and output monitoring

### NF-B LEVEL OF CARE

 There are alternatives to receiving long-term services and supports in institutional settings

- Requirements:
  - Have one or more physical disability
  - Eligible to receive services in a skilled nursing facility



- Requirements (continued)
  - Medical need for continuous nursing care for:
    - Teaching of specific tasks and procedures
    - Observation
    - Assessment
    - Judgment
    - Supervision
    - Documentation



- Physical limitations
  - Confined to bed
  - Quadriplegia
  - Inability to feed oneself
- Psychological limitations
  - Severe incapacitation due to mental health or developmental issues



- Review:
  - Initial Assessment Report
- Explain:
  - Purpose of ADHC Cover Sheet
  - Process for submitting completed Initial Assessment Reports

Age: 91 Year-Old

**Dx:** Status Post CVA With Residual Right-

Sided Weakness; HTN, Dementia,

Hypothyroidism, Hypercholesterolemia,

DM Type 2

Mobility: Walker, Wheelchair, I-2 Person Assist
 With Transfers

Feeding: Gastrostomy Tube Feeding

• Elimination: Incontinence

• ADLs: Dependent

Age: 63 Year-Old

Dx: Status Post MI(1982) and CVA (1986); Mod.
 Expressive Aphasia; Diet Controlled DM;

 Mobility: Non-Ambulatory; Power Wheelchair; Minimal Functional Mobility; Unable to Move All Extremities; Contracture – R Arm & Bilateral Lower Extremities; 2 Person Lift For Transfers; PT Daily

• Feeding: Requires Meal Set-Up and Assistance

• **Elimination:** Incontinent of Bowel; Supra-Pubic Catheter

• ADLs: Dependent

Skin: Reddened Heels

Age: 79 Year-Old

Dx: Status Post Brain Injury; DM--Diet

Controlled; COPD--Oxygen Dependent;

Seizure Disorder; Hx of Frequent UTIs

• Mobility: Walker; Requires Supervision and Assistance

• Feeding: Requires Meal Set-Up and

**Assistance** 

 Elimination: Continent of Bowel; Bladder Urge Incontinence

ADLs: Requires Assistance

Cognition: Short and Long Term Memory Deficits;
 Poor Impulse Control

Age: 41 Year-Old

• Dx: Status Post MI; Anoxic Brain Damage; Status

Post pacemaker/defibrillator placement

Mobility: 1:1 Assist to Ambulate; Requires Supervision

and Assistance

• Feeding: Requires Meal Set-Up and

Assistance

• Elimination: Incontinent

• **ADLs:** Requires Assistance

Cognition: Short and Long Term Memory Deficits

Age: 82 Year-Old

Dx: DM II; Osteoarthritis; Alzheimer's

 Mobility: Wheelchair Dependent; two person transfer; Unable to bear weight

 Feeding: Requires Meal Set-Up and Assistance – Difficulty Feeding Self

• Elimination: Incontinent

• ADLs: Dependent

 Cognition: Short and Long Term Memory Deficits; Oriented to Person Only

Age: 78 Year-Old

Dx: DM II; Status Post CVA; Hemiplegia; HTN

• Cognition: Some Disorientation

 Medications: Insulin (Sliding Scale) and Oral Hypoglycemic Medication

Mobility: Unable to Ambulate – Wheelchair Bound;

Requires Hoyer Lift for Transfers

• Feeding: Requires Meal Set-Up and

**Assistance** 

• Elimination: Incontinent; Suprapubic Catheter

• ADLs: Dependent

### NF-B LEVEL OF CARE

# Open time for questions