



Long-Term Care Division

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

Department of
Health Care Services





PRESENTERS

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HANDOUTS

- Available for download at:

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

1. 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



ON-LINE CCR REFERENCE

- The California Code of Regulations can be accessed at <http://www.oal.ca.gov/>
 - 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



NF-B LEVEL OF CARE

- 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



NF-B LEVEL OF CARE

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



NF-B LEVEL OF CARE

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



NF-B LEVEL OF CARE

- **Review:**
 - Initial Assessment Report

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



NF-B LEVEL OF CARE

Open time for questions