

## Level of Care (LOC) / Plan of Care (POC) Review Checklist

**Participant's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Support Coordinator:** \_\_\_\_\_ **SC Agency:** \_\_\_\_\_

**Assessment Type:**      Initial                      Annual                      Status Change                      Follow-Up

**Waiver:**    Community Choices Waiver      Adult Day Health Care Waiver      **iHC Date:** \_\_\_\_\_

**POC Begin Date:** \_\_\_\_\_ **POC End Date:** \_\_\_\_\_

**Current Rug Score:** \_\_\_\_\_ **Current ADL Index:** \_\_\_\_\_

**Previous Rug Score:** \_\_\_\_\_ **Previous ADL Index:** \_\_\_\_\_

### iHC Assessment:

Met / Not Met	Description	Rationale
Yes No	Assessment has been submitted.	Assessment is <b>NOT</b> in the "incomplete" or "approved" status.
Yes No	iHC sections are coded correctly and correlate.	Miscorrelation Example: IADL Stairs coded 0 - Independent but ADL locomotion coded 6 - Total assistance.
Yes No	Late Loss Activities of Daily Living (ADLs) are coded correctly, appropriately, and correlate with notebook (NB) documentation: <ul style="list-style-type: none"> <li>• G2g-Transfer Toilet,</li> <li>• G2h-Toilet Use,</li> <li>• G2i-Bed Mobility,</li> <li>• G2j-Eating &amp;</li> <li>• G2- Transfer.</li> </ul>	NB documentation details who reported the information; who provided assistance; the level of assistance provided; and number of times each level of assistance was received in the lookback.  ADL documentation must <b>NOT</b> include what usually or sometimes occurs <b>OR</b> what the person wants or needs. Documentation must support what actually occurred in the lookback period to support the ADL code.
Yes No	Section I: Disease diagnosis (dx) has at least one dx coded <b>1 - Primary diagnosis /diagnoses for current stay</b> (there could be more than 1).	At least one code of <b>1 - Primary diagnosis/diagnoses for current stay</b> must be coded in Sections I1 and/or I2.
Yes No	Certain codes for A13, J1a-c, J2, and N4a-b may warrant a Critical Incident Report (CIR) entry into SIMS.  <b>NOTE: Not all of these iHC items automatically warrant a CIR.</b>	Example: Assessor coded 2 for J1a indicating two or more falls in last 30 days. There should be corresponding fall CIRs in SIMS.
Yes No	Q1. Environmental Assessment - Appropriate NB documentation if the section is blank (not coded).	Example: A NB entry stating that the participant currently resides in a nursing facility and has no residence in the community.

Met / Not Met	Description	Rationale
Yes No	S1. and S2. Assessment Information - Full name of assessor, title and agency of assessor.	No acronyms used. Example: Use "Support Coordinator" and refrain from using "SC".
Yes No	S3. Date Assessment Signed as Complete - Is no more than 3 business days after the A7. Assessment Reference Date.	Assessor has 3 business days to gather all information for the assessment.
Yes No	Activity Log - Assessment created <b>AND</b> submitted <b>no more</b> than 5 business days after S3. Date - Assessment Signed as Complete.	Assessor has up to 5 business days to input the iHC assessment into OPTS once the assessment is complete.
Yes No	Verify if NFLOC was <b>MET</b> . A POC is warranted if NFLOC is met on at least 1 pathway.	To determine if a POC is needed, review the iHC Results tab and/or page 1 of the Participant Summary to verify if a pathway(s) was met. If LOC is not met, a POC is not required.
Yes No	Degree of Difficulty Questions (DDQ) are appropriately documented when applicable.	Review DDQ tab and/or DDQ printout when applied to ensure information is accurate and documented according to policy.
Yes No	NB entry meets new criteria standard.	Refer to the "What Goes Into the interRAI-HC Notebook?" document for waiver, PACE, and LTC Contactor assessors (OAAS-TNG-18-008).  <b>NOTE:</b> The following iHC items require supporting documentation to be reviewed by the assessor prior to coding the iHC: <b>I1cc-ii, i3, J3h, J3i, K4, L1, M6, N2b, N2d, N2g, N2h, N2j, N2o, N3e-g, N5, N6, and the Service Dependency Pathway.</b>

### Plan of Care:

Met / Not Met	Description	Rationale
Yes No	POC page 1 is complete and accurate.	Assessors may save/download a version of the POC pages entered in LaSRS® for reference to ensure the POC demographic info matches the OPTS demographics. <b>NO ITEMS ARE BLANK.</b>
Yes No	POC page 2 - the "Paint the Picture" section clearly describes a picture of the participant's status.	<b>Social Functioning</b> includes the living arrangement/environment and social interests/enjoyment. <b>Cognitive Mental Functioning</b> includes decision-making skills, communication method (regardless of ability), and behavioral/emotional status. <b>Physical Functioning</b> addresses the participant's physical condition and functional status. <b>Clinical</b> addresses the primary conditions that are supporting services. <b>Do not list ALL diagnoses.</b>
Yes No	Signature page and POC page are completed.	Cannot be signed/completed prior to iHC meeting.

## Clinical Assessment Protocols (CAPS):

Met / Not Met	Description	Rationale
Yes No	CAPS are completed on the <b>NEW</b> "Clinical Assessment Protocols Summary" form (OAAS-PF-10-005).	Refer assessor to the <a href="#">CAPs Summary Instructions</a> (OAAS-PF-12-005) and/or the <a href="#">CAPS Summary Video</a> if they need more instruction:
Yes No	Every ADL and IADL have interventions listed that indicate how the activity will be completed, including who will provide assistance.	All ADLs & IADLs are addressed even if the person is independent. This section should include person-centered information.  Example: Mrs. Jane Doe is independent with walking/locomotion with the use of her walker.  <b>NOTE:</b> Medication administration (how the person takes their medications) is noted in the IADL section for every plan even if the person is independent.
Yes No	All triggered CAPS are identified in the appropriate section of the CAPS Summary and trigger levels (if applicable) match the Participant Summary.	Review the iHC Results tab and/or page 3 of the Participant Summary to verify that all triggered CAPS are addressed and the trigger level was input (when applicable).
Yes No	All addressed CAPS have a goal.	Goals correlate with interventions and trigger level (if applicable).
Yes No	All addressed CAPS have appropriate interventions.	Listed Interventions are person-centered and indicate <b>WHO</b> will provide assistance with <b>WHAT</b> particular task/activity; including the <b>type of assistance</b> , (i.e. there is a clear explanation of how each task is performed, with specific details about the assistance required when performing each task).
Yes No	Additional information regarding what is important to/for the participant is addressed (i.e. CIR trends/issue; Health related tasks such as Oxygen, PEG tube, catheter etc.).	Items displayed on page 2 of the Participant Summary General Section are addressed in the CAPS Summary under the appropriate CAP.
Yes No	All waiver resources are identified in the CAPS.	Review the schedule/budget pages to identify what services waiver pays for. Ensure that these waiver services are addressed under the appropriate CAP (i.e. PERS, Home Delivered Meals, etc.).
Yes No	Non-waiver resources/referrals are identified in the CAPS.	Example: Home Health, Hospice, Therapy such as PT, OT, ST, Dialysis, Oxygen, etc.
Yes No	The iHC Assessment, Plan of Care, CAPs Summary, and Budget all correlate.	For Example: If iHC Results (Participant Summary) display Physical Therapy (PT) or oxygen therapy received, pads/briefs worn, use of hearing aids, etc., ALL of these items should be included in the CAPS Summary under the appropriate CAP.