

## LEVEL OF CARE EVALUATION FOR ADULT RESIDENTIAL CARE HOME RESIDENTS

Resident Name \_\_\_\_\_

Activities of Daily Living	Needs Verbal Reminders/ Encouragement (Level 1)	Needs Some Physical Assistance (Level 2)	Needs Etensive/Total Assistance (Level 3)
A. Eating/Feeding	1	2	3
B. Bathing	1	2	3
C. Dressing/Grooming	1	2	3
D. Mobility	1	2	3
E. Transfers	1	2	3
F. Toileting	1	2	3
G. Incontinence – Urine / Feces / Both (Circle appropriate one)	1	2 (Once a month)	3 (Twice a month)
<b>Total Circled Points</b> _____ = _____ + _____ + _____ (If more than 10 points, reassess in total for ARCH level of care)			

Supervision, Behavior Management	<u>Need for Operator Assistance/Intervention/Controls</u>		
	Less than weekly but at least 1x/month	At least 4x/month	At least 6x/month
A. Impaired Communications	1.5	3	4.5
B. Impaired Judgment	1.5	3	4.5
C. Agitated/Hostile	1.5	3	4.5
D. Hallucinates	1.5	3	4.5
E. Depression	1.5	3	4.5
F. Assaultive/Destructive	1.5	3	4.5
G. Abusive (verbal)	1.5	3	4.5
H. Withdrawn/Regressive	1.5	3	4.5
I. Wanders	1.5	3	4.5
J. Other-Specify: _____	1.5	3	4.5
<b>Total Circled Points</b> _____ = _____ + _____ + _____ (If more than 5 points, reassess in total for ARCH level of care)			

Health-Related Services	<u>Need for Operator Assistance</u>		
	1x/day	2-3x/day	4x/day
A. Oral Medication	1	2	3
B. Non-Oral Medication/Dressing/Treatment	1	2	3
C. Special Diet	1	2	3
D. Medical or Psychiatric Appointments/ Transportation/Escort Services	1 (Once a month)	2 (2-3x/month)	3 (4 or more x/month)
<b>Total Circled Points</b> _____ = _____ + _____ + _____ (If more than 6 points, reassess in total for ARCH level of care)			

**LEVEL OF CARE ASSESSMENT:**

(Check One)

\_\_\_\_\_  
 Adult Residential Care  
 Home Level (ARCH)

\_\_\_\_\_  
 Intermediate Nursing  
 Care Level (ICF)

\_\_\_\_\_  
 Skilled Nursing  
 Care Level (SNF)



\_\_\_\_\_  
 Signature of Physician or APRN

\_\_\_\_\_  
 Date



Original to Primary Care Giver  
 Copy to Resident/Responsible Person

## INSTRUCTIONS FOR LEVEL OF CARE EVALUATION FORM

The form is used to determine the level of care and supervision required by a resident prior to the resident's referral and admission into a licensed adult residential care home.

Level of care is defined to mean a resident's functional level. In Adult Residential Care Homes, residents shall not need assistance from skilled, professional personnel on a long-term basis, and shall not need services provided in an intermediate care facility.

Prior to admission, a physician or APRN shall complete this form.

### Activities of Daily Living:

1. Circle the points under each Level column as applicable to the person being evaluated.
2. Add up the circled points for each Level and record the totals in the space provided.
3. If more than 10 points are totaled in this area, the patient should be assessed in total as to appropriateness of placement. Patient shall not require assistance from skilled, professional personnel on a regular, long-term basis.

### Supervision and Behavior Management:

1. Circle appropriate points and total.
2. If more than 5 points are totaled in this area, patient should be assessed in total as to appropriateness of placement. Patient shall not require assistance from skilled, professional personnel on a regular, long-term basis.

### Health-Related Services-Per Physician/APRN Orders:

1. Circle appropriate points and total.
2. If more than 6 points are totaled in this area, patient should be assessed in total as to appropriateness of placement. Patient shall not require assistance from skilled, professional personnel on a regular, long-term basis.

### Level of Care Assessment:

Indicate whether the patient is appropriately assessed for admission into the care home. Judgment is needed based on the total assessment of the resident. The three levels which might be considered are:

- (1) Adult Residential Care Home
- (2) Intermediate Nursing Care Level (ICF)
- (3) Skilled Nursing Care Level (SNF)

Adult Residential Care Home level means patient does not require care, oversight, or supervision of a licensed nurse and/or other professional.

Intermediate (ICF) nursing care means the patient requires oversight and supervision by a licensed nurse or other professional personnel on a regular, long-term basis.

Skilled nursing care means the resident requires the skill, care, oversight, and supervision of a licensed nurse or other professional personnel 24 hours a day.