

Level of Care Assessment Instrument for Children with Special Health Care Needs

Developed by:

South Carolina Medically Fragile Children's Program (MFCP)

The author requests all parties using this instrument to contact:

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Child's Name: _____

Date of Birth: ___/___/___

Age: _____

Sex: _____

Source of Information:

Parent Interview

Physical Exam

Records Review

Initial evaluation Date: ___/___/___

Re-evaluation Date: ___/___/___

This Level of Care Assessment Instrument is designed to define children with chronic illnesses, functional deficits, or disabilities whose care both by caregivers and medical professionals requires a degree of skill beyond that for healthy children. It is neither purely diagnosis nor functional-deficit driven, but strives to combine both with complexity of care to define a medically complex or medically fragile child. Although behavioral/emotional components are addressed to help define and assess complexity of care, the instrument is not intended for use in children whose primary diagnoses are “severely emotionally disturbed” or "mental retardation" without evidence of medical complexity. **The instrument was designed to be administered by a health care professional utilizing patient history, physical exam, and caregiver/patient interview. Utilizing all three areas prospectively provides the most reliable results in determining level of care.**

Directions:

The Level of Care Assessment Instrument is divided into two distinct parts. Part One determines a numerical level for the assessed child and Part Two addresses the complexity home care and a corresponding letter is assigned. The two parts are then combined to assign a level of care score (**Example II D**). Developmental delay and functional deficits without known etiology are addressed in multiple categories (mobility, transfer, therapies, etc) in Part Two of the instrument.

Part One

Determining Level

Levels are separated into three categories, I, II, and III.

LEVEL I

Lowest level. Assigned when assessment of child determines that level II or III is not met. A child at this level does not require medical care or services beyond those provided for most children.

LEVEL II

Level II may be satisfied in one of two ways outlined below. Place a check mark beside all that apply. A space for comments is provided but does not have to be utilized. It may be used to describe or address issues pertinent to each category, as well as to provide rationale for a decision. Completion of the comment section is not mandatory and is used at the examiner’s discretion. Examples are given to further clarify certain categories.

1. Requires ongoing monitoring of a significant medical condition necessitating overall

care planning in order to maintain health status. A significant medical condition is one that may be chronic and long standing, or acute that might complicate an underlying condition. Regardless, the condition must be of a magnitude that requires daily monitoring/intervention that is part of the child's daily care plan. A diagnosis of mental retardation alone will not satisfy this requirement. **Examples:** Moderate-to-severe cerebral palsy, diabetes mellitus, apnea monitoring and oxygen administration.

AND

Requires at least two of the numbered Level II services/functional deficits listed below, adjusted for age/developmental appropriateness. **Example:** Assistance with dressing, toileting, eating, and bathing is not necessarily an undue burden in a three year old child. However, if unusual skills or time are involved, the category may be used regardless of age.

OR

2. Has a diagnosis which poses a substantial medical threat to health (**Example:** HIV positive infant without evidence of AIDS), or requires daily manipulation or maintenance of a medical device (**Example:** Colostomy).

LEVEL II - SERVICES/ FUNCTIONAL DEFICITS

1. Requires supervision of moderately impaired cognitive skills that may reasonably be expected to affect an individual's safety and/or health. **Examples:** self-abusive behavior; a child unaware of dangers of his actions.
2. Requires hands on assistance with dressing, toileting, eating, and bathing (assistance with all four is required and together they constitute one deficit). **Example:** A child who is wheelchair dependent and requires total care for activities of daily living.
3. Requires hands on assistance with transfer and locomotion (assistance with both is required and together they constitute one deficit).
4. Requires hands on assistance with bowel or bladder incontinence care, or with daily catheter/ostomy care.
5. Requires goal-directed rehabilitation services (ST, PT, OT, etc) by therapists at least three days per week. Combinations of therapies will satisfy this category.

LEVEL III

Level III is assigned to children who have or require at least two listed Level III

services/functional deficits in addition to more complex ongoing monitoring. Place a check mark beside all that apply. A space for comments is provided but completion is not mandatory. It may be used to describe or address issues pertinent to each category, as well as to provide rationale for a decision. Examples are given to further clarify certain categories.

1. Requires ongoing monitoring/observation and assessment due to an unstable medical condition which may include overall management and evaluation of a care plan which changes daily or several times a week; or requires daily skilled monitoring or observation for conditions that do not ordinarily require skilled care, but because of the combination of conditions, may result in special medical complications.
Examples: Oxygen administration and monitoring by pulse oximeter requiring adjustments as necessary; unstable diabetes mellitus.

AND

2. Requires at least two of the Level III services/functional deficits listed below, adjusted for age/developmental appropriateness.

LEVEL III – SERVICES/FUNCTIONAL DEFICITS

1. Requires administration of medications which require frequent dosage adjustment, regulation, and monitoring.
2. Requires chronic administration of parenteral medications and fluids. **Example:** I.V alimentation.
3. Requires special catheter care (frequent irrigation, irrigation with special medications, or frequent catheterizations for specific problems). **Example:** daily in and out catheterization for neurogenic bladder.
4. Requires treatment of extensive decubitus ulcers or other widespread skin disorder. **Example:** epidermolysis bullosa.
5. Requires goal-directed rehabilitative services (ST, PT, OT, etc.) by therapists five days per week. Combinations of therapies will satisfy this requirement.
6. Requires nasogastric tube or gastrostomy feedings.
7. Requires nasopharyngeal or tracheostomy aspirations or sterile tracheostomy care.
8. Requires administration of oxygen (intermittent or continuous).
9. Requires hands on assistance with dressing, toileting, eating, and bathing.

(Assistance with all four is required and together they constitute one deficit).

10. Requires hands on assistance with transfer and locomotion. (Assistance with both is required and together they constitute one deficit).
11. Requires hands on assistance with bladder or bowel incontinence care; or with daily catheter/ostomy care.

LEVEL ASSIGNMENT WORKSHEET

PLACE A CHECK MARK BY ALL THAT APPLY

Level I

_____ Patient's medical condition does not meet criteria for Level II or III

III.

Level II

A child may meet Level II criteria in either of two ways:

_____ Requires ongoing monitoring of a significant medical condition necessitating overall care planning in order to maintain optimum health status. (The child should manifest a documented need that warrants such monitoring.)
COMMENTS: _____

AND

_____ Requires at least two of the numbered Level II services functional deficits listed below adjusted for age/developmental appropriateness.
COMMENTS: _____

OR

_____ Has a diagnosis that poses a substantial medical threat to health, or requires daily manipulation or maintenance of a medical device. Which may be life threatening.
COMMENTS: _____

LEVEL II SERVICES/FUNCTIONAL DEFICITS

_____ 1. Requires supervision of moderately impaired cognitive skills that may reasonably be expected to affect an individual's safety and/or health.
COMMENTS: _____

- _____ 2. Requires hands on assistance with dressing, toileting, eating, and bathing. (Assistance with all four is required and together they constitute one deficit.)
COMMENTS: _____

- _____ 3. Requires assistance with transfer and locomotion. (Assistance with both is required and together they constitute one deficit.)
COMMENTS: _____

- _____ 4. Requires hands on assistance with bowel and bladder incontinence care; or with daily catheter/ostomy care.
COMMENTS: _____

- _____ 5. Requires goal-directed rehabilitative service (ST, PT, OT, etc) by therapists at least three days per week. Combinations of therapies will satisfy this category.
COMMENTS: _____

LEVEL III

A child must have at least two of the numbered Level III services/functional deficits listed below in addition to more complex ongoing monitoring than Level II to qualify for Level III. All services/functional deficits must be adjusted for age/developmental appropriateness.

_____ Requires ongoing monitoring/observation and assessment due to an unstable medical condition which may include overall management and evaluation of a care plan which changes daily or several times a week; or requires ongoing skilled monitoring or observation for conditions that do not ordinarily require skilled care, but because of the combination of conditions, may result in special medical complications. The complications and the skilled services required should be documented.
COMMENTS: _____

AND

_____ 1. Requires administration of medications which require frequent dosage adjustment, regulation, and monitoring.
COMMENTS: _____

_____ 2. Requires chronic administration of parenteral medications and fluids.
COMMENTS: _____

_____ 3. Requires special catheter care (frequent irrigation, irrigation with special medications, frequent catheterizations for specific problems).
COMMENTS: _____

_____ 4. Requires treatment of extensive decubitus ulcers or other widespread skin disorder.
COMMENTS: _____

_____ 5. Requires goal-directed rehabilitative services (ST, PT, OT, etc.) by therapists five days per week. Combinations of therapies will satisfy this requirement.
COMMENTS: _____

_____ 6. Requires nasogastric tube or gastrostomy feedings.
COMMENTS: _____

- _____ 7. Requires nasopharyngeal or tracheostomy aspirations or sterile tracheostomy care.
 COMMENTS: _____

- _____ 8. Requires administration of oxygen (intermittent or continuous).
 COMMENTS: _____

- _____ 9. Requires hands on assistance with dressing, toileting, eating, and bathing. (Assistance with all four is required and together they constitute one deficit).
 COMMENTS: _____

- _____ 10. Requires hands on assistance with transfer and locomotion. (Assistance with both is required and together they constitute one deficit).
 COMMENTS: _____

- _____ 11. Requires hands on assistance with bladder or bowel incontinence care; or with daily catheter/ostomy care.
 COMMENTS: _____

LEVEL _____

The Complexity of Care Worksheet serves as the second portion of this instrument to assign a level of care. Complexity of care is divided into several categories which address the complexity (skills required, time involved, knowledge necessary) of care provided by families.

Part Two

Directions:

Circle all numerical scores in each category which pertain to care provided to the child. In each category, space is available to assign a numerical score for skills, time, or knowledge necessary to provide care that is not identified elsewhere in the category. The numerical score assigned should be weighted based on scores for other aspects of care already scored in the category. In addition to the numerical score assigned, the skills, etc. must be identified and justified as necessary to support its inclusion in the category and the numerical score given.

At the end of the Complexity of Care Instrument, circled numerical scores from all categories should be totaled and the sum entered in the space marked **TOTAL SCORE**. Utilizing the box in the lower left corner of the last page, a category should be assigned and entered in the appropriate space. This category should then be combined with the level established in part one of the instrument to determine the Level of Care and the result (**Example II D**) entered in the space provided. The examiner then signs and dates the instrument in the spaces provided.

COMPLEXITY OF CARE WORKSHEET

CIRCLE ALL THAT APPLY

Nutrition

- 0 Child to 24 months, oral feeding
Child greater than 24 months, or less than 24 months requiring assistance greater than that necessary for a healthy child without special needs:
- 0 Assistance with meals, less than 30 minutes
 1 Assistance with meals, greater than 30 minutes
 2 Tube feeding (Gavage, G-Tube)
 2 Complex total feed (TPN)
 Other (identify, justify, and assign numerical score)
-

Hygiene

- 0 Child to 48 months
Child greater than 48 months, or less than 48 months requiring assistance greater than that necessary for a healthy child without special needs:
- 1 Mouth care with assistance
- 1 Complete bath/shower
- 1 Dresses with assistance
- 2 Complete bath/shower (wheelchair)
- Other (identify, justify, and assign numerical score)

Mobility

- 0 Child to 24 months
Child greater than 24 months, or less than 24 months requiring assistance greater than that necessary for a healthy child without special needs:
- 1 Lifting and transfer with assistance
- 1 Therapeutic bed
- 1 Turn every 2-4 hours
- 2 Lifting and transfer with assistive device
- 2 Walks with assistive devices
- 3 Wheelchair dependent
- Other (identify, justify, and assign numerical score)

Elimination

- 0 Child to 48 months
Child greater than 48 months, or less than 48 months requiring assistance greater than that necessary for a healthy child without special needs:
- 1 Elimination with assistance
- 1 Menstruating female requiring assistance
- 1 Intermittent catheterization
- 2 Incontinent
- Other (identify, justify, and assign numerical score)

Respiratory

- 1 Cardiac/apnea monitor and/or pulse oximeter

- 1 Oxygen at night
- 1 Hand held inhalers > 3 times daily
- 1 Inhalation therapy 2-3 times daily
- 2 Oxygen, continuous
- 2 Suctioning (NP, upper airway)
- 2 Tracheal suctioning without ventilator/CPAP
- 2 Inhalation therapy > 3 times daily
- 3 Chest physiotherapy 3 or more times daily
- 4 Ventilator/CPAP with suctioning
- _____ Other (identify, justify, and assign numerical score)

Medication

- 1 P.O. medication 3 or more times daily
- 2 SQ/IM injections
- 2 IV medication/fluid administration (hep lock) 2-3 times daily
- 3 Central line medication/fluid administration
- 3 Insulin therapy and monitoring
- _____ Other (identify, justify, and assign numerical score)

Home Therapies

- 1 Oral motor/speech therapy skills
- 1 Occupational therapy skills
- 1 Physical therapy skills
- _____ Other (identify, justify, and assign numerical score)

Neurologic

- 1 Seizure disorder with less than daily seizures
- 2 Seizure disorder with daily seizures
- _____ Other (identify, justify, and assign numerical score)

Emotional/Behavioral

- 1 Child over 24 months of age requiring frequent redirection and supervision for age inappropriate behaviors that are not harmful to self or others
 - 2 Tantrum behavior which results in physical harm to self, others, or property
 - 2 Child greater than 48 months requiring hands on supervision at all times secondary to poor judgment which results in risk of physical harm. **Examples:** running from caregiver into traffic; frequent self-abusive behavior.
 - _____ Other (identify, justify, and assign numerical score)
-
-
-

Dressing/Wound/Skin Care

- 1 Routine care and maintenance of feeding tubes
 - 1 Irrigation of decubitus wounds
 - 1 Skin care for chronic health conditions
 - 1 Daily dressing care
 - 1 Trach care
 - 2 Colostomy/vesicostomy care
 - 2 Central line care
 - _____ Other (identify, justify, and assign numerical score)
-
-
-
-

Immediate Needs

- 0 Needs prompt assessment by 1 or 2 subspecialists (hearing, vision, PT, ST, OT, subspecialty physician)
 - 1 Needs prompt assessments by more than 2 subspecialists (hearing, vision, OT, PT, ST, subspecialty physician)
 - 3 Needs prompt corrective/palliative surgery or hospitalization that requires constant presence of caregiver in the hospital.
 - _____ Other (identify, justify, and assign numerical score)
-
-
-
-

**COMPLEXITY OF
CARE**

<u>SCORE</u>	<u>CATEGORY</u>
0-4	A
5-8	B
9-12	C
13-19	D
20+	E

TOTAL SCORE: _____
CATEGORY: _____

LEVEL OF CARE: _____

Signature

Date
