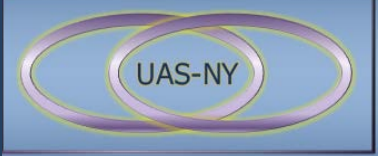


Uniform Assessment System for New York



Nursing Facility Level of Care

v 2013-05-16



Office of Health Insurance Programs
Division of Long Term Care

Contents

Introduction to the UAS-NY	1
The Purpose of this Document.....	1
UAS-NY Support Desk.....	1
Nursing Facility Level of Care.....	2
Overview	2
Implications for Programs and Plans	3
UAS-NY Community and Pediatric 4-17 Assessment Items used for NFLOC	3
UAS-NY Pediatric Assessment for Birth through Age Three Items used for NFLOC	4
Sample Level of Care Report.....	5

INTRODUCTION TO THE UAS-NY

Welcome to the Uniform Assessment System for New York (UAS-NY), a Medicaid Redesign Team (MRT) project. The UAS-NY is a secure, web-based software application housed in the New York State (NYS) Department of Health's (DOH) Health Commerce System (HCS).

The UAS-NY contains electronic adult and pediatric assessment instruments for individuals being served in New York State's Medicaid home and community-based long term care setting.

The Purpose of this Document

The purpose of this document is to provide information on the Nursing Facility Level of Care (NFLOC) score generated from responses to the UAS-NY Assessments.

UAS-NY Support Desk

Upon reading this document in its entirety, if you have questions about if or how the UAS-NY implementation affects your organization, contact the UAS-NY support desk at:

518-408-1021

or

uasny@health.state.ny.us

NURSING FACILITY LEVEL OF CARE

This section of this guide presents information related to the items and scoring of the Nursing Facility Level of Care (NFLOC).

Overview

The NFLOC is determined using a scoring index that was developed by New York State. New York conducted field testing using items from the various tools used by programs in parallel with corresponding items from the interRAI tool. The testing resulted in a uniform NFLOC scoring index which is being used in the UAS-NY for all programs.

The scoring index utilizes responses within the following domains of the **UAS-NY Community and Pediatric 4 through 17** assessment instruments:

- Section B. Cognition
- Section C. Communication and Vision
- Section D. Mood and Behavior
- Section F. Functional Status
- Section G. Continence
- Section J. Nutritional Status

The specific items are presented in the “UAS-NY Community and Pediatric 4-17 Assessment Items used for NFLOC” section of this document. The intent, definitions, process, and coding information for each item are described in the UAS-NY Community and Pediatric 4-17 Assessment Reference Manuals.

Upon completion of the items, response options are converted to points, with a greater number of points indicating a greater need or severity. The sum of the points is the NFLOC score and is **automatically** calculated by the UAS-NY. An NFLOC score of 5 or greater indicates qualification for nursing facility level of care.

The NFLOC scoring index for the **UAS-NY Pediatric Assessment for Birth through Age 3** uses a subset of the scoring index used for the Community and Pediatric 4-17 Assessments. The NFLOC uses the following domains from the Pediatric Assessment for Birth through Age Three:

- Section F. Functional Status
- Section G. Continence
- Section J. Nutritional Status

The specific items are presented in the “UAS-NY Pediatric Assessment for Birth through Age Three Items used for NFLOC” section of this document. The intent, definitions, process, and coding information for each item are described in the UAS-NY Pediatric Assessment for Birth through Age Three Reference Manual.

Implications for Programs and Plans

In accordance with program requirements and best practice, all UAS-NY Community Assessments that are conducted for an individual must be **signed** and **finalized**. This requires the completion of all required items. The responses to the completed, finalized assessment will be used to generate a number of assessment outcome reports and support service and care planning.

Organizations that opt to conduct an initial NFLOC determination may complete only the 22 NFLOC items (or 8 NFLOC items for the Pediatric Assessment for Birth through Age 3) to determine initial program eligibility. To do this, the assessing organization would initiate a UAS-NY Community or Pediatric 4-17 Assessment and complete the 22 (or 8) NFLOC items. A sample Level of Care Report, which is available in the UAS-NY, is attached. **The completion of only the 22 (or 8) items does not fulfill program requirements for an assessment.**

UAS-NY Community and Pediatric 4-17 Assessment Items used for NFLOC

The UAS-NY uses 22 items and sub-items from the UAS-NY Community and Pediatric 4-17 Assessments to generate the NFLOC. These items and sub-items are presented below and are organized by section.

Section B. Cognition

- Cognitive skills for daily decision making
- Memory/Recall Ability
 - ✓ Short-term memory
 - ✓ Procedural memory

Section C. Communication and Vision

- Making self understood (expression) – expressing information content – both verbal and non-verbal

Section D. Mood and Behavior

- Behavior Symptoms
 - ✓ Wandering
 - ✓ Verbal Abuse
 - ✓ Physical Abuse
 - ✓ Socially inappropriate or disruptive behavior
 - ✓ Inappropriate public sexual behavior
 - ✓ Resists Care

Section F. Functional Status

- IADL Self-Performance and Capacity
 - ✓ Stairs (Performance Only)
- ADL Self Performance
 - ✓ Bathing
 - ✓ Dressing Upper Body
 - ✓ Dressing Lower Body
 - ✓ Locomotion
 - ✓ Transfer Toilet
 - ✓ Toilet Use
 - ✓ Eating
- Primary mode of locomotion indoors

Section G. Continence

- Bladder Continence
- Bowel Continence

Section J. Nutritional Status

- Mode of Nutritional Intake

UAS-NY Pediatric Assessment for Birth through Age Three Items used for NFLOC

The UAS-NY uses 8 items and sub-items from the UAS-NY Pediatric Assessment for Birth through Age Three to generate the NFLOC score. These items and sub-items are presented below and are organized by section.

Section F. Functional Status

- ADL Self Performance
 - ✓ Bathing
 - ✓ Dressing
 - ✓ Locomotion
 - ✓ Toilet Use
 - ✓ Eating
- Wheelchair/Cart/Mobility is main mode of locomotion

Section G. Continence

- Special Bowel/Bladder Appliance Needed

Section J. Nutritional Status

- Mode of Nutritional Intake

Sample Level of Care Report

Uniform Assessment System - New York Level of Care Report

Person, Any

Date of Birth: 01/01/1950

Medicaid ID: BB12345G

NF-LOC Score 20: Meets NF-LOC

Cognitive skills for daily decision making

Making decisions regarding tasks of daily life - e.g., when to get up or have meals, which clothes to wear or activities to do:

Minimally impaired - In specific recurring situations, decisions become poor or unsafe; cues / supervision necessary at those times

Memory / Recall Ability

Code for recall of what was learned or known

Short-term memory OK - Seems/appears to recall after 5 minutes:

Yes, memory OK

Procedural memory OK - Can perform all or almost all steps in a multi-task sequence without cues:

Yes, memory OK

Making self understood (expression)

Expressing information content - both verbal and non-verbal:

Often understood - Difficulty finding words or finishing thoughts AND prompting usually required

Behavior Symptoms

Code for indicators observed in last 3 days, irrespective of the assumed cause

Wandering - Moved with no rational purpose, seemingly oblivious to needs or safety:

Present but not exhibited in last 3 days

Verbal abuse - e.g., others were threatened, screamed at, cursed at:

Present but not exhibited in last 3 days

Physical abuse - e.g., others were hit, shoved, scratched, sexually abused:

Present but not exhibited in last 3 days

Socially inappropriate or disruptive behavior - e.g., made disruptive sounds or noises, screamed out, smeared or threw food or feces, hoarding, rummaged through other's belongings:

Not present

Inappropriate public sexual behavior or public disrobing:

Present but not exhibited in last 3 days

Resists care - e.g., taking medications/injections, ADL assistance, eating:

Present but not exhibited in last 3 days

Stairs - How full flight of stairs is managed (12-24 stairs)

Stairs - PERFORMANCE:

Supervision - Oversight/cueing

ADL Performance

If all episodes are performed at the same level, score ADL at that level.

If any episodes at the level of Total dependence, and others less dependent, score ADL as a Maximal assistance.

Otherwise, focus on the three most dependent episodes [or all episodes if performed fewer than 3 times].

If most dependent episode is Independent, setup help only, score ADL as Independent, setup help only.

If not, score ADL as least dependent of those episodes in between Supervision to Maximal assistance.

Bathing - How takes bath or shower. Includes how transfers in and out of tub or shower AND how each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area - EXCLUDE WASHING OF BACK AND HAIR.:

Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode

Dressing Upper Body - How dresses and undresses (street clothes, underwear) above the waist, including prostheses, orthotics, fasteners, pullovers, etc.:

Supervision - Oversight/cueing

Dressing Lower Body - How dresses and undresses (street clothes, underwear) from the waist down including prostheses,

Supervision - Oversight/cueing

Person, Any

Date of Birth: 01/01/1950

Medicaid ID: BB12345G

NF-LOC Score 20: Meets NF-LOC

orthotics, belts, pants, skirts, shoes, fasteners, etc.:

Locomotion - how moves between locations on same floor (walking or wheeling). If in wheelchair, self-sufficiency once in chair:

Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks

Transfer toilet - How moves on and off toilet or commode:

Toilet use - How uses the toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes pad, manages ostomy or catheter, adjust clothes

Supervision - Oversight/cuing

Supervision - Oversight/cuing

EXCLUDE TRANSFER ON AND OFF TOILET:

Eating - How eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition):

Supervision - Oversight/cuing

Primary mode of locomotion indoors:

Walking, uses assistive device, e.g., cane, crutch, pushing wheelchair

Bladder continence:

Infrequently incontinent - Not incontinent over last 3 days, but does have incontinent episodes

Bowel continence:

Infrequently incontinent - Not incontinent over last 3 days, but does have incontinent episodes

Mode of nutritional intake:

Requires diet modification to swallow solid food - e.g., mechanical diet (pureed, minced, etc.) or only able to ingest specific foods