Appendix 20 ▪ Level of Care (LOC) Predetermination with FNAG

Participant Name:_____ MSSP ID:_____
Level of Care Date:_____
Staff Name/Title:_____ Staff Signature:_____

Initial Information Source: ☐ IHA ☐ IPSA
Recertification Information Source: ☐ RA ☐ ADV

LOC based on:

Cognitive and Sensory

Diagnoses and Health History

Additional Information/Comments

Functional Status of ADLs/IADLs
(Indicate level at which participant can safely perform the activity)

Eating: Select Level
Comments
Dressing: Select Level
Comments
Transferring: Select Level
Comments
Bathing: Select Level
Comments
Toileting: Select Level
Comments
Grooming: Select Level
Comments
Medications: Select Level
Comments
Stair Climbing: Select Level
Comments
Mobility Indoor: Select Level
Comments
Mobility Outdoor: Select Level
Comments
Housework: Select Level
Comments
Laundry: Select Level
Comments
Shopping & Errands: Select Level
Comments
Meal Prep & Cleanup: Select Level
Comments
Transportation: Select Level
Comments
Telephone: Select Level
Comments
Money Management: Select Level
Comments