Appendix 19 ▪ Level of Care (LOC) Predetermination

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

Functional Status of ADLs/IADLs

Additional Information/Comments