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

Participant Name: Samuel L. Sample MSSP ID: 111
Level of Care Date: 6/30/2026
Staff Name/Title: Nurse Nelson, RN, NCM Staff Signature: Nurse Nelson, RN

Initial Information Source: ☒ IHA ☐ IPSA [Example 1]
Recertification Information Source: ☐ RA ☐ ADV

LOC based on:

Cognitive and Sensory
Participant is a 78-year-old male who is alert and oriented x 3 (person, place and time). He lives in an apartment with his wife Joan and two cats. He appeared neatly groomed. The participant used his hearing aids and glasses to complete the cognitive assessment which showed mild impairment as he made 3 errors on the SPMSQ. The participant was able to verbalize his needs and was cooperative throughout the visit.

Diagnoses
- Chronic Obstructive Pulmonary Disease
- Pulmonary Fibrosis
- Liver Cirrhosis
- Diabetes Type II
- Neuropathy (feet)
- Spinal Arthritis
- Chronic Fatigue and Weakness
- Chronic Pain

Additional Information/Comments
Participant sees a podiatrist for foot care due to diabetic foot neuropathy. Participant is a fall risk, uses a 4ww relative to chronic fatigue, weakness, dyspnea with exertion, and pain. He states he struggles going up the steps to his apartment and has almost fallen a couple of times. Participant would benefit from a wheelchair ramp to apartment. Participant declines IHSS at this time as wife provides informal care and assistance.

Functional Status of ADLs/IADLs [Example 1 cont.]

Eating: Independent
Able to feed self
Dressing: Stand-by Assistance
Needs assistance with buttons and putting on socks and shoes due to pain and limited ROM
Transferring: Stand-by Assistance
Fatigue, weakness and SOB
Bathing: Hands-on Assistance
Needs assistance to adequately wash his hair, feet, and back, due to high pain levels, and range of motion limitations from spinal arthritis
Toileting: Stand-by Assistance
Goes to the bathroom often and has difficulty making it in time; would benefit from adult briefs due to unsteady gait and urgency
Grooming: Verbal Cueing
Needs reminders
Medications: Stand-by Assistance
Wife helps organize medications, gives him reminders to take them as he is starting to forget what medications he's taking and when to take them due to chronic lack of oxygen
Stair climbing: Hands-on Assistance
Needs assistance ascending/descending steps in front of his apartment, due to sob, weakness, unsteady balance and arthritis in spine
Mobility indoor: Stand-by Assistance
Uses assistive devices such as his walker, reacher, and grab bars to help with mobility indoors and outdoors due to his fatigue, weakness and sob
Mobility outdoor: Stand-by Assistance
Uses assistive devices such as his walker, reacher, and grab bars to help with mobility indoors and outdoors due to his fatigue, weakness and sob
Housework: Dependent
Chronic pain, fatigue, general weakness, and poor balance caused by bilateral foot neuropathy
Laundry: Dependent
Chronic pain, fatigue, general weakness, and poor balance caused by bilateral foot neuropathy
Shopping & errands: Dependent
Chronic pain, fatigue, general weakness, and poor balance caused by bilateral foot neuropathy
Meal prep & cleanup: **Dependent**
Wife prepares and cleans up from meals
Transportation: Dependent
Unable to drive self d/t foot neuropathy
Telephone: Independent
Able to use the phone and address book if needed
Money management: Stand-by Assistance
Wife helps manage

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

Participant Name: Erma Example MSSP ID: 222
Level of Care Date: 8/20/2026
Staff Name/Title: Nurse Nelson, RN, NCM Staff Signature: N Nelson, RN

Initial Information Source: ☐ IHA ☐ IPSA [Example 2]
Recertification Information Source: ☐ RA ☒ ADV

LOC based on:

Cognitive and Sensory
The Participant (Ptp) is a 75-year-old female that presents as alert and oriented x 2 (person and place). Ptp made 5 errors on the SPMSQ, indicating moderate cognitive impairment, a decline from the prior year. Ptp has trouble with vision due to retina problems. She has difficulty hearing and would benefit from the use of hearing aids.

Diagnoses
Arthritis in Hands and Knees
Impaired Vision
Chronic Obstructive Pulmonary Disease
Chronic Back Pain
Anxiety
Neuropathy
Diabetes Type II
Incontinent of Urine and Occasional Bowel Incontinence

Additional Information/Comments
The participant has an unsteady gait without the use of DME with ambulation and bilateral lower extremity neuropathy which increases her risk for a fall with injury. She is also at risk for skin breakdown due to urinary and occasional bowel incontinence. The participant reports intermittent feelings of dizziness and generalized weakness along with shortness of breath with exertion related to COPD. She has Arthritis in her hands and knees making it difficult to hold items or stand for long periods of time. The participant reports a decrease in endurance and must take frequent breaks in activity to rest and catch her breath. Participant has 160 IHSS hours and reliable formal and informal caregivers in place.

Functional Status of ADLs/IADLs [Example 2 cont.]

Eating: Verbal Cueing
Dressing: Verbal Cueing
Transferring: Standby Assist
Bathing: Hands-on Assist
Toileting: Standby Assist
Grooming: Standby Assist
Medications: Hands-on Assist
Stair Climbing: Hands-on Assist
Mobility Indoor: Standby Assist
Mobility Outdoor: Hands-on Assist
Housework: Dependent
Laundry: Dependent
Shopping & Errands: Dependent
Meal Prep & Cleanup: Dependent
Transportation: Hands-on Assist
Telephone: Hands-on Assist
Money Management: Hands-on Assist