



DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH CARE
FINANCE



Nursing Facility Annual Level of Care Attestation Instructions

This document provides guidance to DC Medicaid nursing facility physicians on how to complete the attached Level of Care Annual Attestation for individuals receiving long term care via an institutional placement.

Who should complete the attestation form?

The nursing facility physician must complete the attestation for DC Medicaid beneficiaries residing in a nursing facility.

Section I: Beneficiary Information

This section provides information on the individual seeking continued PCA services and EPD Waiver services. The following is REQUIRED for the Department of Health Care Finance and it's agent to process this form:

- Patient DC Medicaid Number (*8 digits*)
- Name (*First, Last*)
- Date of Birth
- Medicaid Certification Period (start date and end date)
- Functional Score of Existing Assessment- Please insert the score with and without medication management as noted on the beneficiary's existing or current determination form that correlates to the most recent assessment tool.

Section II: Summary of Beneficiary's Needs

Please indicate on the attestation whether there has been no change in the individual's needs, or whether the individual's ability to perform the stated functional, skilled care or cognitive/behavioral functions has improved.

Please Note: If the individual's most recent assessment does not exhibit scores for the skilled care and cognitive/behavioral sections, only **the physician** can complete those sections on the attestation by indicating no change in health status or a change (i.e. improvement) based on his/her clinical expertise and interactions with the individual.

1) The functional assessment evaluates the type and frequency of assistance the individual requires for each of the following activities of daily living (ADLs) and instrumental activities of daily living (IADLs) based on typical experiences under ordinary circumstances:

- Bathing
- Dressing
- Eating/feeding
- Transfer
- Mobility
- Medication management
- Toileting
- Urinary continence and catheter care
- Bowel continence and ostomy care

The evaluating physician must indicate by a check mark if there were no changes to the individual's ADL or IADL needs or if the individual's ability to perform the various ADLs or IADLs improved since the most recent assessment.

2) The skilled care needs assessment evaluates whether and how frequently the following skilled services and therapies were required by the individual since the last assessment:

- Occupational therapy
- Physical therapy
- Respiratory therapy
- Speech therapy
- Ventilator care
- Tracheal suctioning or tracheostomy care
- Wound care
- Parenteral nutrition
- Hemodialysis
- Peritoneal dialysis
- Enteral tube feeding
- Intravenous fluid or medication administrations
- Intramuscular or subcutaneous injections
- Isolation precautions
- Patient-controlled analgesia pump.

The evaluating physician must indicate by a check mark if there were no changes to the individual's skilled services and therapies or if the individual's need for skilled services and therapies improved since their most recent assessment. If the most recent assessment did not denote scores for this section, the evaluating physician must note if there were no changes to the individual's skilled care needs or if the individual's skilled care needs improved over the course of the past year (or since their last evaluation of the patient).

3) The cognitive/behavioral assessment evaluates the presence of and frequency with which the following conditions and behaviors occur:

- Serious mental illness or intellectual disability
- Difficulty with receptive or expressive communication
- Hallucinations
- Delusions
- Physical behavioral symptoms directed toward others (e.g. hitting, kicking, pushing, grabbing, sexual abuse of others)
- Verbal behavioral symptoms directed toward others (e.g. threatening, screaming, cursing at others)
- Other physical behaviors not directed toward others (e.g. self-injury, pacing, public sexual acts, disrobing in public, throwing food or waste)
- Rejection of assessment or health care
- Eloping or wandering

The evaluating physician must indicate by a check mark if there were no changes to the individual's cognitive/behavioral functions or if the individual's cognitive/behavioral needs improved since the most recent assessment. If the most recent assessment did not denote scores for this section, the evaluating physician must note if there were no changes to the

individual's cognitive/behavioral needs or if the individual's cognitive/behavioral needs improved over the course of the past year (or since their last evaluation of the patient).

Section III: Summary of Beneficiary's Health Status

In this section, the evaluator assesses the individual's overall health status, incorporating changes identified in Section II as well as changes in diagnoses and/or exacerbations in symptomatology. If "No Change" is checked, the physician completing this form must sign the corresponding attestation under Section IV. Alternatively, if "Improved" is checked, the physician completing this form must request a Long Term Care Services and Supports Reassessment by submitting a Prescription Order Form (POF) to DHCF's contractor, the Delmarva Foundation, and sign the corresponding attestation under Section IV. The POF is available at <https://dhcf.dc.gov/page/provider-information-and-forms>.

Section IV: Attestation

Please Note: The evaluating physician must only fill out **one** part of the Attestation section – changes in the individual's health status (i.e. improved); or no changes in the individual's health status. The evaluating physician must subsequently sign and date the document under the corresponding sections.

If the evaluating physician determines that there are changes/improvements in the individual's health status since the last assessment or evaluation, he/she must attest that the beneficiary's health status has changed (i.e. improved), and that a POF is being sent to Delmarva to order a re-assessment.

Alternatively, if the evaluating physician determines that there are **no changes** in the individual's health status since the last assessment or evaluation, he/she must attest that the beneficiary's health status remains unchanged, that a re-assessment is not required at this time, and that he/she has reviewed all documents identified in the attestation with the beneficiary in order to make this determination.

*Please ensure that all mandatory fields noted with ** are filled out—this will prevent delays in your patient's connection to services. The completed attestation form must be faxed to the Delmarva Foundation at 202-698-2075. The completed attestation form must be accompanied by a POF if the evaluating physician determines that the individual's health status has changed (i.e. improved).*