NURSING FACILITY LEVEL OF CARE ASSESSMENTS
COMMUNICATION BRIEF

Brief Ref: LOC-2020-CB01
To: County Public Health Nursing Offices
From: Tyler Deines, Community-Based Services Administrator
Date: March 18, 2020
Subject: Temporary Modifications to Nursing Facility Level of Care Evaluation Procedures in Response to the Coronavirus (COVID-19)

Purpose: To provide direction and guidance to the County Public Health Nursing offices on temporary modifications to nursing facility level of care evaluation procedures in response to COVID-19.

Background: The Wyoming Department of Health, Division of Healthcare Financing (the Division) utilizes the statewide network of County Public Health Nursing Offices to conduct functional assessments of individuals in support of the Division's nursing facility level of care evaluation activities. The LT101 Level of Care Assessment Instrument (LT101 Assessment) was developed by the Division in order to establish standardized methods for measuring the individual's level of functional impairment and to ensure statewide consistency in the level of care evaluation process. The information obtained from the LT101 Assessment is used in the Division's determination of whether an applicant/participant requires, or continues to require, the services or level of care provided in a nursing facility.

Procedure or Information: Immediately upon release of this Communication Brief, the Division will allow for the following temporary modifications to its nursing facility level of care evaluation procedures in order to implement social distancing measures and inhibit the transmission of COVID-19. These temporary modifications are permitted until further notice and at the discretion of the County Public Health Nurse Manager.

1) Temporary Modifications to Allow for Remote Assessments – The County Public Health Nursing Offices may conduct remote LT101 Assessments by phone or video conference. To conduct a remote LT101 Assessment, the Public Health Nurse (PHN) shall use the existing procedures for out-of-state LT101 Assessments. However, the in-person follow up assessment will not be required.

2) Temporary Modifications to Allow for Abbreviated Reassessments – For individuals who require a periodic nursing facility level of care reevaluation (i.e. an annual Home and Community-Based Services (HCBS) waiver reevaluation, an annual Program of All-Inclusive Care for the Elderly (PACE) reevaluation, or a six-month continued stay review for nursing facility services), the County Public Health Nursing Offices may conduct abbreviated LT101 Assessments by phone or video conference. To conduct an abbreviated LT101 Assessment, the PHN shall:
a) Conduct a remote interview and review the results from the most recent LT101 Assessment with the participant, the participant’s legal representative, and/or other credible sources of information on the participant’s current functional status, as appropriate.

b) Determine, based on the remote interview, whether there have been any significant changes to the participant’s functional status in each of the 13 assessment domains.

c) Use the available data and his/her best clinical judgment to code the level of assistance needed. For each domain:

i) If there is no significant change in the participant’s functional status, the PHN may use the documentation from the most recent LT101 Assessment in order to support the PHN’s coding of the participant’s level of assistance needed.

ii) If there has been a significant change to the participant’s functional status, the PHN may supplement the documentation from the most recent LT101 Assessment with the newly obtained information in order to support the PHN’s coding of the participant’s level of assistance needed.

3) For all LT101 Assessments conducted remotely, the PHN must continue to document the source of the data used to code the level of assistance required for each domain. The PHN must also document that the LT101 Assessment was conducted remotely pursuant to this guidance (LOC-2020-CB01) in the final summary section of the assessment form.