

# Children’s Multidisciplinary Assessment Team (CMAT) Level of Care (LOC) Tool

## SUMMARY

<b>Child’s name:</b>		<b>Date of determination:</b>	
<b>Meets Medical Foster Care (MFC) medical necessity (check one):</b>	Yes	No	<b>LOC recommended:</b>
<b>Qualifying medically necessary medical condition(s):</b>			
<b>Co-occurring clinical condition(s):</b>			
<b>If eligible for MFC services, recommendation for time period for follow up staffing:</b>			

## MEDICAL NECESSITY FOR MFC SERVICES

<p><b>Does the child meet medical necessity for MFC as defined in FAC 59G-1.010?</b>  <i>Medically Necessary or Medical Necessity</i> means that the medical or allied care, goods, or services furnished or ordered must meet the following conditions:</p> <ul style="list-style-type: none"> <li>• Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.</li> <li>• Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs.</li> <li>• Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational.</li> <li>• Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative treatment is available statewide.</li> <li>• Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient’s caretaker, or the provider. FAC 59G-1.010.</li> </ul> <p>Note: The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not in itself, make such care, goods, or services medically necessary or a medical necessity or a covered service.</p>	Yes	No
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**Go no further if scored “no.” Child is not eligible for MFC services.**

## **SUMMARY SECTION**

This section includes the child's name and date of determination. Medical necessity (MN) information, including the qualifying medical condition and co-occurring clinical conditions, should be noted in the evaluation process as soon as that information has been determined.

When determining the MN of MFC services, it is important to identify the qualifying medical condition or conditions that create the symptoms that meet the MN criteria and record that, as a reference point, in the area noted. The qualifying medical condition is then solely used in the CMAT MD's consideration of the Stability Statement, under the first dimension in the tool.

The child may have other medical conditions that are not medically complex or chronic, one or more developmental disorders (e.g. intellectual disability, autism spectrum disorder), mental health condition or a substance use disorder. These conditions are considered co-occurring clinical conditions and should be recorded in that noted area. Co-occurring clinical conditions may then be considered, along with the qualifying medical conditions in the scoring of dimensions two through five in the tool. This then represents the entire care needs of the child.

### **Medical Necessity for MFC Services**

Medical necessity for MFC services should be the initial determination in the CMAT process and determined by consensus building after the CMAT assessment is presented. If the child meets criteria for medical necessity, with a qualifying medical condition, then complete the remaining tool.

Otherwise, the evaluation is complete, and the child should be referred to more appropriate services. The requirements for MN are now located on the updated version of the CMAT LOC tool as highlighted here.

## LEVEL OF CARE DETERMINATION

### Overall Scoring Instructions

For each of the following dimensions, there is a description of the child's characteristics associated with the dimension. Choose the category that most accurately describes the child's characteristics. For the first dimension, consider only the qualifying medical condition. For dimensions 2-5, consider the entire clinical situation, including co-morbid conditions such as behavioral health and intellectual or developmental conditions. Each category is assigned a specific number of points (in the parentheses). For each category, write the corresponding number of points in the right-hand column. If there is no concern in dimensions 2-5 check the appropriate box, with no points assigned for that dimension. Note that a particular child's need may be considered for only one dimension.

### Dimension One: Stability of the Child in a Home Setting (completed by the CMAT Medical Director)

Write the number of points for the description chosen in the column on the right-hand side. If the child's medical stability in a home setting does not present as a current concern based solely on the qualifying medical condition, the child may not meet medical necessity. If stability of the child is not a concern, review the decision determining medical necessity.

Category A (3 points) _____	Category B (6 points) _____	Category C (9 points) _____	Number of Points
<ul style="list-style-type: none"> <li>• The child is at risk for, <b>or</b> occasionally experiences infrequent and predictable changes in medical needs due to the qualifying medical condition,</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Child's medical condition requires that the caregiver understand, monitor, and be prepared to respond to possible predictable changes in medical needs of the child.</li> </ul> <p><i>(Changes in medical needs is due to the qualifying medical condition only. Predictable changes may be based upon past changes in medical needs, and/or risks for changes in medical needs due to the child's qualifying medical condition).</i></p>	<ul style="list-style-type: none"> <li>• The child experiences frequent and predictable changes in baseline medical status,</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Requires that the caregiver understand, monitor and respond to predictable changes in medical needs of the child,</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• The child experiences infrequent and unpredictable changes in baseline medical status due to the qualifying medical condition,</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Requires that the caregiver identify the child's medical needs when they emerge,</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Have a plan to provide an effective response to both expected and unexpected changes in medical needs.</li> </ul>	<ul style="list-style-type: none"> <li>• The child experiences frequent and unpredictable changes in medical needs due to the qualifying medical condition(s),</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Requires that the caregiver provide daily and ongoing monitoring of the child for frequent and unexpected changes in the child's medical needs,</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Have a plan for identifying the changes in medical needs,</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Is familiar with a wide variety of medical conditions,</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Is able to choose and implement the most appropriate and effective response.</li> </ul>	

## Dimension One: Stability of the Child in a Home Setting

- This dimension is scored by the CMAT Medical Director. When considering the category descriptions for stability, it is important to base this decision only on the one or more qualifying medical conditions that create the MN needed for MFC.
- All other conditions are considered co-occurring conditions and may be considered as part of the other dimensions (two-five) but should not be considered in the determination of stability.
- If stability in the home setting is deemed to not be a concern, then the child may not qualify for MFC services and the MN determination should be reviewed again.

**Category A.** Differentiator is infrequent and predictable changes in medical needs. “Infrequent” is defined as up to bi-weekly occurrence. Predictable changes from baseline medical condition can be identified based upon past changes in medical needs due to the child’s qualifying condition.

- Examples of children who demonstrate category A needs on stability may include children with asthmas who have an exacerbation and require albuterol but are generally stable in their chronic medications; infants who required oxygen in neonatal intensive care unit (NICU) but have since been weaned from supports and are now a slow feeder. Another example of “at risk” infants include slow feeder who are low birth rate and at risk, although not dependent upon machines.

**Category B.** Differentiators are either frequent/predictable or infrequent/unpredictable changes from the child’s baseline medical condition and resulting needs, that is due to the qualifying condition. If a child is new to the program and, either the baseline medical condition is unknown or the treatment regime has not yet been established, the child should be deemed to meet criteria for category B to ensure the child’s safety.

- Examples of children who demonstrate category B on Stability may include infants and children with poorly controlled conditions such as seizure disorders and asthma, and those with conditions that may have flare ups such as autoimmune conditions and pain syndromes.

**Category C.** Differentiator from category B is frequent/unpredictable changes in the child’s medical needs.

- “Unpredictable” changes in medical needs are any substantial changes from baseline medical status that cannot be anticipated based upon medical history or current baseline medical status.
- Examples of children who meet category C on the Stability description may include children who have uncontrolled conditions such as seizures, frequent asthma attacks with trips to the ER or hospitalizations, brittle diabetes, as well as degenerative/progressive conditions such as Cystic Fibrosis and Juvenile Huntington Disease.

## Dimension Two: Tolerance to Delay and Task Error by Caregiver<sup>1</sup>

Write the number of points for the description you chose in the column on the right-hand side.

Note: If the child's tolerance for delay and task error does not present as a current concern in the outcome of the child's health care status, check this box  and proceed to dimension 3. This dimension is then scored "0."

Category A (2 points) _____	Category B (4 points) _____	Category C (6 points) _____	Number of Points
<ul style="list-style-type: none"> <li>• The child has a tolerance for delay in ongoing treatment and/or task error, with mild consequences due to delay or error in meeting the child's needs,</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Requires that the caregiver provide the child's treatment needs within reasonable timeframes and accuracy.</li> <li>• (Mild consequences do not interfere with functioning, exacerbate clinical conditions, or pose a risk for immediate treatment or loss of life).</li> </ul>	<ul style="list-style-type: none"> <li>• The child has limited tolerance for delay of ongoing treatment and/or task error, with moderate consequences due to delay or error in meeting the child's clinical needs,</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Requires that the caregiver implement a prompt schedule of tasks that supports the timely and accurate provision of services required by the child.</li> </ul> <p>(Moderate consequences may include a decrease in functioning, an acute illness, a decline in general health status or need for prompt treatment).</p>	<ul style="list-style-type: none"> <li>• The child has no tolerance for delay of ongoing treatment and/or task error, with severe consequences from a delay or error in meeting the child's clinical needs,</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Requires that the caregiver implement a stringent schedule of tasks to meet the child's medical needs. The stringent schedule of tasks includes complex procedures requiring specific knowledge of the child's condition and information to prevent medical errors.</li> </ul> <p>(Severe consequences include need for immediate treatment or loss of a major function or life).</p>	

<sup>1</sup> Impact and severity of consequences of a delay or task error in the child's medical needs.

## Dimension Two: Tolerance of Delay and Task Error by Caregiver

- This dimension requires that the reviewer consider the impact of delay or task error by the caregiver in the delivery of interventions, treatments, observations, medication administration and appointments.

The following definitions are used to support the evaluation of this dimension.

- **Task Error:** Any unintentional act that deviates from standard procedure or protocol.
- **Delay:** Any action or response that is preformed later or slower than indicted by standard procedure or protocol.
- **Loss of Function:** Deprivation of a capacity or the stoppage of a normal or proper physiological activity.
- **Decrease in Functioning:** Degradation of a capability, or the partial compromise of a physiological activity.
- **Acute Illness:** Sudden or severe change in the child's medical condition.
- **Decline in General Health:** A gradual or progressive deterioration in medical condition.
- **Mild Consequences:** Do not interfere with functioning, exacerbate medical conditions, or pose a risk for immediate treatment or loss of life.
- **Moderate Consequences:** Delay or error may result in a decrease in functioning, an acute illness, a decline in general in general health status, or the need for immediate treatment.
- **Severe Consequences:** Delay or error may result in need for immediate treatment, loss of a major function or loss of life.

The differentiator across the three categories is the impact of delay or tasks error, which may be Mild (category A), Moderate (category B), and Severe (category C), as defined in the tool. A summary table of the key variable differences across the three LOCs in Dimension Two, are as follows.

	Category A	Category B	Category C
Consequences of delay or error	Mild	Moderate	Severe
Required care	Within reasonable timeframes	Structured	Stringent

## Dimension Three: Interventions

Write the number of points for the description you chose in the column on the right-hand side.

Note: If the child's tolerance for delay and task error does not present as a current concern in the outcome of the child's health care status, check this box  and proceed to dimension 4. This dimension is then scored "0."

Category A (4 points)	Category B (8 points)	Category C (12 points)	# Points
<ul style="list-style-type: none"> <li>• The child's current clinical needs require simple interventions or treatments that require the caregiver to provide simple interventions which may include simple tasks that use in-home equipment and supplies,</li> </ul> <p style="text-align: center;"><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>• The child's current clinical needs require complex interventions that have been ordered but have not been administered in the past 6 months</li> </ul> <p style="text-align: center;"><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>• Routine visits to health care providers that require coordination of routine health care visits related to the child's clinical condition.</li> </ul> <p>Simple interventions may include a simple series of steps or instructions requiring basic skills.</p>	<ul style="list-style-type: none"> <li>• The child's current clinical needs require complex interventions requiring moderate skill which may require making quick independent decisions without awaiting instruction by a health care professional,</li> </ul> <p style="text-align: center;"><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>• Support from multiple service provider types (specialists) that requires coordination of care, including health care visits, with multiple service provider types (specialists) that are not considered routine and are indicative of moderate service utilization for medical and co-occurring clinical conditions.</li> </ul> <p>(Complex interventions involve a series of instructions or steps requiring either moderate or advanced skills; AND/OR must be tailored to the child's clinical or developmental condition requiring more time or skill to complete.)</p>	<ul style="list-style-type: none"> <li>• The child's current clinical needs require complex interventions or treatments that require advanced skill or continuous monitoring (may include intervention or treatment for co-morbid conditions),</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• The complex interventions are frequently required (up to three times a week) or ongoing in order to maintain functioning and to prevent or respond to life threatening events,</li> </ul> <p style="text-align: center;"><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>• Either moderate or frequent support from and visits to multiple specialist providers (high utilization of health services) that requires intensive coordination of care with multiple service provider types for medical and co-occurring clinical conditions.</li> </ul>	

## Dimension Three: Interventions

The categories for the Interventions dimension is based upon the level of complexity of interventions, ranging from simple to complex with advanced skills, and the time and effort required for coordination of provider visits, ranging from routine medical appointments, to intensive coordination with frequent visits with multiple provider types.

The progression of intervention complexity, goal and time required to monitor the intervention across the three categories, are as follows:

- **Category A:** Simple Intervention – tasks or instructions that require one or more simple steps requiring basic skills.
- **Category B:** Complex Intervention – tasks or instructions with multiple steps requiring moderate skill **and/or** steps that must be modified to accommodate the child’s needs created by a clinical or developmental condition requiring more time or additional steps to complete.
- **Category C:** Complex Intervention – tasks requiring advanced skill **and/or** hourly observation while awake or 24/7 observation to ensure functioning/life sustaining.

The following definitions should be used to correctly classify the level of intervention complexity

- **Basic Skills:** The knowledge or an understanding of the fundamental techniques or concepts of implementing medical interventions.
- **Moderate Skills:** The knowledge or an understanding of implementing medical interventions that includes the ability to identify the implication of changes to processes or steps of the intervention.
- **Advanced Skills:** The knowledge and understanding of implementing medical interventions that includes knowledge of the fundamental techniques, the implication of changes to processes or steps of medical interventions and can identify complex nuances in order to effectively respond to challenging situations.

In addition to the intervention complexity, the progression of intensity required to coordinate care of provider visits and coordination across the three categories are as follows:

- **Category A** entails coordination of routine provider visits as indicated for qualifying and co-occurring conditions.
- **Category B** includes coordination with multiple provider types as indicated by moderate to high service utilization for conditions.
- **Category C** criteria entails more intensive coordination and may include calls to providers in between visits to coordinate treatment plan needs on addition to the high service utilization nature of provider visits.

This summary table of the key variable differences across the three LOCs in Dimension three are as follows. Please note that not all key variables change across all of the LOCs.

	Category A	Category B	Category C
Level of intervention complexity	Simple—requiring basic skills	Complex—requiring moderate skill.	Complex—requiring advanced skill
Goal of intervention	NA	NA	Preserves functioning or is life sustaining
Time required to monitor the intervention	NA	Every 4 hours	Hourly while awake to 24/7
Frequency of provider contacts (in-person/virtual visits, as well as telephonic questions between visits)	Routine or frequent	Frequent visits with multiple provider types. Indicative of moderate service utilization	Frequent visits, which may include telephonic contacts in between visits to coordinate needs. Indicative of high service utilization.
Utilization of health services	Routine service utilization	Moderate service utilization	High service utilization
Intensity of coordination of care	Routine	Moderate	Intensive



## Dimension Four: Observation, Assessment, and Documentation

Write the number of points for the description you chose in the column on the right-hand side.

Note: If the child's tolerance for delay and task error does not present as a current concern in the outcome of the child's health care status, check this box  and proceed to dimension 4. This dimension is then scored "0."

Category A (2 point) _____	Category B (4 points) _____	Category C (6 points) _____	Number of Points
<ul style="list-style-type: none"> <li>• The child's current clinical needs require routine observation (appropriate to the chronological and developmental stage of the child) to ensure the safety and well-being of the child,</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Routine with potential for occasional detailed/moderate, assessment of the child's status.</li> </ul>	<ul style="list-style-type: none"> <li>• The child's current clinical needs require frequent (at least every four hours) observation and monitoring,</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Detailed (moderate) assessment requiring interpretation to formulate a plan of action,</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Implementation of plan of action and detailed documentation of observation, assessment, plan of action and results.</li> </ul>	<ul style="list-style-type: none"> <li>• The child's current clinical needs require ongoing or (24/7) observation (child must be continuously monitored while awake or 24/7),</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Comprehensive assessment requiring interpretation to formulate a plan of action,</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Implementation of action plan and comprehensive documentation of observation, assessment, plan of action and results.</li> </ul>	

## Dimension Four: Observation, Assessment, and Documentation

- This dimension requires an evaluation of the amount of time or frequency required for observation, type of assessment and documentation.
- The team members will determine if the amount and complexity of observation, assessment, and documentation the caregiver must provide to client requires greater amounts of time or special skills. Required time for child observation may be elevated by risk factors.

Variables to be considered across the three categories include the observation time required (routine, frequent or on-going), the extent of the assessment (routine, retained, comprehensive). These three factors are not independent but are contingent upon the time required for the observation. The definitions for these variables combine all three concepts, and are as follows

- **Routine observation, assessment, and documentation:** appropriate to the chronological and developmental stage of the child, with occasional additional assessments/interpretations as needed, and standard documentation.
- **Frequent observation, assessment, and documentation:** child requires observation and monitoring at least every four with a detailed assessment of findings and documentation from observation and monitoring with any plan of action formulated from the observation/assessment, including results from the detailed plan of action.
- **Detailed Assessment** is defined as gathering additional information, in a systematic process, regarding a specific body system related to potential known or presenting concerns with child's status. Detailed assessments should include detailed documentation, building on routine documentation, to include the findings of the detailed assessment, if any interventions or follow up was indicated, and the results from each instance.
- **On-going observation, assessment and documentation:** child requires at least hourly monitoring and observation while awake, up to 24/7 with a comprehensive assessment of findings and documentation from on-going observation and monitoring with any plan of action that is formulated from the observation/assessment, including results from that comprehensive plan of action.

**Comprehensive assessment** is defined as gathering on-going information at least hourly while awake up to 24/7, in a systematic process, regarding known needs or on-going concerns to assess for changes that may require immediate implementation of interventions or follow-up. This includes the reassessment of earlier significant findings and evaluation of the effectiveness of earlier interventions, to determine next steps based on findings. Comprehensive assessments should include comprehensive documentation of on-going assessment process, including findings, interventions and/or follow up indicated, and the results from each instance. A summary of the intensity of each variable across the three categories is presented in the following table:

	Category A	Category B	Category C
Observation time	Routine	Frequent (at least every 4 hours)	Ongoing (hourly while awake or 24/7)
Extent of assessment and interpretation	Routine with occasional additional assessment/interpretation as needed.	Detailed assessment/interpretation of assessment findings to develop plan of action	Comprehensive is ongoing assessment/interpretation of needs
Level of documentation	Routine with standard documentation. as needed	Detailed documentation including the findings from the assessment frequency, the implemented plan of action and results	Comprehensive documentation is of changes noted in condition based on ongoing observation, findings and plans of action based on interpretation.

## Dimension Five: Personal Care<sup>2</sup>

Write the number of points for the description you chose in the column on the right-hand side.

*Note:* If the child's need for personal care does not present as a current concern, check this box and proceed to the next section. This dimension is then scored "0."

Category A (3 point) _____	Category B (6 points) _____	Category C (9 points) _____	Number of Points
<ul style="list-style-type: none"> <li>Although the required personal care assistance is developmentally or age appropriate, the child requires personal care assistance more frequently than is normally required,</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>Personal care assistance requires more time to complete than is typically required.</li> </ul>	<ul style="list-style-type: none"> <li>The child's ability for personal care is not developmentally or age appropriate and requires more assistance with personal care than is typically required (with more than one aspect of the child's personal care).</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>Daily assistance with some activities of daily living (ADLs).</li> <li>(ADLs include personal care, mobility, dressing, and eating).</li> </ul>	<ul style="list-style-type: none"> <li>The child's ability for personal care is significantly developmentally or age delayed, and the child requires total care for most or all of the child's personal care needs, and support of most ADLs.</li> </ul>	

<sup>2</sup> Required care due to the child's clinical condition(s), including co-occurring conditions.

## Dimension Five: Personal Care

- Personal care ratings are based on required care related to the child's clinical conditions, including co-occurring conditions that prevents the child from functioning at an age-appropriate level for personal care needs as well as activities of daily living (ADLs).
- The category determination on this dimension is calculated according to the extent to which the child's personal care needs are more than for a developmentally age-appropriate child, and not upon the personal care and ADLs needs that are typically deemed chronologically developmentally appropriate.

The definitions for personal care ratings are as follows:

- **Personal Care:** Child's ability to tend to their personal hygiene and grooming needs.
- **Activities of Daily Living (ADLs):** Child's ability for feeding, dressing, toileting, and mobility.
- **Developmentally or Age-Appropriate Needs:** The child's needs for personal care and ADL assistance falls within the range of differences commonly associated with the child's age or developmental stage.
- **Not Developmentally or Age-Appropriate Needs:** The child's needs are more than is typically found in children the same age and developmental stage.
- **Significantly Developmentally or Age Delayed Needs:** The child needs complete personal care or ADL support due to developmental disorders or due to medical conditions.

## LEVEL OF CARE TOOL SCORING

Copy the scores for each dimension (including any "0s"), and total. Then put a check mark in the appropriate LOC based upon the total score.

Dimension	Score Values
1. Stability of the Child in a Home Setting	A = 3 B = 6 C = 9
2. Tolerance to Delay and Task Error	A = 2 B = 4 C = 6
3. Interventions	A = 4 B = 8 C = 12
4. Observation, Assessment, and Documentation	A = 2 B = 4 C = 6
5. Personal Care	A = 3 B = 6 C = 9

Dimension	Score
1. Stability	
2. Tolerance	
3. Interventions	
4. Observation	
5. Personal Care	
<b>Total Score</b>	

Category Points	Child's LOC
Level I 3-14 points	
Level II 15-28 points	
Level III 29-42 points	

## LEVEL OF CARE DEFINITIONS

Level One (3-14 points)	Level Two (15-28 points)	Level Three (29-42 points)
The client is at risk for, or is experiencing, infrequent and predictable changes in medical needs. The children's clinical needs require simple interventions, medical management, reliable observation and documentation by a trained caregiver.	The client is experiencing frequent and predictable changes in medical needs or infrequent and unpredictable changes in medical needs. The child's clinical needs can be met by a caregiver that provides regular observation, significant medical management, complex interventions, and is prepared to meet both anticipated and unanticipated events.	The client is experiencing frequent and unpredictable changes in medical needs. The children's clinical needs can be met in a home setting by a caregiver who provides ongoing observation and assessment, daily significant medical management and healthcare management, and is prepared to intervene when the client experiences both anticipated and unanticipated events.

## LEVEL OF CARE TOOL SCORING

- After completing the tool, sum the scores across each of the five dimensions. Compare the total score with the range of scores noted in this section of the tool.
- Review the definitions of each of the LOC's for the child and the caregiver and compare with the LOC determination based upon the tool score. Confirm that the corresponding definition of the resulting tool score describe the client's clinical conditions and needs.

## LEVEL OF CARE DEFINITIONS

Level One (3-14 points)	Level Two (15-28 points)	Level Three (29-42 points)
The client is at risk for, or is experiencing, infrequent and predictable changes in medical needs. The children's clinical needs require simple interventions, medical management, reliable observation, and documentation by a trained caregiver.	The client is experiencing frequent and predictable changes in medical needs or infrequent and unpredictable changes in medical needs. The child's clinical needs can be met by a caregiver that provides regular observation, significant medical management, complex interventions, and is prepared to meet both anticipated and unanticipated events.	The client is experiencing frequent and unpredictable changes in medical needs. The children's clinical needs can be met in a home setting by a caregiver who provides ongoing observation and assessment, daily significant medical management, and healthcare management, and is prepared to intervene when the client experiences both anticipated and unanticipated events.