



Assisted Living Level of Care Worksheet

Updated July 1, 2025

Resident Name:

A. Incontinence/Toileting Assistance

- 1 Requires Minimal Supervision (set up supplies, verbal reminders)
- 4 Requires Hands-on Physical Assistance (in toileting or changing briefs)

B. Grooming/Hygiene *(shaving, oral/denture care, combing/brushing hair, make-up)*

- 1 Requires Minimal Supervision (set up supplies, verbal reminders)
- 2 Requires the Associate to be Present or Step-by-Step Verbal Instructions
- 3 Requires Hands-on Physical Assistance

C. Dressing/Undressing

- 1 Requires Minimal Supervision (set out clothes, verbal reminders)
- 3 Requires Hands-On Physical Assistance 2 times per Day (morning and bedtime, including Ted Hose)
- 4 Requires more than 2 changes per day (day or night due to incontinence, soiling of clothes, or behavioral concerns)

D. Bathing/Showering (up to 3 per week)

- 2 Requires Associate's Presence or Hands-On Physical Assistance during Bathing
- 5 Requires Additional bathing (day or night due to incontinence)

E. Mobility and Ambulation

- 4 Requires escort to and/or from the dining room, bathroom, activities.

F. Cognition/Redirection/Orientation

- 2 Requires Intervention / Redirection 1 to 3 times per week
- 3 Requires Intervention / Redirection more than 3 times per week

G. Transferring

- 4 Requires one-person assistance

TOTAL SCORE

MEDICATION ASSISTANCE

- A Oral Medication Assistance by Non-Licensed Associates
- B Insulin Dependent Blood Glucose Monitoring, Injections, and/or Routine Intervention of a Licensed Nurse
- C Both A & B

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|------------------------------------|
| Medication Assistance Level: |
| None A B C |
| Monthly Medication Assistance Fee: |
| \$ |
| Effective Date: |

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|------------------------------|
| Care-Specific Level of Care: |
| 1 2 3 4 5 |
| Monthly Level of Care Fee: |
| \$ |
| Effective Date: |

| | |
|---|-------|
| Resident Name: | Date: |
| Resident/Responsible Party Acknowledgement: | Date: |
| Assessment Completed by: | Date: |

LEVEL OF CARE FEES

Updated July 1, 2025

| <u>ASSISTED LIVING CARE</u> | <u>Assessment Score</u> | <u>Monthly Rate for MCA</u> | <u>Monthly Rate for CCC</u> |
|-----------------------------|-------------------------|---------------------------------|---------------------------------|
| Level 1 | 0 to 1 | Included | Included |
| Level 2 | 2 | \$735 | \$720 |
| Level 3 | 3 to 5 | \$1,330 | \$1,300 |
| Level 4 | 6 to 9 | \$2,350 | \$2,300 |
| Level 5 | 10 or more | \$3,315 | \$3,250 |

| <u>MEDICATION MANAGEMENT</u> | | <u>Monthly Rate for MCA</u> | <u>Monthly Rate for CCC</u> |
|------------------------------|-----------------------------|---------------------------------|---------------------------------|
| Med Level A | Oral Medications Only | \$715 | \$700 |
| Med Level B | Licensed Nurse Intervention | \$940 | \$900 |
| Med Level C | Both A and B | \$1,655 | \$1,600 |