

DEPARTMENT OF HEALTH  
OFFICE OF HEALTH CARE ASSURANCE  
**LEVEL OF CARE EVALUATION FOR ADULT RESIDENTIAL CARE HOME RESIDENTS**

Resident Name \_\_\_\_\_ SSN \_\_\_\_\_

Activities of Daily Living	Need for Verbal Reminders/Encouragement (Level /Points 1)	Need for Some Physical Assistance (Level/Points 2)	Need for Ext. /Total Assistance (Level/Points 3)
A. Eating/Feeding .....	1 .....	2 .....	3
B. Bathing .....	1 .....	2 .....	3
C. Dressing/Grooming .....	1 .....	2 .....	3
D. Mobility .....	1 .....	2 .....	3
E. Transfers .....	1 .....	2 .....	3
F. Toileting .....	1 .....	2 .....	3
G. Incontinence-Urine/Feces/Both (Circle appropriate one) .....		<u>1 x /Month</u> 2 .....	<u>2 x /Month</u> 3
<b>Total Circled Level Points</b> _____ = _____ + _____ + _____			

(If more than 10 points, reassess in total for ARCH level of care.)

Supervision, Behavior Management	NEED FOR OPERATOR ASSISTANCE / INTERVENTION / CONTROLS		
	Less than weekly but at least 1x / month	At least 4x / month	At least 6x / month
A. Impaired Communications .....	1.5 .....	3 .....	4.5
B. Impaired Judgment .....	1.5 .....	3 .....	4.5
C. Agitated/Hostile .....	1.5 .....	3 .....	4.5
D. Hallucinates .....	1.5 .....	3 .....	4.5
E. Depression .....	1.5 .....	3 .....	4.5
F. Assaultive/Destructive .....	1.5 .....	3 .....	4.5
G. Abusive (verbal) .....	1.5 .....	3 .....	4.5
H. Withdrawn/Regressive .....	1.5 .....	3 .....	4.5
I. Wanders .....	1.5 .....	3 .....	4.5
J. Other-Specify: _____ .....	1.5 .....	3 .....	4.5
<b>Total Circled Level Points</b> _____ = _____ + _____ + _____			

(If more than 5 points, reassess in total for ARCH level of care.)

Health-Related Services – Per doctor's orders	NEED FOR OPERATOR ASSISTANCE		
	1x / Day	2-3x / Day	4+ x / Day
A. Oral Medication .....	1 .....	2 .....	3
B. Non-Oral Medication/Dressing/Treatment .....	1 .....	2 .....	3
C. Special Diet .....	1 .....	2 .....	3
D. Medical or Psychiatric Appointments/ Transportation/Escort Services .....	<u>1x / Month</u> 1 .....	<u>2-3x / Month</u> 2 .....	<u>4+x / Month</u> 3
<b>Total Circled Level Points</b> _____ = _____ + _____ + _____			

(If more than 6 points, reassess in total for ARCH level of care.)

**LEVEL OF CARE ASSESSMENT**

(See instructions for Form OHCA ARCH N 2)

ADULT RESIDENTIAL CARE HOME LEVEL	INTERMEDIATE NURSING CARE LEVEL	SKILLED NURSING CARE LEVEL
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Signature of Physician/APRN	Date
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are 1 copy: Original to Primary Care Giver  
Copy to Resident/Responsible Person

DEPARTMENT OF HEALTH  
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**INSTRUCTIONS FOR FORM OHCA ARCH N 2**

A. General

1. The purpose of Form OHCA ARCH N 2 is to comply with Act 227, Legislative Session 1993; and HRS 321-15.6(d).
2. The form is to be used to determine the level of care and supervision required by a resident prior to the resident's referral and admission into a licensed adult residential care home.
3. Level of care is defined to mean a resident's functional level. In adult residential care homes, residents shall not need assistance from skilled, professional personnel on a long term basis, and shall not need services provided in an intermediate care facility.
4. This form should be used for all admissions to Adult Residential Care Homes. The only other form which may be substituted for the ARCH N 2 is the Department of Human Services 1147 (current revised form only).
5. Prior to admission, a **physician or an APRN** for the resident, shall complete this form. The form shall be a part of the resident's care home record.

B. Specific

1. Complete Form OHCA ARCH N 2. The original shall be filed in the resident's case record. A copy shall be kept by the preparer.
2. ACTIVITIES OF-DAILY LIVING:
  - a. Circle the level points under each level/point column as applicable to the resident being evaluated. Refer to the attached glossary of terms used for the completion of the form items in any instance where there may be misunderstanding of the kinds or meanings of services being evaluated. Add up the circled level of points for each level/point column and record the totals in the spaces provided for each section.
  - b. If more than ten (10) points are totaled in this area, resident should be assessed in total as to appropriateness of placement. Resident shall not require assistance from skilled, professional personnel on a regular long-term basis.



3. SUPERVISION AND BEHAVIOR MANAGEMENT:

- a. Circle the appropriate points as in No. 2. a.
- b. If more than five (5) points are totaled in this area, resident should be assessed in total as to appropriateness of placement. Resident shall not require assistance from skilled, professional personnel on a regular long-term basis.

4. HEALTH-RELATED SERVICES- PER PHYSICIAN/APRN ORDERS:

- a. Circle the appropriate points as in No. 2. a.
- b. If more than six (6) points are totaled in this area, resident should be assessed in total as to appropriateness of placement. Resident shall not require assistance from skilled, professional personnel on a regular long-term basis.

5. LEVEL OF CARE ASSESSMENT:

Indicate whether client is appropriately assessed for admission into the care home. Judgement is needed based on the total assessment of the resident. The three (3) levels which might be considered are:

- (1) Adult residential care home level;
- (2) Intermediate nursing care level; and
- (3) Skilled nursing care level

Adult residential care home level means resident does not require care, oversight, or supervision of a licensed nurse and/or other professional personnel.

Intermediate nursing care means the resident requires oversight and supervision by a licensed nurse or other professional personnel, on a regular long-term basis.

Skilled nursing care means the resident requires the skill, care, oversight, and supervision of a licensed nurse or other professional personnel, twenty-four (24) hours a day.

6. Signature of physician/APRN and date.