



LEVEL OF CARE EVALUATION FOR ADULT RESIDENTIAL CARE HOME RESIDENTS

Resident Name _____ SSN _____

Table with 4 columns: Activities of Daily Living, Need for Verbal Reminders/Encouragement (Level /Points 1), Need for Some Physical Assistance (Level /Points 2), and Need for Ext. /Total Assistance (Level /Points 3). Rows include Eating/Feeding, Bathing, Dressing/Grooming, Mobility, Transfers, Toileting, and Incontinence-Urine/Feces/Both.

Total Circled Level Points _____
(If more than 10 points, reassess in total for ARCH level of care.)

Table with 4 columns: 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. Rows include Impaired communications, Judgment, Agitated/Hostile, Hallucinates, Depression, Assaultive/Destructive, Abusive (verbal), Withdrawn/Regressive, Wanders, and Other-Specify.

Total Circled Level Points _____
(If more than 5 points, reassess in total for ARCH level of care.)

Table with 4 columns: Health-Related Services - Per doctor's orders; NEED FOR OPERATOR ASSISTANCE; 1x / Day; 2-3x / Day; 4+ x / Day. Rows include Oral Medication, Non-Oral Medication/Dressing/Treatment, Special Diet, Medical or Psychiatric Appointments/Transportation/Escort Services.

Total Circled Level Points _____
(If more than 6 points, reassess in total for ARCH level of care.)

LEVEL OF CARE ASSESSMENT
ADULT RESIDENTIAL CARE HOME LEVEL INTERMEDIATE NURSING CARE LEVEL SKILLED NURSING CARE LEVEL

(See instructions for Form OHCA ARCH N 2)

Signature of Physician/APRN _____ Date _____