

## Nursing Facility Level of Care LOC-004

<b>Iowa Medicaid Program:</b>	Level of Care	<b>Effective Date:</b>	1/20/2012
<b>Revision Number:</b>	6	<b>Last Rev Date:</b>	4/19/2024
<b>Reviewed By:</b>	Medicaid Medical Director	<b>Next Rev Date:</b>	4/18/2025
<b>Approved By:</b>	Medicaid Clinical Advisory Committee	<b>Approved Date:</b>	7/31/2015

### Descriptive Narrative

For purposes of Iowa Medicaid criteria, nursing facility (NF) level of care (LOC) is synonymous with intermediate level of care. These are the criteria for care at the level of a NF, not assisted living or other less-intensive levels. The criteria apply to all uses of this LOC across long-term care settings, including NFs, home and community-based services waivers, and programs for all-inclusive care of the elderly.

### Criteria

NF LOC is considered medically necessary when **ALL** the following are met:

1. Presence of a physical or mental impairment which restricts the ability to perform the essential activities of daily living; bathing, dressing, and personal hygiene; and impedes the capacity to live independently. The member's physical or mental impairment is such that safe self-execution of the required nursing care is improbable or impossible; **AND**
2. Services are provided in accordance with general provisions for all Medicaid providers and services as described within Iowa Administrative Code (IAC) 441-79.9.

### Coding

NA

### Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

## References

IAC 441.81.1(249A) (defines NF LOC).

IAC 441.81.3(1).

IAC 441.83.2(1).

IAC 441.83.22(1).

IAC 441.83.42(1).

IAC 441.83.82(1).

IAC 441.83.102(1).

IAC 441.88.24(1).

42 Code of Federal Regulations (CFR) 409.33.


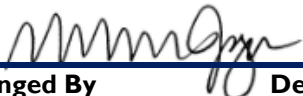



42 CFR 409.34.

42 CFR 440.40 (defines NF services).

42 CFR 441.301(b)(1)(iii) (generally states that individuals qualifying for waiver services would require the equivalent LOC in a hospital, NF, or ICFID).

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published.

## Criteria Change History

Change Date	Changed By	Description of Change	Version
<b>Signature</b>			
Change Date	Changed By	Description of Change	Version
<b>Signature</b>			
Change Date	Changed By	Description of Change	Version
4/19/2024	CAC	Annual review.	6
<b>Signature</b> William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
4/21/2023	CAC	Annual review.	5
<b>Signature</b> William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
4/15/2022	CAC	Annual review.	4
<b>Signature</b> William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
4/16/2021	CAC	Annual review. Minor formatting changes.	3
<b>Signature</b> William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
7/13/2015	Policy	Criterion #1 – added “daily”.	2
<b>Signature</b> C. David Smith, MD 			
Change Date	Changed By	Description of Change	Version
4/9/2015	Medical Director	Addition of Descriptive Narrative and References.	1
<b>Signature</b>			