

Colorado Level of Care Crosswalk

Measure	Prompts			Response Options		
	ULTC 100.2 Definition*	CARE Prompt	Summary of differences	ULTC 100.2 Scoring Categories*	CARE Categories	Summary of differences
Activities of Daily Living (ADL)						
Bathing	The ability to shower, bathe or take sponge baths for the purpose of maintaining adequate hygiene.	The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower	Only minor differences	<p>Does not count towards LOC: 0=The client is independent in completing the activity safely; 1=The client requires oversight help or reminding; can bathe safely without assistance or supervision, but may not be able to get into and out of the tub alone;</p> <p>Counts towards LOC: 2=The client requires hands on help or line of sight standby assistance throughout bathing activities in order to maintain safety, adequate hygiene and skin integrity; 3=The client is dependent on others to provide a complete bath.</p>	<p>Would not count towards LOC: 1. Independent- Participant completes the activity by him/herself with no assistance from helper 2. Setup or clean-up assistance- helper sets up or cleans up, Participant completes activity. helper assists only prior to or following the activity.</p> <p>May count towards LOC: 3. Supervision or touching assistance- helper provides verbal cues or touching/steadying assistance as Participant completes activity. assistance may be provided throughout the activity or intermittently. 4. Partial/moderate assistance- helper does less than half the effort. helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>Clearly would count towards LOC: 5. Substantial/maximal assistance- helper does more than half the effort. helper lifts or holds trunk or limbs and provides more than half the effort. 6. Dependent- helper does all of the effort. Participant does none of the effort to complete the task.</p> <p>Need additional information: 7. Activity not attempted</p>	<p>Major difference in definitions. Because option 7 (activity not attempted) could occur because the individual chose not to bath or because the individual required so much assistance, would need a follow up item to determine reason why.</p> <p>Data could help determine how to classify middle categories.</p>
Dressing	The ability to dress and undress as necessary. This includes the ability to put on prostheses, braces, anti-embolism hose or other assistive devices and includes fine motor coordination for buttons and zippers. Includes choice of appropriate clothing for	<p>Upper Body- The ability to remove shirt or pajama top. Includes buttoning three buttons</p> <p>Upper Body Prosthetics</p> <p>Lower Body- The ability to dress and undress below the waist, including fasteners. Does not include footwear</p> <p>Lower Body Prosthetics</p>	<p>The CARE items differentiate different portions of the body, while the ULTC 100.2 asks about general dressing deficits.</p> <p>Additionally, ULTC item asks specifically about prostheses, braces, and</p>	<p>Does not count towards LOC: 0= The client is independent in completing activity safely. 1=The client can dress and undress, with or without assistive devices, but may need to be reminded or supervised to do so on some days.</p> <p>Counts toward LOC: 2= The client needs significant verbal or physical</p>	<p>Would not count towards LOC: 1. Independent; 2. Setup or clean-up assistance;</p> <p>May count towards LOC: 3. Supervision or touching assistance; 4. Partial/ moderate assistance;</p> <p>Clearly would count towards LOC: 5. Substantial/ maximal assistance; 6. Dependent;</p>	<p>A major issue will be the separate scoring of the 3 CARE dressing items. If all three questions are asked, this could lead to 3 points towards LOC instead of 1 and open the door for arguments against the scoring for people with non-dressing issues.</p> <p>Major difference in definitions, as ULTC contains 4 measures and CARE</p>

	appropriate clothing for the weather. Difficulties with a zipper or buttons at the back of a dress or blouse do not constitute a functional deficit.	Footwear- The ability to put on and take off socks and shoes or other footwear that are appropriate for safe mobility	prostheses, braces, and other assistive devices, while the CARE items ask on a more general level.	assistance to complete dressing or undressing, within a reasonable amount of time. 3= The client is totally dependent on others for dressing and undressing	5. Substantial/ maximal assistance; or dependent; Need additional information: 7. Activity not attempted	7. Will most likely need a follow-up questions to accurately score response 7 for CARE (activity did not occur). Data could help determine how to classify middle categories.
Toileting	The ability to use the toilet, commode, bedpan or urinal. This includes transferring on/off the toilet, cleansing of self, changing of apparel, managing an ostomy or catheter and adjusting clothing.	<p>A) Does the participant need assistance to manage equipment or devices related to bladder or bowel care (eg., urinal, bedpan, indwelling catheter, intermittent catheterization, ostomy, incontinence pads/ undergarments)?</p> <p>B) Toilet Hygiene- The ability to maintain perineal hygiene, adjust clothes before and after using toilet, commode, bedpan, urinal. If managing ostomy, include wiping opening but not managing equipment</p> <p>C) Toilet Transfer- The ability to safely get on and off a toilet or commode.</p>	<p>Despite the separate scoring within CARE, the content of the questions is largely the same.</p> <p>CARE differentiates between toilet hygiene and transfer, and the first question in the CARE column (Toilet Use/ Continence) was added because CARE did not have a general question about toilet use.</p>	<p>Does not count towards LOC: 0=The client is independent in completing activity safely; 1=The client may need minimal assistance, assistive device, or cueing with parts of the task for safety, such as clothing adjustment, changing protective garment, washing hands, wiping and cleansing;</p> <p>Counts toward LOC: 2=The client needs physical assistance or standby with toileting, including bowel/bladder training, a bowel/bladder program, catheter, ostomy care for safety or is unable to keep self and environment clean; 3=The client is unable to use the toilet. The client is dependent on continual observation, total cleansing, and changing of garments and linens. This may include total care of catheter or ostomy. The client may or may not be aware of own needs.</p>	<p>A) Would not count towards LOC:No Would count towards LOC: Yes</p> <p>B & C) Would not count towards LOC: 1. Independent; 2. Setup or clean-up assistance;</p> <p>May count towards LOC: 3. Supervision or touching assistance; 4. Partial/ moderate assistance;</p> <p>Clearly would count towards LOC: 5. Substantial/ maximal assistance; 6. Dependent; 7. Activity not attempted</p>	<p>Major difference in definitions, as ULTC contains 4 measures and CARE 7. Data could help determine how to classify middle categories.</p> <p>The current ULTC scoring contains responses very specific to catheter or ostomy care, while the CARE responses are more general.</p> <p>Weighted scoring may be useful if the CARE questions are to remain separate in place of the single ULTC toileting question. The appropriate weight to obtain consistent scoring will need to be established.</p>

Mobility	The ability to move between locations in the individual's living environment inside and outside the home. Note: Score client's mobility without regard to use of equipment other than the use of prosthesis.	Select the longest distance the participant walks or wheels and code his/her level of independence on that distance. Observe performance. Once standing, the ability to walk at least 150 feet/ 50 feet in a corridor or similar space.	CARE asks much more specific questions on mobility, some of which may or may not be appropriate for the screen, such as the ability to step over a curb.	<p>Does not count towards LOC: 0=The client is independent in completing activity safely. 1=The client is mobile in their own home but may need assistance outside the home.</p> <p>Counts towards LOC: 2=The client is not safe to ambulate or move between locations alone; needs regular cueing, stand-by assistance, or hands on assistance for safety in the home or outside the home. 3= The client is dependent on others for all mobility</p>	<p>Would not count towards LOC: 1. Independent; 2. Setup or clean-up assistance;</p> <p>May count towards LOC: 3. Supervision or touching assistance; 4. Partial/ moderate assistance;</p> <p>Clearly would count towards LOC: 5. Substantial/ maximal assistance; 6. Dependent; 7. Activity not attempted</p>	<p>Major difference in definitions, for example the scoring for ULTC differentiates between ability to mobilize in home vs. outside of the home, which is not done in CARE.</p> <p>ULTC contains 4 measures and CARE 7. Because option 7 (activity not attempted) could occur because the individual chose not to mobilize or because the individual required so much assistance, would need a follow-up item to determine reason why.</p> <p>Data could help determine how to classify middle categories.</p>
		If participant primarily walks- 1 step (curb): The ability to step over a curb or up and down one step	CARE also has separate but similarly worded questions about distance walked vs. wheeled depending on an individual's primary means of mobility. This can be found in the first box.			
		If participant primarily walks- 12 steps-interior: The ability to go up and down 12 interior steps with a rail.	CARE has specific supplemental questions about the ability of an individual who primarily walks.			
		If participant primarily walks- Four steps-exterior: The ability to go up and down 4 exterior steps with a rail.				
		All participants- 6. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.				

Transferring	The physical ability to move between surfaces: from bed/chair to wheelchair, walker or standing position; the ability to get in and out of bed or usual sleeping place; the ability to use assisted devices for transfers. Note: Score client's mobility without regard to use of equipment.	Chair/Bed-to-Chair Transfer: The ability to safely transfer from a chair (or wheelchair). The chairs are placed at right angles to each other.	The recent changes to CARE eliminated transferring questions that included getting into a standing position. The Chair/Bed transfer is a component of the current ULTC score, but the ULTC does ask about other types of transferring within this one question.	<p>Does not count towards LOC: 0=The client is independent in completing activity safely; 1=The client transfers safely without assistance most of the time, but may need standby assistance for cueing or balance; occasional hands on assistance needed;</p> <p>Counts towards LOC: 2=The client transfer requires standby or hands on assistance for safety; client may bear some weight; 3=The client requires total assistance for transfers and/or positioning with or without equipment.</p>	<p>Would not count towards LOC: 1. Independent; 2. Setup or clean-up assistance;</p> <p>May count towards LOC: 3. Supervision or touching assistance; 4. Partial/ moderate assistance;</p> <p>Clearly would count towards LOC: 5. Substantial/ maximal assistance; 6. Dependent; 7. Activity not attempted</p>	<p>ULTC contains 4 measures and CARE 7. Because option 7 (activity not attempted) could occur because the individual chose not to transfer or because the individual required so much assistance, would need a follow up item to determine reason why.</p> <p>Data could help determine how to classify middle categories.</p>
Eating	The ability to eat and drink using routine or adaptive utensils. This also includes the ability to cut, chew and swallow food. Note: If a person is fed via tube feedings or intravenously, check box 0 if they can do independently, or box 1, 2, or 3 if they require another person to assist.	<p>The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. This includes modified food consistency</p> <p>The ability to manage all equipment/supplies related to obtaining nutrition.</p>	The CARE language largely focuses on the ability to bring food to mouth and swallow, while the ULTC also looks at ability to cut the food.	<p>Does not count towards LOC: 0=The client is independent in completing activity safely; 1=The client can feed self, chew and swallow foods but may need reminding to maintain adequate intake; may need food cut up; can feed self if food brought to them, with or without adaptive feeding equipment;</p> <p>Counts towards LOC: 2=The client can feed self but needs line of sight standby assistance for frequent gagging, choking, swallowing difficulty, or aspiration resulting in the need for medical intervention. The client needs reminder/assistance with adaptive feeding equipment; or must be fed some or all food by mouth by another person; 3=The client must be totally fed by another person; must be fed by another person by stomach tube or venous access.</p>	<p>Would not count towards LOC: 1. Independent; 2. Setup or clean-up assistance;</p> <p>May count towards LOC: 3. Supervision or touching assistance; 4. Partial/ moderate assistance;</p> <p>Clearly would count towards LOC: 5. Substantial/ maximal assistance; 6. Dependent;</p> <p>Need additional information: 7. Activity not attempted-Follow up with question on whether tube/IV feed occurred and level of assistance needed (same response options 1-7).</p>	<p>Scoring for the ULTC contains the ability to cut food and use of assistive devices, while CARE does not have either in the prompt of response options.</p> <p>ULTC contains 4 measures and CARE 7. Because option 7 (activity not attempted) could occur because the individual chose not to eat, would need a follow-up item to determine reason why.</p> <p>Data could help determine how to classify middle categories.</p>
Supervision						

Behaviors	The ability to engage in safe actions and interactions and refrain from unsafe actions and interactions (Note, consider the client's inability versus unwillingness to refrain from unsafe actions and interactions).	Disruptive or dangerous behavioral symptoms not directed towards others, including self-injurious behaviors (e.g., hitting or scratching self, attempts to pull out IVs, pacing)	CARE differentiates between physical and verbal symptoms, and also between hurting self vs. others.	Counts towards LOC: 0=The client demonstrates appropriate behavior, there is no concern; 1=The client exhibits some inappropriate behaviors but not resulting in injury to self, others and/or property. The client may require redirection. Minimal intervention is needed; Does not count toward LOC: 2= The client exhibits inappropriate behaviors that put self, others or property at risk. The client frequently requires more than verbal redirection to interrupt inappropriate behaviors; 3= The client exhibits behaviors resulting in physical harm for self or others. The client requires extensive supervision to prevent physical harm to self or others.	Would count towards LOC: Yes Would not count towards LOC: No	Major difference in response methodology. In scoring the items, CARE is simply looking to measure whether the activity occurred or did not. The ULTC provides responses that further investigate the level to which the individual's behaviors may/do affect others and the type of intervention/redirection needed. If the yes/no scoring method is maintained, a follow-up question to learn more about they type, severity, and frequency of behavior may be appropriate.
		Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing).				
		Verbal behavioral symptoms directed towards others (e.g., threatening, screaming at others).				

Memory & Cognition

The client requires consistent and ongoing reminding and assistance with planning, or requires regular assistance with adjusting to both new and familiar routines, including regular monitoring and/or supervision, or is unable to make safe decisions, or cannot make his/her basic needs known.						

<p>The client requires regular assistance with adjusting to both new and familiar routines, including regular monitoring and/or supervision</p>	<p>stay focused on task), problem solving, planning, organizing or judgment? 2) If yes, supplemental question(s) on Memory, Attention, Problem Solving, Planning Organizing, and/or Judgement depending on answer to 1.</p>	<p>As it is asked now, CARE question 2 is asked as separate questions for each attribute, but with the same responses. These could be combined since the response is based on one or more impairment.</p>	<p>Does not count towards LOC: 0= Independent no concern; 1= The client can make safe decisions in familiar/routine situations, but needs some help with decision making support when faced with new tasks, consistent with individual's values and goals;</p> <p>Counts towards LOC: 2= The client requires consistent and ongoing reminding and assistance with planning, or requires regular assistance with adjusting to both new and familiar routines, including regular monitoring and/or supervision, or is unable to make safe decisions, or cannot make his/her basic needs known; 3= The client needs help most or all of time.</p>	<p>May count toward LOC: 1. Demonstrates some difficulty with one or more of these cognitive abilities. 2. Demonstrates marked difficulty with one or more of these cognitive abilities. Would count toward LOC: 3. Severely impaired: Demonstrates extreme difficulty with one or more of these cognitive abilities. Need more information: Unable to answer</p>	<p>is unknown if they have any of the issues listed in 1) or they are unable to answer in 2). As it is asked now, CARE question 2 is asked as separate questions for each attribute, but with the same responses. These could be combined since the response is based on one or more impairment.</p>
<p>The client is unable to make safe decisions.</p>	<p>Adapted language from InterRAI: Ability to make decisions regarding daily tasks, such as picking out an outfit, deciding when and what to eat, or selecting what to do throughout the day.</p>	<p>Question prompt does not explicitly ask about "safe" decisions, but the appropriate LOC responses do take safety into account.</p>		<p>Would not count toward LOC: 0. Independent —Decisions consistent, reasonable, and safe 1. Modified independence —Some difficulty in new situations only May count towards LOC: 2. Minimally impaired —In specific recurring situations, decisions become poor or unsafe; cues / supervision necessary at those times Would count towards LOC: 3. Moderately impaired —Decisions consistently poor or unsafe; cues / supervision required at all times 4. Severely impaired —Never or rarely makes decisions 5. No discernible consciousness, coma</p>	<p>No major differences. Will need to collect additional information to see if response option two should count towards LOC.</p>
<p>The client cannot make his/her basic needs known.</p>	<p>CARE: Expression of ideas and wants</p>	<p>No difference</p>		<p>Would not count toward LOC: Expresses complex messages without difficulty and with speech that is clear and easy to understand May count toward LOC: Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts) or speech is not clear; Frequently exhibits difficulty with expressing needs and ideas Would count toward level of care: Rarely/never expresses self or speech is very difficult to understand Need more information: Unable to assess; Unknown</p>	<p>No major differences. Will need to collect additional information to see if response option two should count towards LOC.</p>

*To qualify for Medicaid long-term care services under the ULTC 100.2, the recipient/applicant must have deficits in 2 of 6 Activities of Daily Living, ADLs, (2+ score) or require at least moderate (2+ score) in Behaviors or Memory/Cognition under Supervision.

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