

**Levels of Care  
Care Coordination  
Medical Home**

<b>Level I</b> Minimal Intensity of Services (0-4 hour of staff time per month)	<b>Level II</b> Moderate Intensity of Services (5 or more hours of staff productivity per month)
<p>Criteria</p> <ul style="list-style-type: none"> <li>• Routine diagnosis, care and sick visits</li> <li>• Routine exams</li> <li>• Simple specialty or service referrals</li> <li>• Long term but stable diagnosis</li> <li>• Periodic consultations, screenings and referrals</li> <li>• Ongoing, long term services or therapies requiring referral updates and renewals</li> <li>• Office visits at least every 6 months</li> </ul>	<p>Criteria:</p> <ul style="list-style-type: none"> <li>• Complex diagnosis and/or mental, psychosocial issues</li> <li>• Multiple co-morbidities</li> <li>• Unstable conditions requiring multiple interventions (intense services)</li> <li>• Complex and/or unusual specialty needs</li> </ul>
<p>Guideline Examples:</p> <ul style="list-style-type: none"> <li>• Annual well care visits and screenings</li> <li>• Routine immunizations</li> <li>• Simple to moderate behavioral health referrals and follow up</li> <li>• Simple to moderate educational needs</li> <li>• Mild to moderate Down's syndrome and CP requiring custodial care</li> <li>• Mild to moderate Down's syndrome</li> <li>• Stable, custodial CP whose services are established requiring routine renewal of services</li> </ul>	<p>Guideline Examples:</p> <ul style="list-style-type: none"> <li>• Unstable or new diagnosis of moderate to severe CP, genetic disorders</li> <li>• Potentially life threatening diagnosis</li> <li>• Multiple ER visits/hospital admissions, (three or more annually)</li> <li>• Suspected child abuse, neglect</li> <li>• Frequent noncompliance issues with caretaker or patient</li> </ul>

Application of Criteria \*staff productivity includes time spent by MD, front office, care coordinator, faxing, referrals, phone calls etc

Level I – care coordination provided by PCP, medical residents and office staff and as needed consult with Nurse Coordinator

Level II – care coordination provided by PCP, Medical residents, office staff and Nurse Coordinator ongoing intervention.

Additional Facts

- Care coordination is an interdisciplinary, team approach
- Levels of Care are assigned after initial consultation with physician and in the case of possible Level II, assessment by Care Coordinator in cases that appear to be Level II
- Levels of Care are not static as intensity of services can either increase or stabilize therefore LOC should be evaluated with each visit and more often as the patient's condition changes

- Identification of Levels of Care
  - Blue dot on chart – Patient is Medical Home participant, has been screened and is Level I
  - Orange dot on chart – Patient is Medical Home participant (there are a few exceptions), has been screened and is Level II
- Color will be changed with changes in LOC and rationale documented in nurse's notes.