

# ALTERNATE LEVEL OF CARE (ALC)

ALC – A patient occupying a bed in an acute care facility and does not require the intensity of resources/services provided in that acute care setting.

Note: The authorized designate may be a Physician, Long Term Care Assessor, Patient Care Manager, Care Team Member, Discharge Planner, etc.

1. Date of Admission: TIME: \_\_\_\_\_ DATE: \_\_\_\_\_ 20\_\_

2. ALC Designation: TIME: \_\_\_\_\_ DATE: \_\_\_\_\_ 20\_\_

3. Designate Initiating Form & Contact Information: \_\_\_\_\_

4. Communication to Patient / Next of Kin:  No  Yes DATE: \_\_\_\_\_ 20\_\_

5. Reverted to Acute Status: TIME: \_\_\_\_\_ DATE: \_\_\_\_\_ 20\_\_ Acute Diagnosis: \_\_\_\_\_

If patient **RETURNS** to ALC designation after acute episode a **NEW ALC Form** is required

**Reasons for ALC Designation:**  Check ONE circle indicating the MAIN reason for ALC designation.  
 Check MULTIPLE boxes for ALL contributory reasons that apply.

Note: The one ALC reason is to identify the main reason why the patient is remaining in an acute care facility bed  
 Coders: Assign the applicable ICD-10-CA code for all ALC reasons indicated on this form and assign Prefix "A" to link all ALC related documentation on the DAD abstract. Note: Do not use prefix "A" for palliative care reason (Z51.5 if Prefix 8 applies to Z51.5). Prefix 8 takes precedence.

<b>WAITING SERVICE</b>	<input type="radio"/> <input type="checkbox"/> Waiting for assessment to determine ALC care needs (Z75.2) – <i>complete backside of sheet</i>	
	<input type="radio"/> <input type="checkbox"/> Approved and waiting for admission to facility/bed (waitlisted) (Z75.1) – <i>complete backside of sheet</i>	
	<input type="radio"/> <input type="checkbox"/> Waiting for community service/helping agency/home services arrangement (Z75.2) – <i>complete backside of sheet</i>	
	<input type="checkbox"/> Other waiting period for investigation and treatment (*Specify):	
<b>NEED FOR ASSISTANCE</b>	<input type="radio"/> <input type="checkbox"/> Assistance with personal care (Z74.1)	<input type="radio"/> <input type="checkbox"/> 24 hour care/supervision (Z74.3)
	<input type="radio"/> <input type="checkbox"/> Reduced Mobility (Z74.0) <input type="checkbox"/> Supervision <input type="checkbox"/> Assist x 1 <input type="checkbox"/> Assist x 2 <input type="checkbox"/> Sit/Stand Lift (Z99.8) <input type="checkbox"/> Total Lift (Z99.8)	<input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Mild (F06.7) (*Specify if other than Mild):
	<input type="checkbox"/> Behavioural Issue (*Specify):	Incontinence: <input type="checkbox"/> Urinary (R32) <input type="checkbox"/> Fecal (R15)
<b>MEDs</b>	<input type="checkbox"/> Inability to manage medications (Z73.8) <input type="checkbox"/> Adjusting medications/Patient Stable (Z51.88)	
	<input type="checkbox"/> IV medications (longer than 1 week) (*Specify):	
<b>SOCIAL ISSUES OR HOUSING</b>	<input type="radio"/> <input type="checkbox"/> Homeless (Z59.0)	<input type="radio"/> <input type="checkbox"/> Unfit Housing (Z59.1)
	<input type="radio"/> <input type="checkbox"/> Other Housing or Financial Issue (Z59.8) (*Specify):	<input type="radio"/> <input type="checkbox"/> Legal problem (Z65.0, Z65.3) (*Specify):
	<input type="radio"/> <input type="checkbox"/> Inadequate family support (Z74.8) <input type="checkbox"/> Absence of family member (Z63.3)	<input type="checkbox"/> Lives Alone (Z60.2)
	<input type="radio"/> <input type="checkbox"/> Need for assistance at home and no care provider to render care (Z74.2)	<input type="radio"/> <input type="checkbox"/> Caregiver fatigue/Respite (Z75.5)
	<input type="checkbox"/> Addiction Issue (*Specify):	<input type="radio"/> <input type="checkbox"/> Patient/Family refusing proposed Discharge / Placement Option / Perception of Readiness (Z76.4)
	<input type="checkbox"/> Boarder Caregiver/Baby (No supervision required) (Z76.3)	<input type="radio"/> <input type="checkbox"/> Boarder Baby/Child (Medical/Nursing supervision required) (Z76.2)
<b>OTHER</b>	<input type="checkbox"/> Bariatric needs (E66) (*Specify):	<input type="checkbox"/> Palliative care (Z51.5)
	<input type="checkbox"/> Education/Counselling (*Specify):	<input type="checkbox"/> Rehabilitation (*Specify):
	<input type="checkbox"/> Other issues/care needs (*Specify):	

**Document all services the patient requires that are NOT available, as applicable**

No facility available to meet ALC care needs (Z75.3)  
 Specify type(s) of facility that does not exist \_\_\_\_\_

No community service/helping agency/home service to meet ALC care needs (Z75.4)  
 Specify type(s) of Community/Helping agency/Home service that does not exist \_\_\_\_\_

Patient designated ALC and waiting for ...	CONSULT REQUESTED (DDMMYYYY)	ACCEPTED TO PROGRAM and/or WAITLISTED <input type="checkbox"/> Yes <input type="checkbox"/> No (DDMMYYYY)	COMMENTS
<b>Facility/Program/Service</b>			
<input type="checkbox"/> Rehabilitation (Specify):		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
<input type="checkbox"/> Geriatrics		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
<input type="checkbox"/> Restorative Care/Convalescent Care (Specify):		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
<input type="checkbox"/> Respite care		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
<input type="checkbox"/> Transition Location (Specify):		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
<input type="checkbox"/> Long Term Care		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
<b>Housing</b>			
<input type="checkbox"/> Assisted/enriched living		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
<input type="checkbox"/> Personal Care Home		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
<b>Community Services</b>			
<input type="checkbox"/> Home Care		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
<input type="checkbox"/> Therapies		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
<input type="checkbox"/> Home IV		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
<b>Palliative Care</b>			
<input type="checkbox"/> Palliative Bed Admission Waiting for admission to facility/bed (waitlisted)		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
<input type="checkbox"/> Palliative Home Care Waiting for services to be arranged		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
<b>Mental Health</b>			
<input type="checkbox"/> Inpatient: Waiting for admission to facility/bed (waitlisted)		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
<input type="checkbox"/> Detox: Waiting for Community/helping agency/home services to be arranged		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
<input type="checkbox"/> Community Waiting for Community/helping agency/home services to be arranged		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
<input type="checkbox"/> Other (waiting for...) (Specify):		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
<input type="checkbox"/> Other (waiting for...) (Specify):		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	

<p><b>Discharge destination:</b> <input type="checkbox"/> Home <input type="checkbox"/> Home with home care <input type="checkbox"/> Community Hospital <input type="checkbox"/> Long term care <input type="checkbox"/> Personal care home <input type="checkbox"/> Assisted/enriched living <input type="checkbox"/> Palliative Care <input type="checkbox"/> Respite Care <input type="checkbox"/> Rehabilitation facility/program <input type="checkbox"/> Mental health facility/program <input type="checkbox"/> Restorative Care/Convalescent Care <input type="checkbox"/> Deceased <input type="checkbox"/> Other (Specify): _____</p> <p style="text-align: right;">Discharge: TIME: _____ DATE: _____ 20____</p>
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