



SUMMARY OF EVIDENCE

I IDENTIFICATION

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I.D. #

II ACTION CLAIMANT IS APPEALING

The claimant is appealing the denial of Long Term-Personal Care Services (LT-PCS) based on not meeting the *medical necessity eligibility* criteria, described below:

- Requires limited assistance with at least one or more activities of daily living. **(Exhibit A & Exhibit B)**

Medicaid policy references used in the decision are from the:

- *Louisiana Administrative Code 50:XV.12905.B.1.*
(Exhibit A)

II EXPLANATION OF ACTION

Each person requesting LT-PCS is assessed using a uniform assessment instrument called the Minimum Data Set-Home Care (MDS-HC). The MDS-HC is a scientifically validated and reliability tested, comprehensive and standardized instrument for evaluating the needs, strengths, and preferences of elderly and individuals with adult onset disabilities. The MDS-HC is designed to verify that the individual meets eligibility

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qualifications as specified in eligibility criteria for participation in LT-PCS.

The purpose of the level of care determination is to assure that individuals meet the medical necessity standard for admission to and continued stay in long term care programs. This requirement is frequently referred to as meeting **nursing facility level of care**.

In addition to meeting nursing facility level of care the LT-PCS applicant/recipient must also *require limited assistance with at least one or more activities of daily living*. In order to meet this eligibility criterion, the recipient/applicant must score at least at the limited assistance level (as defined by the MDS-HC) with one or more of the activities of daily living. **(Exhibit A)**

An in-home assessment was performed on **Mr. /Ms Recipient's Name** by Office of Aging and Adult Services (OAAS) trained and certified Client Assessment Specialist, **Assessor's Name**, on **Date**. **(Exhibit B)** **Mr. /Ms Name** participated in the assessment and was involved in responding to questions asked during the MDS-HC assessment process. **List other individuals who were present during this assessment and their relationship to the individual, and whether or not they participated in responding to any of the MDS-HC questions asked during the assessment process.**

Upon receipt of the Summary of Evidence (SOE) packet, OAAS designated staff conducted a thorough review of all documents included in the SOE packet. This review concluded that:

- Although **Mr. /Ms. Recipient's Name** met the nursing facility level of care eligibility requirements for LT-PCS, he/she did not meet the medical necessity eligibility criteria for receipt of LT-PCS. Subsequently, LT-PCS was denied.

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Based on the MDS-HC assessment performed on **date**, **first name, last name** scored **Explain MDS-HC, Section H.2 results here**. The MDS-HC assessment performed on **Date** did not indicate a score at the limited assistance level or higher for any of the activities of daily living. These results indicated that **Mr./Ms Name** did not meet the eligibility requirements necessary to receive LT-PCS. **(Exhibit B)**

A denial notice was sent to **Mr./Ms. last name** on **Date**. **(Exhibit C)**

The position of OAAS is that the denial of prior authorization for LT-PCS is appropriate.

IV RELATED DOCUMENTS

Exhibit A: *Louisiana Administrative Code 50:XV.12905.B.1*
(2 pages)

Exhibit B: Minimum Data Set – Home Care Assessment
(**X pages**) Results dated **Date**, and assessor's notes.

Exhibit C: LT-PCS Decision letter dated **Date**.
(**X pages**)

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Title
Date

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