



## SUMMARY OF EVIDENCE

### I IDENTIFICATION

Name

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I.D. #

### II ACTION CLAIMANT IS APPEALING

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

The issue presented is whether appellant faces substantial possibility of deterioration in mental or physical condition or functioning if home and community-based services or nursing facility services are not provided in less than 120 days. This criterion is considered met if the appellant meets any one of items a. through c. below:

- a. is in a nursing facility and could be discharged if community-based services were available;
- b. is likely to require nursing facility admission within the next 120 days;
- c. has a primary care giver who has a disability or is age 70 or over. (**Exhibit A**)

The above noted criteria are referred to as ***Initial Targeting Criteria (ITC)***, previously called *Imminent Risk Criteria*.

Medicaid policy references used in the decision are from the:

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

### III EXPLANATION OF ACTION

The Minimum Data Set-Home Care (MDS-HC) is an assessment instrument used by the Department of Health and Hospitals to determine level of care for all persons who apply for long term care services which require nursing facility level of care (i.e., Adult Day Health Care Waiver, Community Choices Waiver, Long Term Personal Care Services, Program of All Inclusive Care for the Elderly (PACE), and Nursing Facility Care).

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, individuals must also meet all other medical necessity criteria, as specified by applicable state and federal rules and regulations, for the program(s) he/she is applying for.

Individuals applying for LT-PCS must also:

- be able to, either independently or through a responsible representative, participate in his/her care and direct the services provided by the personal care services worker; and
- face a substantial possibility of deterioration in mental or physical functioning if either home and community-based services or nursing facility services are not provided in less than 120 days. The criterion is considered met if the appellant:

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- a. is in a nursing facility and could be discharged if community-based services were available;
- b. is likely to require nursing facility admission within the next 120 days;
- c. has a primary care giver who has a disability or is age 70 or over. **(Exhibit A)**

The information collected during the MDS-HC assessment process is used to determine whether *Initial Targeting Criteria* (ITC) is met for that individual.

Information collected on the MDS-HC relative to the caregiver's age or disability status is verified by the assessor at the time of the face-to-face MDS-HC assessment. In the event that the caregiver's age or disability cannot be verified at the time of the MDS-HC assessment, the applicant is given a period of ten (10) calendar days to submit that information.

A *Request to Physician for Medical Data* form was sent to **First name/Last Name** on **Date** requesting information from **his/her** doctor to further help us determine whether **he/she** might meet the required ITC Criteria. The requested information/form was completed and returned to the Office of Aging and Adult Services (OAAS) or its designee. **(Exhibit C)**

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 individual, and whether or not they participated in responding to any of the MDS-HC questions asked during the assessment process.**

Upon review of the information collected on the MDS-HC conducted on **Date** **(Exhibit B)**, and verification documents, OAAS or its

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designee, determined that **Mr./Ms. Last Name** did not meet Initial Targeting Criteria. The appellant was not in a nursing facility at the time of the MDS-HC assessment on **Date**. The Appellant's primary caregiver is not 70 years of age or older, nor is **he/she** disabled. **Put in specifics here as to why the Med. Det. did not indicate the appellant met ITC, e.g., The appellant's physician failed to state that he/she would require admission to a nursing facility within 120 days, nor would he/she face a substantial possibility of deterioration in mental or physical functioning if those services were not provided. (Exhibit C) Appellant provided no medical documentation to suggest such a need.**

According to the MDS-HC completed on **Date**, the appellant did not trigger at least three (3) items on the Institutional Risk CAP **(Exhibit D)** indicating he/she is likely to require nursing facility admission within 120 days.

Based on this information, OAAS or its designee determined that **Mr./Ms. Last Name**, did not meet the Initial Targeting Criteria (ITC) necessary for Long Term Personal Care Services.

A denial notice was sent to **Mr./Ms. Last Name** on **Date**. **(Exhibit E)**

A request for appeal was subsequently received.

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#### IV RELATED DOCUMENTS

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

**Exhibit B:** Minimum Data Set-Home Care (MDS-HC) and Assessor's  
(X pages) notes dated Date.

**Exhibit C:** Request to Physician for Medical Data dated Date.  
(X pages)

**Exhibit D:** MDS-HC Institutional Risk CAP dated Date.  
(X pages)

**Exhibit E:** Long Term Care Program Choice Denial dated Date.  
(X pages)

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