



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 Louisiana Options in Long Term Care Help Line is a toll free number that the Department of Health and Hospitals (DHH) maintains to address caller inquiries related to long term care services. When a caller requests services through the Help Line, a representative describes all the long term care options in Louisiana (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). It is important to note that calling the Help Line is not an application for Medicaid. Persons not currently Medicaid eligible who wish to apply for medical assistance through Medicaid are directed to contact their local Medicaid eligibility office.

Once the person makes his/her program choice, a representative conducts an interview over the telephone using the Level of Care Eligibility Tool (LOCET).

LOCET is the screening 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

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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 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:
 - 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 LOCET interview is used to determine whether *Initial Targeting Criteria* (ITC) (formally called Imminent Risk Criteria) is met for that individual. The scoring method built within the LOCET software will identify applicants who meet ITC criteria based upon their answers to the LOCET questions.

The *Results* page of the LOCET interview displays whether or not ITC criteria was met. **(Exhibit B)**

When the LOCET information does not indicate that the applicant meets ITC, additional information is routinely requested from the applicant's physician in order to make a final determination regarding ITC status.

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On **Date**, contact was made with Louisiana Options in Long Term Care Help Line requesting long term care services for **First Name/Last Name**. A telephone interview was conducted by representative, **Intake Analyst**, on **Date** using the LOCET. As is done prior to initiating any LOCET, **Intake Analyst** read the following statement to **Informant Name**:

*I, **Informant Name**, understand that the purpose of this interview is to determine if the person being assessed on **Date** meets medical eligibility criteria for publicly-funded long-term care services, and that I am expected to provide objective and accurate information about the applicant to assist in this determination.*

Intake Analyst also explained, among other things, to **Informant Name** that the information provided during the LOCET will be used to determine medical eligibility for long-term care services funded through DHH. **Intake Analyst** then proceeded with the LOCET interview and input the responses to the LOCET questions as provided by **Informant Name**. The information provided during the LOCET process indicated that although **Mr. /Ms. Name** met nursing facility level of care, **he/she** did not meet any one of the ITC criterion noted 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)**

In accordance with Office of Aging and Adult Services (OAAS) policy, **First name/Last name** was sent a *Preliminary Approval and LT-PCS Request for More Information*, and a *Request to Physician for Medical Data* form on **Date** requesting verification of caregiver 70 years of age or older, disabled caregiver, and/or information from the applicant's doctor to further help in determining whether **Mr./Ms Last**

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Name might meet the required Initial Targeting Criteria (ITC) (as set forth above) for participation in LT-PCS. The requested information/form was completed and returned to the OAAS or its designee. **(Exhibit C)**

Upon review of the requested information/form, OAAS or its designee, determined that **Mr./Ms. Last Name** still did not meet Initial Targeting Criteria. **Put in specifics here as to why OAAS determined that the person did not meet ITC, e.g., The Appellant's physician failed to state that he/she would require admission to a nursing facility within next 120 days, nor would he/she face a substantial possibility of deterioration in mental or physical functioning if those services were not provided.** Appellant provided no medical documentation to suggest such a need.

After reviewing all of the information included on the requested information/*Request to Physician for Medical Data* form, OAAS or its designee determined that **Mr./Ms. Last Name**, did not meet ITC.

Based on all of the answers to the questions on the LOCET performed on **Date**, the scoring method built within the LOCET software determined that while **Mr./Ms. Last Name** met nursing facility level of care, **he/she** 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 D)**

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: LOCET Results page dated **Date.**
(X pages)

Exhibit C: *Preliminary Approval and LT-PCS Request for More*
(X pages) *Information and Request to Physician for Medical Data*
dated **date.**

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

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