

Louisiana

Department of Health and Hospitals

L e v e l o f C a r e E l i g i b i l i t y T o o l



LOCET



Nursing Facility User Intake Manual



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Louisiana Department of Health and Hospitals
Level of Care Eligibility Tool
LOCET Nursing Facility User Intake Manual

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Louisiana DHH Level of Care Eligibility Tool
LOCET

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Definition of Terms:

*Adult Residential Center
(Assisted Living)/
board and care*

A facility or residence which provides adult residential care for compensation to two or more adults who are unrelated to the licensee or operator. Adult residential care includes but is not limited to the following services: lodging, meals, medication administration, intermittent nursing services, assistance with personal hygiene, assistance with transfers and ambulation, assistance with dressing, housekeeping, and laundry.

Appeal Determined Status

A status assigned to a LOCET which indicates an appeal has been determined by the Bureau of Appeals.

Appeal Pending Status

A status assigned to a LOCET which indicates an appeal has been docketed at the Bureau of Appeals. No decision has been rendered on the Appeal.

Applicant

A person who applies for a program administered by the Department of Health and Hospitals.

Approved by Override

A status which is assigned by Administrator input. This status will be used to denote an approved OAAS Review of a previously denied LOCET. It will also be used to identify an approval by Bureau of Appeals on an Appeal case.

Assessment Terms

Delusions

“Fixed, false beliefs not shared by others that the applicant holds even when there is obvious proof or evidence to the contrary (e.g., belief that he or she is terminally ill; belief that spouse is having an affair; belief that food is poisoned).”¹

¹ Morris JN, Fries BE, Bernabei R, et al. RAI-Home Care (RAI-HC)© Assessment Manual for Version 2.0. *InterRAI Corporation*. 2002:2.0; p.97.

Assessment Terms (continued):

<i>Extensive Assistance</i>	Assistance involving weight-bearing which was provided 3 or more times in look-back period.
<i>Guided Maneuvering</i>	Assistance by physical guidance of limbs. This is non-weight-bearing assistance.
<i>Hallucinations</i>	“False perceptions that occur in the absence of any real stimuli. An hallucination may be auditory (e.g., hearing voices). Visual (e.g., seeing people, animals), tactile (e.g., feeling bugs crawling over skin), olfactory (e.g., smelling poisonous fumes), or gustatory (e.g., having strange tastes).” ²
<i>Limited Assistance</i>	Assistance of non-weight bearing nature 3 or more times in look-back period.
<i>Weight bearing support</i>	“Holding weight of one or both lower limbs, trunk.” ³
<i>Caregiver</i>	A person who gives care for an individual. An informal caregiver does not receive payment for the care received. A paid caregiver is employed.
<i>Disability</i>	As defined by the Social Security Administration.
<i>Hemodialysis</i>	“A method for removing unwanted byproducts from the blood of clients with renal insufficiency or renal failure through the use of a machine (dialyzer).” ⁴
<i>Hospital</i>	A facility that operates 24 hours a day, seven days a week to provide diagnosis, treatment and care of persons who are suffering from illness, injury, infirmity or deformity or other physical or mental condition for which medical, surgical and/or obstetrical services would be available and appropriate, and who may be admitted for emergency or overnight stay or longer.

² Morris JN, Fries BE, Bernabei R, et al. p.98.

³ Ibid. p.79.

⁴ Ibid. p.118.

Informant

The informant is the person who supplies information to the intake analyst for the LOCET. The informant may be the applicant or his/her personal representative or other designee. It is important to determine the relationship of the informant with the applicant.

Intake Analyst

Specially trained personnel who administer LOCET to an applicant or his or her personal representative. The intake analyst must be registered with OAAS.

Intake Analyst Requirements

1. A LOCET intake analyst must be trained by DHH, or by a trainer who has been certified by DHH as a LOCET Train the Trainer.
2. A LOCET intake analyst must complete and submit the official Intake Analyst Registration form found at the OAAS website: www.ltss.dhh.louisiana.gov.
3. A LOCET intake analyst must possess an official LOCET Intake Analyst Registration Number which has been issued by OAAS State Office. The LOCET Intake Analyst Registration Number will be issued after OAAS reviews the educational and work history information submitted on the Registration Form. This LOCET Intake Analyst Registration Number must be shown on all LOCET documents submitted to OAAS in Section J.

Locations

ARCP

An Adult Residential Care Program (see above definition for Adult Residential Center (Assisted Living)/board and care)

*ICF/MR or
ICF/DD*

Intermediate Care Facility for the Mentally Retarded or Intermediate Care Facility for the Developmentally Disabled. ICF/DD specifically refers to a facility that operates 24 hours a day and provides lodging, meals, maintenance, personal care and health or rehabilitative services to persons with a developmental disabilities.

Shelter

Temporary housing established for evacuees or homeless persons.

LOCET

The Louisiana Level of Care Eligibility Tool; a scientifically developed and research-based evaluation tool

which will be utilized in the determination of Level of Care for entry to long-term programs.

*LOCET Individual
Summary Page (LISP)*

A summary page which will be printed for each LOCET taken. It will list the pathway of eligibility (if any), the status of the LOCET, and will have important information that the Intake Analyst will need for completion of the contact.

LOCET Type

*Initial
Determination*

LOCET completed to determine eligibility for long term care programs. Not necessarily the first LOCET completed on an applicant. After a denial, a subsequent LOCET will also be considered an Initial Determination.

*Audit Review
Determination*

LOCET completed as part of regular audit review functions. An Audit Review Determination is completed by a DHH-designated reviewer for audit purposes.

*Follow-up after
Incomplete*

Not for use with Nursing Facility LOCETs.

*Annual
Reassessment*

An Annual Reassessment is completed by extracting information from questions on the MDS. This information is transferred from the MDS to complete the LOCET.

*Long Term Care
Programs*

Any/all programs available for individuals 65 or older and adults with disabilities (i.e. EDA, ADHC, NF, etc.).

EDA

A Medicaid Home and Community-based service waiver providing alternative services to individuals. These services allow them to live in the community instead of a Nursing Home or Institution. All applicants must meet Level of Care requirements as defined by LOCET.

ADHC

A waiver service which provides direct care for the physically and/or mentally impaired. It provides a pre-determined number of hours per day of oversight for the individual in a licensed day care center. All applicants

must meet Level of Care requirements as defined by LOCET.

*Long Term
Personal Care
Service (LT-PCS)*

A State Plan program which offers assistance to Medicaid recipients and allows them to remain in their homes rather than going to a nursing home. All applicants must meet Level of Care requirements as defined by LOCET.

*Nursing Facility
Services*

Long term services provided for maintenance, personal care or nursing for persons who, by reason of illness or physical infirmity or age, are unable to properly care for themselves. All applicants must meet Level of Care requirements as defined by LOCET.

PACE

A program which offers pre-paid, capitated, comprehensive health care services in a specific geographic area. The services are designed to assist elders 55 and older to live in their homes in the community as long as it is medically and socially feasible. PACE programs coordinate and provide all needed preventive, primary, acute and long term care services. All Medicare and Medicaid services must be covered services, including physician, hospital care, and nursing facility services. All applicants must meet Level of Care requirements as defined by LOCET.

MDS Assessor

The MDS Assessor field on the LOCET Face Sheet does not pertain to Nursing Facility MDS assessors. This field is for Home and Community based MDS assessors only. Nursing Facility staff and discharge planners completing the LOCET face sheet should disregard this field.

Notifications

Indicators which are detected by LOCET and conveyed to the user either by printed document or by on-screen edit. Example: LOCET Individual Summary Page (LISP) lists 11 potential notifications.

Nursing Home

A facility that operates 24 hours a day serving two or more persons who are not related by blood or marriage to the operator and which provides maintenance, personal care, or nursing for persons who, by reason of illness or physical infirmity or age, are unable to properly care for themselves.

*Pathway 3, 4 or 5
Determination*

A process in which an OAAS Reviewer will examine LOCET documentation and determine LOCET eligibility. This applies if a nursing facility applicant is determined to meet LOCET criteria only in Pathway 3 or 4 or 5. The OAAS Reviewer will review the Statement of Medical Status and other supporting documentation submitted to determine if the acute or active medical condition noted in Pathway 3 or 4 or 5 is substantiated.

Informal Review

A review of all submitted documentation relating to a LOCET determination. This applies when an appeal is filed with the Bureau of Appeals. Upon the Bureau of Appeals' notification to OAAS of the pending appeal, OAAS will conduct this informal review and reconsider the original denial decision. This informal review will take place as part of the routine appeals process on all appeals filed. The OAAS Service Review Panel and Regional Office Manager may be consulted for direction and guidance during this process. If, during the informal review process, it is discovered that the original LOCET decision was in error, the OAAS Regional Office will reverse its original decision, contact the LOCET Systems Administrator for correction to the data base, and issue a memo to the Bureau of Appeals regarding these actions. Then the application process will continue as a regular LOCET approval.

*Office of Aging and Adult
Services (OAAS):*

Program office within the Department of Health and Hospitals. OAAS is responsible for the administration of Medicaid long term service programs for adults with disabilities or who are elderly.

Parenteral feedings

Introduction of a nutritional substance into the body by means other than oral.

Pathway

An avenue of eligibility which will identify applicants who meet criteria for Louisiana's Long Term Supports programs.

Peritoneal Dialysis

Removal of toxic substances from the body by perfusing a sterile substance through the peritoneal cavity (i.e. renal failure).

<i>Personal Representative</i>	A person who represents the interests of the applicant who is not capable of self-direction. The function of the personal representative is to accompany, assist, and represent the applicant in the program evaluation process, and to aid in obtaining all necessary documentation for the agency's evaluation for services. The personal representative has the power to make decisions for the applicant concerning all aspects of various programs administered by the Department of Health and Hospitals (DHH).
<i>Primary Physician</i>	A physician who performs continuing care for an individual. A primary physician may oversee or be aware of all treatments for an individual which are done by other physicians.
<i>Program Choice Form</i>	Letter sent to applicant which serves two purposes: It states the LOCET approval determination and it requests the applicant to state his/her choice of program(s).
<i>Program Denial Notice</i>	Letter sent to applicant who is denied on LOCET giving the applicant appeal rights.
<i>Program Requirements</i>	Requirements which must be met for eligibility in any of the programs administered by the Department of Health and Hospitals. Program requirements vary from program to program.
<i>Readily Available</i>	Information that is readily given over the telephone. The informant does not need to leave the telephone to retrieve this information. If the informant or applicant needs to leave the telephone to obtain information (such as physician contact information or disabled caregiver's SSN), that information is considered to be not readily available.
<i>Restorative Nursing Care</i>	Nursing (facility) services which shall be provided in accordance with the needs of the residents and are provided to each resident to achieve and maintain the highest possible degree of function, self-care, and independence. Restorative nursing care services must be performed daily. ⁵
<i>Status</i>	An assignment of a disposition of the LOCET.
<i>Approved Status</i>	LOCET status which indicates that Level of Care Eligibility was met on at least one Pathway.

⁵ Standards for Payment for Nursing Facilities, Chapter 3-17, Issued 01/20/96.

<i>Denied Status</i>	LOCET status which indicates that Level of Care Eligibility was not met on any Pathway. An applicant whose LOCET is in denied status has the right to request an appeal with the DHH Bureau of Appeals.
<i>Pending Medical Statement Status</i>	A temporary status assigned to certain LOCETs. For eligibility determined only in Pathways 3, 4, or 5, Pending Medical Statement status will be assigned because of the need for the Statement of Medical Status to document the active or unstable conditions noted in those Pathways. Pending Medical Statement Status will revert to “Closed” status if complete medical documentation is not received by the reviewer within 30 days.
<i>Closed Status</i>	For a Nursing Facility LOCET, Closed Status is automatically assigned to a LOCET under certain conditions. A LOCET which was previously in Pending Medical Statement Status will be assigned Closed Status if medical documentation is not submitted within 30 days from the assignment of Pending Medical Statement Status.
<i>Incomplete Status</i>	A status assigned to a LOCET which is missing any needed information to make any Pathway determination.

Louisiana DHH
Level of Care Eligibility Tool

LOCET

**Nursing Facility
User Intake Manual**

Purpose:

The purpose of this document is to provide guidelines and instructions for intake analysts who are involved with applicants who apply for Long-Term Services. Communication is key to an accurate assessment process. Care must be taken to assure the best manner of communication is made between the intake analyst and the applicant.

General Information about LOCET:

The Louisiana Level of Care Eligibility Tool, (LOCET) is a scientifically developed and research-based evaluation tool which will be utilized in the determination of Level of Care. The LOCET will be required in conjunction with additional assessment and screening tools, as specified by the Department of Health and Hospitals, for the entry to all programs which require a Level of Care for entry to long term programs. LOCET establishes uniform criteria which will serve as the determination for level of care for all long term care services which require such.

LOCET is an objective and impartial tool which determines whether the individual has met the requirements for level of care for long term services. A desired outcome of using the LOCET will be that the services offered to the long term care population will benefit those who are most at need.

Other documentation may be required for the determination of level of care as directed by the Department. The evaluative data used for the LOC determination must be reviewed and approved by the Department of Health and Hospitals or its designee.

Effective December 1, 2006, all OAAS long term care programs will require a determination by LOCET for entry into the programs.

The Louisiana Level of Care Eligibility Tool is composed of over 70 questions which are to be asked of the applicant or his/her informant. For intake to Nursing Facilities, the admissions intake interview will occur at the Nursing Facility or hospital. A hardcopy version of LOCET will be completed by a registered Intake Analyst. That hardcopy LOCET will be sent to the Office of Aging and Adult Services (OAAS) Office. The reviewer at the OAAS will enter the hardcopy data into the LOCET software.

Communication will then be made from the OAAS to the Nursing Facility and to the Parish Medicaid Office as to the disposition of the LOCET determination.

The questions asked of the applicant or his/her personal representative range from demographics to medical and functional information. This information will be used to determine if Level of Care is met.

LOCET has seven distinct Pathways of potential Level of Care eligibility. An applicant must meet eligibility requirements in only ONE Pathway to be considered eligible for any long-term program. The seven Pathways are:

- Activities of Daily Living
- Cognitive Performance
- Physician Involvement
- Treatments and Conditions
- Skilled Rehabilitation Therapies
- Behavior
- Service Dependency

The Pathway questions must be asked in the order in which they appear in LOCET. The scoring method built within the LOCET Software will identify applicants who meet Level of Care based upon their LOCET answers.

All Pathway questions must be asked to every applicant.

The LOCET Process

General Information:

All Louisiana Long Term Care Programs require a functional/medical determination prior to entry into the programs. Beginning December 1, 2006, this determination will be performed through use of the Louisiana Level of Care Eligibility Tool, LOCET.

An applicant or his/her personal representative may complete the LOCET document with a qualified intake analyst. (Within this document the applicant or personal representative will be known as the informant.)

The intake analyst will record responses to specific and ordered questions. The intake analyst will take care to elicit answers which will give an accurate picture of the applicant's functional and medical condition. Each question is worded specifically about a particular activity or functional ability, and pertinent to a specific period of time. The intake analyst must strive to give the informant the highest level of understanding regarding the questions so that the integrity of the answers will be protected. The intake analyst may need to rephrase questioning so that he/she communicates effectively with the informant. Usually, vocabulary may be selected which would be appropriate for an upper elementary level of education. Some adjustments to vocabulary may be needed to meet the communication needs of the applicant. Questions should not be asked in a leading fashion, but clearly and objectively.

The analyst will ask the designated questions clearly and slowly enough for the informant to understand and comprehend. The analyst will answer any questions that the informant may ask regarding the meaning of the question or for any clarification of answer selections. The analyst will encourage the informant to give accurate answers so that a clear picture of the applicant's physical and functional abilities may be determined.

Submission Process:

The submission packet must be sent to the OAAS Regional Office designated for the Nursing Facility. Packets may be mailed, but it is highly recommended that the Nursing Facility use the secure RightFax phone number which has been established specifically for your region. For a listing of these RightFax numbers, please visit the OAAS web site at www.ltss.dhh.louisiana.gov .

The Client Face Sheet

General Information:

Printed as hardcopy, the Client Face Sheet is a 2-page form which gathers demographic and other statistical information regarding the applicant. The following instructions will serve as a guide for completion of the Client Face Sheet.

Name and ID Numbers:

1. Name of Client:

Enter the name of applicant as indicated.

2. Case Record Number: Do not complete this item.

3. Government Pension and Health Insurance Numbers

a. Pension (Social Security) Number

Enter Social Security Number of Applicant

b. Medicaid Number

Enter Medicaid Number here if applicant has one. If the applicant has applied for Medicaid and the financial eligibility determination is still pending, enter a "1" in this field. Enter "0" if the applicant is not a Medicaid recipient or applicant.

c. Private Insurance Number

Enter Private Insurance number here if applicant has a private insurer. The name of the private insurer may also be abbreviated and entered here in the blocks.

d. Veterans' Administration (VA) Number

e. Medicare Number

A Medicare number has nine numeric digits and an alpha suffix.

f. Card Control Number (CCN)

The Card Control Number is the 17-digit number found on the applicant's Medicaid card.

Assign Organizational Levels Responsible for Client:

1. First Level: Program Name / Service: Enter "0" for Unassigned at this time. Please note that RFSR, PAS, and PCA are obsolete choices and should not be used.

2. Second Level: Region Number: Enter the DHH Administrative Region (number) where the Nursing Facility is located. See DHH Regions Table at the end of this section.

3. Third Level: Do not complete this item. This level is not currently in use.

4. Fourth Level: This will be left blank. This field will be used at the time of the full MDS-HC Assessment for the program of choice.

5. Fifth Level: Where Interview Conducted: Enter the appropriate choice for location of LOCET interview. Choose "8" for "Telephone" if the LOCET is conducted by telephone interview.

Personal Information:

1. **Gender:** Enter 1 if male, 2 if female.
2. **Birthdate:** Enter applicant's 8-digit birthdate as indicated.
3. **Race / Ethnicity:** Answer no or yes for each item, a through f. Use 0 for no, 1 for yes.
4. **Marital Status:** Make appropriate selection.
5. **Language:** Enter number of applicant's primary language.
6. **Education (*Highest Level Completed*):** Indicate highest level of applicant's education.
7. **Responsibility / Advanced Directives:**
 - a. Client has a legal guardian: Indicate "yes" or "no" for this item. Remember that a legal guardian is a court-appointed guardian for an individual. A legal guardian and a personal representative are not the same.
 - b. Client has advanced medical directives in place (for example, a do not hospitalize order): Indicate "yes" or "no" for this item.

Goals / Referral Items (*Complete at Intake Only*):

1. **Date Case Opened / Reopened:** Leave Blank. This field will be used at the time of the MDS-HC assessment.
2. **Reason for Referral:** Leave Blank. This field will be used at the time of the MDS-HC assessment.
3. **Goals of Care:** Leave Blank. This field will be used at the time of the MDS-HC assessment.
4. **Time since Last Hospital Stay:** Leave Blank. This field will be used at the time of the MDS-HC assessment.
5. **Where Lived at Time of Referral:** Leave Blank. This field will be used at the time of the MDS-HC assessment.
6. **Who Lived with at Referral:** Leave Blank. This field will be used at the time of the MDS-HC assessment.
7. **Prior NH Placement:** Leave Blank. This field will be used at the time of the MDS-HC assessment.
8. **Residential History:** Leave Blank. This field will be used at the time of the MDS-HC assessment.

Contact Information:

1. **Client Contact Info:** Complete fully, indicating the applicant's home address and other contact information.
2. **Emergency Contact Info:** Complete in entirety for the applicant's emergency contact.

3. **Physician Contact Info:** Record the applicant’s primary physician’s contact information in this item. If the applicant has another physician who is currently treating the applicant for an acute condition, that additional contact information must be entered into the notebook associated with the Client Face Sheet.

4. **Other Contact:** Indicate the relationship of the contact person with the applicant. Complete fully the contact person’s contact information.

Louisiana Department of Health and Hospitals Regions:

(Find the parish in which your Nursing Facility is located on the table below; note the designated DHH Region that corresponds with the parish in “Region Number” of Client Face Sheet.)

Parish	DHH Region	Parish	DHH Region
Acadia	4	Madison	8
Allen	5	Morehouse	8
Ascension	2	Natchitoches	7
Assumption	3	Orleans	1
Avoyelles	6	Ouachita	8
Beauregard	5	Plaquemines	1
Bienville	7	Pointe Coupee	2
Bossier	7	Rapides	6
Caddo	7	Red River	7
Calcasieu	5	Richland	8
Caldwell	8	Sabine	7
Cameron	5	St. Bernard	1
Catahoula	6	St. Charles	3
Claiborne	7	St. Helena	9
Concordia	6	St. James	3
DeSoto	7	St. John the Baptist	3
East Baton Rouge	2	St. Landry	4
East Carroll	8	St. Martin	4
East Feliciana	2	St. Mary	3
Evangeline	4	St. Tammany	9
Franklin	8	Tangipahoa	9
Grant	6	Tensas	8
Iberia	4	Terrebonne	3
Iberville	2	Union	8
Jackson	8	Vermilion	4
Jefferson Davis	5	Vernon	6
Jefferson	1	Washington	9
Lafayette	4	Webster	7
Lafourche	3	West Baton Rouge	2
LaSalle	6	West Carroll	8
Lincoln	8	West Feliciana	2
Livingston	9	Winn	6

Section A. Setting the Stage:

At the beginning of the LOCET interview, the intake analyst will explain several things to the informant, including:

- the purpose of the LOCET process
- quality measures within the LOCET process:
 - random selection of LOCET cases to be interviewed on an in-person basis
- when to expect written results of the determination and appeal rights
- all program requirements must be met for any particular long term care program.

The informant will then be asked of his/her understanding of these factors (complete items 2.A-2.E and 3 indicating the informant's understanding).

The informant will sign and date the LOCET form in the designated area at the end of Section A.

Section AA: Do not complete. Information is contained within the Client Face Sheet.

Section BB, Items 1 – 8:

Section BB will be completed only after an evacuation event in Louisiana has occurred. OAAS will inform you when an event has occurred that will require activation of this section.

If OAAS has instructed that Section BB is to be completed, if item BB.1. is “no,” then skip to Item EE.2. If the answer to Item BB.1. is “yes,” then proceed with other questions in section BB.

Question the informant regarding the applicant's location, living arrangement satisfaction, damage to usual residence and support at home, as directed by the LOCET document.

Care should be taken on item 7 when asking an informant about the amount of damage on the applicant's home. Remember that the educational level of the informant should be considered when selecting vocabulary for questions. Sometimes the analyst may find it necessary to ask, “Is anyone able to live in the home?” rather than to say, “Is the home inhabitable?”

Section CC: Do not complete. Information is contained within the Client Face Sheet.

Section DD: Do not complete. Information is contained within the Client Face Sheet.

Section EE: Initial Call and LOCET Type.

Item 1: This item will always be answered as “1” for all Nursing Facility LOCETs.

Item 2: Enter the date and time the LOCET was initiated. Use military time as illustrated in the table below.

The following table summarizes the relationship between regular and military time. 7:15 a.m. in regular time would be expressed as 0715 in military time; 1:30 p.m. in regular time would be expressed as 1330 in military time.

Regular Time	Military Time	Regular Time	Military Time
Midnight	0000	Noon	1200
1:00 a.m.	0100	1:00 p.m.	1300
2:00 a.m.	0200	2:00 p.m.	1400
3:00 a.m.	0300	3:00 p.m.	1500
4:00 a.m.	0400	4:00 p.m.	1600
5:00 a.m.	0500	5:00 p.m.	1700
6:00 a.m.	0600	6:00 p.m.	1800
7:00 a.m.	0700	7:00 p.m.	1900
8:00 a.m.	0800	8:00 p.m.	2000
9:00 a.m.	0900	9:00 p.m.	2100
10:00 a.m.	1000	10:00 p.m.	2200
11:00 a.m.	1100	11:00 p.m.	2300

Item 3. Type of LOCET: Record what type of LOCET this is according to the available choices:

- 1. Initial Determination:** This will always be the applicable answer for Nursing Facility LOCETs.
- 2. Audit Review Determination:** An Audit Review Determination is completed by a DHH-designated reviewer.
- 3. Follow-up after Incomplete:** Not for use with Nursing Facility LOCETs.
- 4. Annual Reassessment:** This selection will be generated by the TeleSys ® software system when an Annual Reassessment LOCET is created within the data base. This will occur on an annual basis on all current and new recipients of all long term care programs. The annual reassessment is an electronically-compiled comparison of the annual MDS-NF data and specific areas of the LOCET.

Section FF, Items a. – h., Program Choice:

Indicate the applicant's choice of Long Term Care Program(s). The applicant may select more than one, so indicate all that apply. Some applicants may be informed prior to arriving at the Nursing Facility and will know which program is desired. Others will not know and will need to read information supplied by OAAS to determine their preferred program. The analyst will enter the applicant's choice(s) as stated in the interview.

Selection a: Program Choice not declared at this time.

Selection b: Adult Day Health Care Waiver Services (ADHC): A waiver service which provides direct care for the physically and/or mentally impaired. This service provides a pre-determined number of hours per day of oversight for the individual in a licensed day care center.

Selection c: Elderly and Disabled Adult Waiver Services (EDA): A Medicaid Home and Community-based waiver providing alternative services to elderly and disabled adults. These services allow the applicant to live in the community instead of a Nursing Home or Institution.

Selection d: Long Term Personal Care Services (LT-PCS): A State Plan program which offers assistance to Medicaid recipients and allows them to remain in their homes rather than going to a nursing home. All applicants must meet Level of Care requirements as defined by LOCET.

Selection e: PAS: Not Used.

Selection f: Program of All-Inclusive Care for the Elderly (PACE): A program which offers pre-paid, capitated, comprehensive health care services in a specific geographic area. The services are designed to assist elders 55 and older to live in their homes in the community as long as it is medically and socially feasible. PACE programs coordinate and provide all needed preventive, primary, acute and long term care services. All Medicare and Medicaid services must be covered services, including physician, hospital care, and nursing facility services.

Selection g: Adult Residential Care Program (ARCP): A program in which participants receive services in a facility or residence which provides adult residential care for compensation to two or more adults who are unrelated to the licensee or operator. Adult residential care includes but is not limited to the following services: lodging, meals, medication administration, intermittent nursing services, assistance with personal hygiene, assistance with transfers and ambulation, assistance with dressing, housekeeping, and laundry.

Selection h: Nursing Facility Admission: Long term services provided for maintenance, personal care or nursing for persons who, by reason of illness or physical infirmity or age, are unable to properly care for themselves.

Section GG: Diagnoses and ICD-9 Codes

Item GG.a: Write the primary diagnosis on the line provided and enter the corresponding ICD-9 code (if available) in the blocks.

Item GG.b: Write the secondary diagnosis on the line provided and enter the corresponding ICD-9 code (if available) in the blocks.

Section B. Items/information to collect at beginning of interview process

All items must be answered carefully. This section asks questions regarding the applicant's living arrangements, such as current location of applicant, condition of applicant's housing, prior nursing home residence within the last five years.

As stated earlier, the "informant" is the person giving information regarding the applicant. The only persons who are allowed to give this information are the applicant or his/her personal representative. Care shall be taken to determine the actual relationship between the informant and the applicant. A hospital discharge planner may act as the applicant's informant if there is no one else to act in this capacity.

Item B.4: Relationship of Informant to Applicant:

If an applicant is giving information for LOCET him/herself, the information source will be "self" (selection 0). If this selection is made, the intake analyst should skip to Item B.7.

Item B.5: Informant's information sources regarding the status/abilities of applicant: All items should be selected which describe the informant's sources of information regarding the applicant's status.

Item B.6: If information source is from direct observation of applicant, indicate how recently observation occurred (Time frame of direct observation of applicant):

Record here the informant's statement as to how recently he/she has observed the applicant.

Item B.7: Current location of applicant:

Select only one answer which indicates the current location of the applicant. Please note that ICF/DD is a separate category from Adult Residential Center (Assisted Living)/Board and Care (see definitions of these terms).

Item B.8: Applicant’s housing condition:

Record the informant’s report regarding the applicant’s housing outside of an institutional setting. Safe and accessible means housing that is not in dangerous disrepair and housing that the applicant can go in and out of without endangering him/herself.

Item B.9: Nursing home residence of applicant:

Indicate in this item if the applicant has been a nursing home resident at any time within the last five years.

Item B.10: Applicant’s informal caregiver:

The applicant will be asked to give the name of his/her informal caregiver. The name will be recorded here. Items B.10A, B.10.B, and B.10C. refer to the caregiver who is named in Item B.10. If the applicant has no informal caregiver, write “None” and skip to Item B.11.

Item B.10A: Caregiver’s Date of Birth:

The intake analyst will use the caregiver’s name (recorded in Item B.10) to ask the informant of the caregiver’s date of birth. It will be recorded in Item B.10A. If the date of birth is not known, this item will be left blank. If the date of birth is recorded here, the intake analyst may skip to Item B.10C.

Item B.10B: Caregiver’s Age:

The intake analyst will use the caregiver’s name (recorded in Item B.10) to ask the informant of the caregiver’s age when the date of birth is not known (Item B.10A).

Item B.10C: Caregiver Disability:

The intake analyst will use the caregiver’s name (recorded in Item B.10) to ask the informant of the caregiver’s disability status.

Item B.11: Memory Exercise:

Item B.11, in conjunction with Item D.13B, will constitute an informal memory exercise for the applicant. Please note that if the applicant is not the informant, this item must be omitted.

The analyst will name three simple, unrelated items for the applicant to remember, for instance, “book, tree, dish.” The applicant will be instructed not to write the words, but to repeat them to the analyst to ensure the applicant’s verbal understanding of the words. The analyst will enter the three words in the appropriate space of item B.11A and inform the applicant that in five minutes he/she will be asked to recall the words.

The Nursing Facility intake analyst will record the three words in item B.11A, ask the applicant to repeat the words to ensure the applicant’s verbal understanding of the words, and time a 5-minute interval. The analyst must engage the applicant in unrelated conversation immediately after he/she has repeated the words. When 5 minutes have

elapsed, the applicant will be asked to recall the three words and Item D.13B will be scored based upon the applicant's performance.

The Pathways

The following sections of the LOCET address the Pathways of eligibility: Activities of Daily Living, Cognitive Performance, Physician Involvement, Conditions and Treatments, Skilled Rehabilitation Therapies, Behavior, and Service Dependency. The questions in these sections are designed to assess the functional/medical status of the applicant. Each question is worded specifically about a particular activity or functional ability, and pertinent to a specific period of time. The intake analyst may need to rephrase questions so that he/she communicates effectively with the informant. Select vocabulary which would be appropriate for an upper elementary level of education. Questions should not be asked in a leading fashion, but clearly and objectively.

Section C. PATHWAY 1: Activities of Daily Living

Most applicants who qualify for the Louisiana Medicaid level of care criteria will qualify under Activities of Daily Living (ADLs). This set of criteria has been designed to identify those applicants with a significant loss of independent function.

An individual can vary in ADL performance from day to day. It is important to capture the total picture of ADL performance over a 7-day period. The 7-day look-back period is based on the date the Level of Care Eligibility Tool (LOCET) is completed. Since accurate coding is important for making eligibility decisions, the analyst must be sure to consider each activity definition fully.

The wording used in each coding option reflects real life situations where slight variations are common. When variations occur, the coding ensures that the applicant is not assigned to an excessively independent or dependent category. Codes permit one or two exceptions for the provision of additional care before the applicant is categorized as more dependent.

For instance, for the ADL of Transfer, Independent is defined as “No help or oversight” OR “Help/oversight provided only 1 or 2 times during the last 7 days.” The exception here is the “Help/oversight provided only 1 or 2 times during the last 7 days.” Each of the ADL performance codes is exclusive; there is no overlap between categories. Changing from one category to another demands an increase or decrease in the number of times help is provided.

To evaluate the applicant’s ADL performance, talk with the applicant to ascertain what he/she does for each ADL activity, as well as the type and level of assistance by others. Try to determine a consistent picture of ADL performances. The following list provides general guidelines for recording accurate ADL self-performance.

~ Guidelines for ADL Performance ~

- Do not confuse an applicant who is totally dependent in an ADL activity with one where the activity itself is not occurring. For example, an applicant who receives tube feedings and no foods or fluids by mouth is engaged in eating, and must be evaluated under the eating category for his/her level of assistance in the process.
- An applicant who is highly involved in providing him/herself a tube feeding is not totally dependent and should not be coded as "total dependence," but rather as a lower code depending on the nature of help received from others.
- Remember, each of the ADL performance codes is exclusive; there is no overlap between categories. Changing from one category to another demands an increase or decrease in the number of times help is provided.

CODING EXAMPLES

Item	Description of Applicant's Activity	Proper Coding
Locomotion	Mr. A ambulated independently around his home during the day. He becomes afraid at night and his wife walks him to the bathroom at least twice each night.	Supervision
Eating	Mrs. D is fed by a feeding tube. No food or fluids are consumed through her mouthtube; feeding assistance is performed by caregivers.	Total Dependence
Eating	Mr. F is fed via parenteral IV and requires total assistance in maintaining nutrition and fluids through the line.	Total Dependence
Bed Mobility	Mr. Q routinely sleeps in his reclining chair. He is able to maintain his body position as desired, although he doesn't physically turn to his side.	Independent
Transfer	Mrs. B is ventilator dependent and, because of many new surgical sites, she must remain on total bed rest.	Activity Did Not Occur
Bed Mobility	Mrs. P has been alone without informal support in the community for the last two weeks and is unable to physically turn, sit up or lay down in bed on her own. She presents with stage 3 pressure sores related to the lack of personnel to assist.	Activity Did Not Occur
Toilet Use	Mr. K has a urinary catheter. Adult briefs are utilized, checked and changed every three hours.	Total Dependence
Toilet Use	Mrs. J used the bathroom independently once she was placed in a wheelchair. She uses the bedpan independently at night.	Independent
Dressing	Ms. G received limited physical help with dressing for the past 3 days. She placed her arms into the bra and her caregiver assisted with positioning of her arms.	Limited Assistance
Personal Hygiene	Mr. T performs all personal hygiene tasks. Because of his failing eyesight, his wife hands grooming articles to him and returns them when he is finished.	Independent
Bathing	Mr. E receives verbal cueing and encouragement to take daily showers.	Supervision

C.12A. Locomotion

This section refers to how the applicant gets around in the home environment, moving from surface to surface. If the applicant uses a wheelchair, coding should reflect the applicant's self-sufficiency one he/she is in the chair. The 7-day look-back period is based on the date the Eligibility Tool (LOCET) is completed.

Selection a: Independent

Make this selection when the applicant is independent. Independent means the applicant needs no help or oversight, OR help or oversight was provided only 1 or 2 times in the last 7 days.

Selection b: Supervision

Make this selection when the applicant required oversight, encouragement or cueing 3 or more times during the last 7 days, OR supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days.

Selection c: Limited Assistance

Make this selection when the applicant is highly involved in activity, received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times, OR additional help was provided only 1 or 2 times during last 7 days.

Selection d: Extensive Assistance

Make this selection when the applicant performed part of activity over last 7-day period, and help of the following type(s) was provided 3 or more times:

- Weight-bearing support
- Full performance by another individual during part, but not all, of last 7 days

Selection e: Total Dependence

Make this selection when the applicant required full performance of activity by another individual during entire 7-day period.

Selection f: Activity did not occur during entire 7-day period (regardless of ability)

Make this selection when the activity did not occur for this applicant.

Selection g: Unknown to Informant

Make this selection when the informant is not aware of the applicant's functional ability in this area for the last 7 days.

C.12B. Eating

This section refers to how the applicant eats and drinks (regardless of skill and includes intake of nourishment by other means, e.g., tube feeding, total parenteral nutrition). The 7-day look-back period is based on the date the Eligibility Tool (LOCET) is completed.

Selection a: Independent

Make this selection when the applicant is independent. Independent means the applicant needs no help or oversight, OR help or oversight was provided only 1 or 2 times in the last 7 days.

Selection b: Supervision

Make this selection when the applicant required oversight, encouragement or cueing 3 or more times during the last 7 days, OR supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days.

Selection c: Limited Assistance

Make this selection when the applicant is highly involved in activity, received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times, OR additional help was provided only 1 or 2 times during last 7 days.

Selection d: Extensive Assistance

Make this selection when the applicant performed part of activity over last 7-day period, and help of the following type(s) was provided 3 or more times:

- Full performance by another individual during part, but not all, of last 7 days

Selection e: Total Dependence

Make this selection when the applicant required full performance of activity by another individual during entire 7-day period.

Selection f: Activity did not occur during entire 7-day period (regardless of ability)

Make this selection when the activity did not occur for this applicant.

Selection g: Unknown to Informant

Make this selection when the informant is not aware of the applicant's functional ability in this area for the last 7 days.

C.12C. Transfer

This section refers to the applicant's ability to move between surfaces, to/from a bed, chair, wheelchair, and to a standing position (excluding to/from bath/toilet). The 7-day look-back period is based on the date the Eligibility Tool (LOCET) is completed.

C.12C. Transfer (*continued*):

Selection a: Independent

Make this selection when the applicant is independent. Independent means the applicant needs no help or oversight, OR help or oversight was provided only 1 or 2 times in the last 7 days.

Selection b: Supervision

Make this selection when the applicant required oversight, encouragement or cueing 3 or more times during the last 7 days, OR supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days.

Selection c: Limited Assistance

Make this selection when the applicant is highly involved in activity, received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times, OR additional help was provided only 1 or 2 times during last 7 days.

Selection d: Extensive Assistance

Make this selection when the applicant performed part of activity over last 7-day period, and help of the following type(s) was provided 3 or more times:

- Weight-bearing support
- Full performance by another individual during part, but not all, of last 7 days

Selection e: Total Dependence

Make this selection when the applicant required full performance of activity by another individual during entire 7-day period.

Selection f: Activity did not occur during entire 7-day period (regardless of ability)

Make this selection when the activity did not occur for this applicant.

Selection g: Unknown to Informant

Make this selection when the informant is not aware of the applicant's functional ability in this area for the last 7 days.

C.12D. Bed Mobility

This section refers to the applicant's ability to move to and from a lying position, to turn side to side, and to position the body while in bed. The 7-day look-back period is based on the date the Eligibility Tool (LOCET) is completed.

Selection a: Independent

Make this selection when the applicant is independent. Independent means the applicant needs no help or oversight, OR help or oversight was provided only 1 or 2 times in the last 7 days.

C.12D. Bed Mobility (continued):

Selection b: Supervision

Make this selection when the applicant required oversight, encouragement or cueing 3 or more times during the last 7 days, OR supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days.

Selection c: Limited Assistance

Make this selection when the applicant is highly involved in activity, received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times, OR additional help was provided only 1 or 2 times during last 7 days.

Selection d: Extensive Assistance

Make this selection when the applicant performed part of activity over last 7-day period, and help of the following type(s) was provided 3 or more times:

- Weight-bearing support
- Full performance by another individual during part, but not all, of last 7 days

Selection e: Total Dependence

Make this selection when the applicant required full performance of activity by another individual during entire 7-day period.

Selection f: Activity did not occur during entire 7-day period (regardless of ability)

Make this selection when the activity did not occur for this applicant.

Selection g: Unknown to Informant

Make this selection when the informant is not aware of the applicant's functional ability in this area for the last 7 days.

C.12E. Toilet Use

This section refers to how well the applicant uses the toilet room (or commode, bedpan, urinal), transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, and adjusts clothes. The 7-day look-back period is based on the date the Eligibility Tool (LOCET) is completed.

Selection a: Independent

Make this selection when the applicant is independent. Independent means the applicant needs no help or oversight, OR help or oversight was provided only 1 or 2 times in the last 7 days.

C.12E. Toilet Use (*continued*):

Selection b: Supervision

Make this selection when the applicant required oversight, encouragement or cueing 3 or more times during the last 7 days, OR supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days.

Selection c: Limited Assistance

Make this selection when the applicant is highly involved in activity, received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times, OR additional help was provided only 1 or 2 times during last 7 days.

Selection d: Extensive Assistance

Make this selection when the applicant performed part of activity over last 7-day period, and help of the following type(s) was provided 3 or more times:

- Weight-bearing support
- Full performance by another individual during part, but not all, of last 7 days

Selection e: Total Dependence

Make this selection when the applicant required full performance of activity by another individual during entire 7-day period.

Selection f: Activity did not occur during entire 7-day period (regardless of ability)

Make this selection when the activity did not occur for this applicant.

Selection g: Unknown to Informant

Make this selection when the informant is not aware of the applicant's functional ability in this area for the last 7 days.

C.12F. Dressing

This section refers to how well the applicant dresses and undresses him/herself, including prostheses, orthotics, fasteners, pullovers, belts, pants, etc. The 7-day look-back period is based on the date the Eligibility Tool (LOCET) is completed.

Selection a: Independent

Make this selection when the applicant is independent. Independent means the applicant needs no help or oversight, OR help or oversight was provided only 1 or 2 times in the last 7 days.

Selection b: Supervision

Make this selection when the applicant required oversight, encouragement or cueing 3 or more times during the last 7 days, OR supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days.

C.12F. Dressing (continued):

Selection c: Limited Assistance

Make this selection when the applicant is highly involved in activity, received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times, OR additional help was provided only 1 or 2 times during last 7 days.

Selection d: Extensive Assistance

Make this selection when the applicant performed part of activity over last 7-day period, and help of the following type(s) was provided 3 or more times:

- Weight-bearing support
- Full performance by another individual during part, but not all, of last 7 days

Selection e: Total Dependence

Make this selection when the applicant required full performance of activity by another individual during entire 7-day period.

Selection f: Activity did not occur during entire 7-day period (regardless of ability)

Make this selection when the activity did not occur for this applicant.

Selection g: Unknown to Informant

Make this selection when the informant is not aware of the applicant's functional ability in this area for the last 7 days.

C.12G. Personal Hygiene

This section refers to how well the applicant performed tasks such as combing the hair, brushing teeth, shaving, applying make-up, washing/drying face and hands. The 7-day look-back period is based on the date the Eligibility Tool (LOCET) is completed.

Selection a: Independent

Make this selection when the applicant is independent. Independent means the applicant needs no help or oversight, OR help or oversight was provided only 1 or 2 times in the last 7 days.

Selection b: Supervision

Make this selection when the applicant required oversight, encouragement or cueing 3 or more times during the last 7 days, OR supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days.

Selection c: Limited Assistance

Make this selection when the applicant is highly involved in activity, received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times, OR additional help was provided only 1 or 2 times during last 7 days.

C.12G. Personal Hygiene (continued):

Selection d: Extensive Assistance

Make this selection when the applicant performed part of activity over last 7-day period, and help of the following type(s) was provided 3 or more times:

- Weight-bearing support
- Full performance by another individual during part, but not all, of last 7 days

Selection e: Total Dependence

Make this selection when the applicant required full performance of activity by another individual during entire 7-day period.

Selection f: Activity did not occur during entire 7-day period (regardless of ability)

Make this selection when the activity did not occur for this applicant.

Selection g: Unknown to Informant

Make this selection when the informant is not aware of the applicant's functional ability in this area for the last 7 days.

C.12H. Bathing

This section refers to how the client takes a full body bath/shower or sponge bath. Exclude washing of the back and hair. Code for the most dependent episode in the last 7 days. The 7-day look-back period is based on the date the Eligibility Tool (LOCET) is completed.

Selection a: Independent

Make this selection when the applicant is independent. Independent means the applicant needs no help or oversight, OR help or oversight was provided only 1 or 2 times in the last 7 days.

Selection b: Supervision

Make this selection when the applicant required oversight, encouragement or cueing 3 or more times during the last 7 days, OR supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days.

Selection c: Limited Assistance

Make this selection when the applicant is highly involved in activity, received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times, OR additional help was provided only 1 or 2 times during last 7 days.

C.12H. Bathing (continued):

Selection d: Extensive Assistance

Make this selection when the applicant performed part of activity over last 7-day period, and help of the following type(s) was provided 3 or more times:

- Weight-bearing support
- Full performance by another individual during part, but not all, of last 7 days

Selection e: Total Dependence

Make this selection when the applicant required full performance of activity by another individual during entire 7-day period.

Selection f: Activity did not occur during entire 7-day period (regardless of ability)

Make this selection when the activity did not occur for this applicant.

Selection g: Unknown to Informant

Make this selection when the informant is not aware of the applicant's functional ability in this area for the last 7 days.

C.12I. Bladder Continence

This section refers to how well the applicant maintains urinary continence; use of bladder continence devices is also assessed. The 7-day look-back period is based on the date the Eligibility Tool (LOCET) is completed.

Selection a: Continent

Code if applicant has complete control and no device used.

Selection b: Continent with catheter

Code if applicant has complete urinary bladder control with any type of catheter used.

Selection c: Usually continent

Code if applicant has urinary incontinent episodes once a week or less, with or without a catheter.

Selection d: Incontinent

Code if applicant has urinary incontinent episodes at least two times a week or more, with or without a catheter.

Selection e: Unknown to Informant

Make this selection when the informant is not aware of how the applicant maintained urinary continence during the last 7 days.

C.12J. Medication Management

This section refers to how well the applicant manages medications, including taking correct dosages, opening bottles, giving injections, applying ointments. The 7-day look-back period is based on the date the Eligibility Tool (LOCET) is completed.

Selection a: Independent

Code if applicant managed his/her medication regimen without assistance.

Selection b: Some Help

Code if applicant received help with medication regimen some of the time in the last 7 days.

Selection c: Full Help

Code if applicant's medication regimen was performed with help of others all of the time in the last 7 days.

Selection d: By Others

Code if applicant's medication regimen was performed by others all of the time in the last 7 days.

Selection e: Did not occur

Code if applicant did not take any medications in the last 7 days.

Selection f: Unknown to Informant

Make this selection when the informant is not aware of how the applicant managed medications during the last 7 days.

C.12K.a. Meal Preparation

This section refers to how well the applicant prepares meals, including planning meals, cooking, setting out food and utensils. The 7-day look-back period is based on the date the Eligibility Tool (LOCET) is completed.

Selection a: Independent

Code if applicant prepared all meals without assistance.

Selection b: Some Help

Code if applicant received help with meal preparation some of the time in the last 7 days.

Selection c: Full Help

Code if applicant's meal preparation was performed with help of others all of the time in the last 7 days.

C.12K.a. Meal Preparation (continued):

Selection d: By Others

Code if applicant's meal preparation was performed by others all of the time in the last 7 days.

Selection e: Did not occur

Code if there was no meal preparation performed for the applicant in the last 7 days.

Selection f: Unknown to Informant

Make this selection when the informant is not aware of how the applicant's meals were prepared in the last 7 days.

C.12K.b. Shopping

This section refers to how the applicant's shopping is performed for food and household items, selecting items and managing money. The 7-day look-back period is based on the date the Eligibility Tool (LOCET) is completed.

Selection a: Independent

Code if applicant managed his/her food and household item shopping without assistance.

Selection b: Some Help

Code if applicant received help with food and household item shopping some of the time in the last 7 days.

Selection c: Full Help

Code if applicant's food and household item shopping was performed with help of others all of the time in the last 7 days.

Selection d: By Others

Code if applicant's food and household item shopping was performed by others all of the time in the last 7 days.

Selection e: Did not occur

Code if there was no food and household shopping performed for the applicant in the last 7 days.

Selection f: Unknown to Informant

Make this selection when the informant is not aware of how the applicant's food and household item shopping was done during the last 7 days.

C.12L. Going out of the home

This section refers to how often the applicant leaves his/her place of residence. Code for the number of days the applicant usually went out of the house or building of residence, no matter how short a time. Code for a typical week within the 30 days prior to the date the Eligibility Tool (LOCET) is completed.

Selection a: Every day

Code if the applicant left his/her place of residence (house or building) each of the last 7 days, even for a short period of time.

Selection b: Two – 6 days

Code if the applicant left his/her place of residence (house or building) 2 to 6 days of the last 7 days, even for a short period of time.

Selection c: One

Code if the applicant left his/her place of residence (house or building) on one of the last 7 days, even for a short period of time.

Selection d: No days

Code if the applicant did not leave his/her place of residence (house or building) on any of the last 7 days.

Selection e: Unknown to Informant

Make this selection when the informant is not aware of how often the applicant left his/her home in the last 7 days.

C.12M. Activity of Daily Living Self-Performance Change

This section refers to the applicant's overall ADL self-performance as compared to what it was 90 days prior to the date the Eligibility Tool (LOCET) is completed.

Selection a: No change

Code if the applicant's overall ADL self-performance at the present time is no different from what it was 90 days ago.

Selection b: Improved

Code if the applicant's overall ADL self-performance at the present time has improved from what it was 90 days ago. I.e., the applicant is able to perform more tasks independently now than 90 days ago, or the applicant is able to perform a task without assistance more frequently now than 90 days ago.

C.12M. Activity of Daily Living Self-Performance Change (*continued*):

Selection c: Deteriorated

Code if the applicant's overall ADL self-performance at the present time has diminished from what it was 90 days ago. I.e., the applicant is able to perform less tasks independently now than 90 days ago, or the applicant is able to perform a task without assistance less frequently now than 90 days ago.

Selection d: Unknown to Informant

Make this selection when the informant is not aware of the applicant's self-performance of ADLs now as compared to 90 days ago.

Section D. PATHWAY 2: Cognitive Performance

The Louisiana Level of Care Eligibility Tool (LOCET) definition is meant to include applicants who meet level of care based on cognitive performance. Pathway 2 uses the Cognitive Performance Scale to identify applicants with cognitive difficulties, especially difficulties with short-term memory and daily decision-making, both essential skills for residing safely in the community. The applicant's ability to remember, think coherently, and organize daily self-care activities is very important. The focus is on performance, including a demonstrated ability to remember recent events and perform key decision-making skills.

Questions about cognitive function and memory can be sensitive issues for some applicants who may become defensive, agitated, or very emotional. These are common reactions to performance anxiety and feelings of being exposed, embarrassed, or frustrated when the applicant knows he/she cannot answer the questions cogently.

Be sure to interview the applicant by using a nonjudgmental approach to questioning. This will help create a needed sense of trust. Be cognizant of possible cultural differences that may affect your perception of the applicant's response.

- Engage the applicant in general conversation to help establish rapport.
- Actively listen and observe for clues to help you structure your assessment.

Remember:

- Repetitiveness, inattention, rambling speech, defensiveness, or agitation may be challenging to deal with during an interview, but these behaviors also provide important information about cognitive function.
- Be open, supportive, and reassuring during your conversation with the applicant.

An accurate assessment of cognitive function can be difficult when the applicant is unable to verbally communicate. It is particularly difficult when the areas of cognitive function you want to assess require some kind of verbal response from the applicant (memory recall).

It is certainly easier to perform an evaluation when you can converse with the applicant and hear responses that give you clues as to how the applicant is able to think, if he/she understands his/her strengths and weaknesses, whether he/she is repetitive, or if he/she has difficulty finding the right words to tell you what they want to say.

D.13A. Short Term Memory

The intent of this section is to determine the applicant's self-assessment of his/her functional capacity to remember recent events (i.e., short term memory). (If speaking to an informant who is not the applicant, this question will ask for the informant's assessment of whether or not the applicant has a memory problem.)

Selection 0: Memory OK

Code if the applicant or informant states that the applicant is able to recall recent events or when he/she ate his/her last meal, etc.

Selection 1: Memory problem

Code if the applicant or informant states that there appears to be a problem with recall of recent events or when he/she ate his/her last meal.

D.13B. Memory Exercise Question

Item D.13B, in conjunction with Item B.11A, will constitute an informal memory exercise for the applicant. Please note that if the applicant is not the informant, this item must be omitted and Selection 4 must be coded.

See initial instructions for Item B.11A for this exercise. At the conclusion of five minutes after the three words have been spoken to the applicant, Item D.13B must be completed. Ask the applicant to recall the three words.

Enter the number of words correctly recalled (0, 1, 2 or 3). If not assessed, enter "4."

D.13C. Cognitive Skills for Daily Decision Making

The intent of this section is to record the applicant's actual performance in making everyday decisions about the tasks or activities of daily living. This item is especially important for further assessment in that it can alert the intake analyst to a mismatch between the applicant's abilities and his/her current level of performance, or that the family may inadvertently be fostering the applicant's dependence.

Process

Review events of the last 7 days. The 7-day look-back period is based on the date the Eligibility Tool (LOCET) is completed. The inquiry should focus on whether the applicant is actively making his/her decisions, and not whether there is a belief that the applicant might be capable of doing so.

Remember, the intent of this item is to record what the applicant is doing. When a family member takes decision-making responsibility away from the applicant regarding tasks of everyday living, or the applicant does not participate in decision making, whatever his/her level of capability, the applicant should be considered to have impaired performance in decision making.

Examples of Decision Making

- Choosing appropriate items of clothing
- Knowing when to go to meals
- Knowing and using space in home appropriately
- Using environmental cues to organize and plan the day (clocks and calendars)
- Seeking information appropriately (not repetitively) from family or significant others in order to plan the day
- Using awareness of one's own strengths and limitations in regulating the day's events (asks for help when necessary)
- Knowing when to go out of the house
- Acknowledging the need to use a walker and using it faithfully

Selection a: Independent

Code when the applicant's decisions were consistent and reasonable (reflecting lifestyle, culture, values); the applicant organized daily routine and made decisions in a consistent, reasonable, and organized fashion.

Selection b: Minimally impaired

Code when applicant has some difficulty in new situations or his/her decisions are poor. Code also when the applicant requires cueing/ supervision in specific situations only.

Selection c: Moderately impaired

Code when the applicant's decisions were poor; the applicant required reminders, cues, and supervision in planning, organizing, and correcting daily routines.

Selection d: Severely Impaired

The applicant's decision-making was severely impaired; the applicant never (or rarely) made decisions.

Selection e: Unknown to Informant

Make this selection when the informant is not aware of the applicant's decision-making abilities.

D.13D. Making Self Understood

The intent of this section is to document the applicant's ability to express or communicate requests, needs, opinions, urgent problems, and social conversation, whether in speech,

D.13D. Making Self Understood (continued):

writing, sign language, or a combination of these (includes use of word board or keyboard). Observe and listen to the applicant's efforts to communicate with you.

Selection a: Understood

Code if the applicant expresses ideas clearly and without difficulty.

Selection b: Usually Understood

The applicant has difficulty finding the right words or finishing thoughts, resulting in delayed responses. If given time, little or no prompting is required.

Selection c: Sometimes Understood

Code if the applicant has limited ability, but is able to express concrete requests regarding at least basic needs (i.e., food, drink, sleep, toilet).

Selection d: Rarely/Never Understood

Code if, at best, understanding is limited to interpretation of highly individual, applicant-specific sounds or body language (i.e., indicates the presence of pain or need to toilet).

Selection e: Unknown to Informant

Code if the informant is not aware of the applicant's ability to make him/herself understood.

D.13E. Change in Mental Functioning in Last Seven Days

The intent of this question is to identify an acute confusional state which has presented itself within the seven day period prior to completion of the LOCET.

Code for the client's behavior regardless of what the cause may be.

Selection 0: No

Selection 1: Yes

Selection 2: Unknown to informant

PATHWAYS 3, 4 and 5: Acute or Unstable Medical or Rehabilitative Conditions

Pathways 3, 4 and 5 identify applicants who have acute or unstable medical or rehabilitative conditions which meet level of care requirements. Applicants who qualify in Pathway 3, 4 or 5 are likely to have potential for improvement in their condition.

When an applicant chooses a long term care services, he/she is responsible for reporting changes in condition or situation to the specific program office which administers those long term care services. Adjustments in approval times will be made by the specific programs, in accordance with approved policy and regulations.

If an applicant chooses Nursing Facility services as the preferred long term care program, and has qualified on LOCET only on Pathway 3 or Pathway 4 or Pathway 5, Nursing Facility services may be approved for a time-limited stay, which will be a minimum of 30 days. (See Louisiana Medicaid Manual, Standards for Payment for Nursing Facilities, Chapter 7, Admission Review and Preadmission Screening, pages 7-2 and 7-9.) At the conclusion of the initial period of approval, if the applicant has not been discharged, the Nursing Facility will submit documentation for request of an extension of stay. This documentation will be reviewed by the OAAS Reviewer who will determine if an extension of stay is warranted.

Section E. PATHWAY 3: Physician Involvement

Applicants who have significant clinical instability may be appropriate for long-term care programs. Pathway 3 records information concerning the frequency of health care practitioner examinations and order changes for the applicant. For this section, visits and orders from physician assistants, nurse practitioners, or clinical nurse specialists working in collaboration with the physician should be included. (Do not count visits or orders made while the applicant was hospitalized.)

Physician orders include written, telephoned, faxed, or consultation orders for new or altered treatments in the community setting. Drug renewal orders are not to be considered.

E.14A. Physician visits

Identify and code the number of days within the last 14 days that the physician or authorized assistant or practitioner examined the applicant. The 14-day look-back period is based on the Eligibility Tool (LOCET) date.

Enter "0" if none. Enter 14 if 14 or more examinations occurred.

E.14A. Physician visits (continued):

If the informant is not aware of the number of physician examinations the applicant has had in the last 14 days, code 15.

- Do not count emergency room examinations.
- Do not count in-patient hospital examinations.

E.14B. Physician Orders

Identify and code the number of times the physician or authorized assistant or practitioner changed the applicant's orders within the last 14 days. The 14-day look-back period is based on the Eligibility Tool (LOCET) date.

Enter "0" if none.

Enter 14 if 14 or more order changes were written.

If the informant is not aware of the number of order changes the applicant has had in the last 14 days, code 15.

- Do not include drug or treatment order renewals without change.
- Do not count hospital in-patient order changes.
- Physician orders in the emergency room do count.
- A sliding scale dosage schedule that is written to cover different insulin dosages depending on laboratory values does not count as an order change simply because a different dose was administered based on sliding scale guidelines.
- Do not count order changes which occurred prior to the last 14 days.
- If an applicant has multiple physicians, and they all visit and write orders on the same day, this must be coded as one day in which a physician visited and one day for an order change.
- Orders requesting a consultation by another physician may be counted; however, the order must be related to a possible new or altered treatment.

Applicants who score in only Pathway 3 are those who most likely require ongoing assessment and follow-up monitoring. A specific discharge plan should be prepared for these applicants. The OAAS Reviewer will determine if the condition or treatment indicated on the LOCET in this Pathway is supported by the medical documentation submitted.

Care planning for all nursing facility residents must include restorative nursing interventions. Restorative nursing interventions are discussed in the Louisiana Medicaid Manual, Standards for Payment for Nursing Facilities, Chapter 3, page 3-17.

Section F. PATHWAY 4: Treatments and Conditions

Certain treatments and conditions may be a predictor of potential frailty or increased health risk. These conditions require a physician-documented diagnosis in the medical record. This documentation will be submitted on the Statement of Medical Status. The Statement of Medical Status will be completed by a health care professional associated with the applicant's primary care physician, physician discharging the patient from a hospital, or associated with the treating physician at the receiving Nursing Facility. This Statement of Medical Status must be forwarded to OAAS upon completion. The OAAS Reviewer will determine if the condition or treatment indicated on the LOCET is supported by the documentation completed by the health care professional. Applicants will not qualify under Pathway 4 when the conditions have been resolved, or they no longer affect functioning or the need for care. The individual look-back period for each item is based on the Eligibility Tool (LOCET) date.

Applicants who score in only Pathway 4 are those who most likely require ongoing assessment and follow-up monitoring. A specific discharge plan should be prepared for these applicants. The OAAS Reviewer will determine if the condition or treatment indicated on the LOCET in this Pathway is supported by the medical documentation submitted.

Care planning for all nursing facility residents must include restorative nursing interventions. Restorative nursing interventions are discussed in the Louisiana Medicaid Manual, Standards for Payment for Nursing Facilities, Chapter 3, page 3-17.

F.15A: Treatments and Conditions – Coding Definitions:

For each of the conditions and treatments listed, code with 0, 1, or 2, **based on the following definitions:**

Selection 0: No

Code if the condition has been resolved or if the applicant does not have this condition as an on-going, active condition which affects his/her functioning or need for care.

Code if the treatment has not occurred in the individual item's look-back period.

Selection 1: Yes

Code if the condition continues to be an on-going, active condition which affects his/her functioning or need for care.

Code if the treatment has occurred within the individual item's look-back period.

F.15A: Treatments and Conditions – Coding Definitions (*continued*):

Selection 2: Unknown to informant

Code if the informant does not know what conditions the applicant has or what treatment he/she has received within the individual item's look-back period.

Item a: Stage 3-4 Pressure Sores

Code, per above definitions, if the applicant has had Stage 3-4 pressure sores in the last 14 days.

Item b: IV or Parenteral Feedings

Code, per above definitions, if the applicant received intravenous or parenteral feedings in the last 7 days.

Item c: Intravenous Medications

Code, per above definitions, if the applicant received intravenous medications in the last 14 days.

Item d: Daily Tracheostomy Care, Daily Respirator/Ventilator Usage, Daily Suctioning

Code, per above definitions, if the applicant received daily tracheostomy care, daily respirator/ventilator usage, or daily suctioning in the last 14 days.

Item e: Pneumonia within the last 14 days

Code, per above definitions, if the applicant had pneumonia within the last 14 days AND has associated IADL/ADL needs or restorative nursing care needs.

Item f: Daily Respiratory Therapy

Code, per above definitions, if the applicant received daily respiratory therapy, i.e., "Includes use of inhalers, heated nebulizers, postural drainage, deep breathing, aerosol treatments, and mechanical ventilation, etc., which must be provided by a qualified professional. Does not include hand held medication dispensers."⁶

Item g: Daily Insulin with two order changes in the last 14 days

Code, per above definitions, if the applicant received daily insulin injections with two or more order changes within the last 14 days.

(A sliding scale dosage schedule that is written to cover different insulin dosages depending on laboratory values does not count as an order change simply because a different dose was administered based on sliding scale guidelines.)

⁶ Morris JN, Fries BE, Bernabei R, et al. p.118.

F.15A: Treatments and Conditions – Coding Definitions (*continued*):

Item h: Peritoneal or Hemodialysis

Code, per above definitions, if the applicant received peritoneal dialysis or hemodialysis in the last 14 days. “Hemodialysis is a method for removing unwanted byproducts from the blood of clients with renal insufficiency or renal failure through the use of a machine (dialyzer). Peritoneal dialysis (CAPD) is a method of removing unwanted byproducts from the body through the instillation of dialysate into the peritoneal cavity and using the abdominal wall as a filter.”⁷

F.15B: For each of the diseases or conditions listed, code with 0, 1, or 2, **based on the following definitions:**

Selection 0: No

Code if the applicant does not have the disease or condition.

Code if the applicant has the disease or condition, but has not required treatment of symptom management in the last 90 days.

Selection 1: Yes

Code if a doctor has indicated that the disease or condition is present AND it affects the applicant’s status.

Code if the applicant has required treatment of symptom management in the last 90 days.

Selection 2: Unknown to informant

Code if the informant does not know if the applicant has any of the listed diseases or conditions as defined in Selection 1.

Item a: Alzheimer’s disease

Code, per above definitions, if the applicant has this disease, its effect on the applicant’s status, and if treatment of symptom management has been received in the last 90 days.

Item b: Dementia other than Alzheimer’s disease

Code, per above definitions, if the applicant has this disease, its effect on the applicant’s status, and if treatment of symptom management has been received in the last 90 days.

Item c: Head trauma

Code, per above definitions, if the applicant has this condition, its effect on the applicant’s status, and if treatment of symptom management has been received in the last 90 days.

⁷ Morris JN, Fries BE, Bernabei R, et al. p.118.

F.15B: Treatments and Conditions – Coding Definitions (continued):

Item d: Multiple Sclerosis

Code, per above definitions, if the applicant has this disease, its effect on the applicant's status, and if treatment of symptom management has been received in the last 90 days.

Section G. PATHWAY 5: Skilled Rehabilitation Therapies

This section identifies the presence of rehabilitation interventions based on ordered and scheduled therapy service (physical therapy - PT, occupational therapy - OT, speech therapy - ST) needs during the last 7 days and scheduled therapies for the next 7 days. These 7-day periods are based on the Eligibility Tool (LOCET) date.

Speech Therapy

G.16A.a.1.(A) Identify and code the number of minutes within the last 7 days that the applicant had Speech Therapy. The 7-day look-back period is based on the Eligibility Tool (LOCET) date.

Enter "0" if less than 15 minutes of Speech Therapy was received.

Enter "0" if no Speech Therapy was received.

Enter total number of minutes of Speech Therapy received in the last 7 days. Do not include evaluation minutes in the total number of minutes.

If the informant is not aware of the number of minutes of Speech Therapy the applicant has had in the last 7 days, code 999.

G.16A.b.1.(B) Identify and code the number of minutes the applicant is scheduled for Speech Therapy within the next 7 days. The 7-day look-forward period is based on the Eligibility Tool (LOCET) date.

Enter "0" if less than 15 minutes of Speech Therapy is scheduled.

Enter "0" if no Speech Therapy is scheduled.

Enter total number of minutes the applicant is scheduled for Speech Therapy within the next 7 days. Do not include evaluation minutes in the total number of minutes.

If the informant is not aware of the number of minutes the applicant is scheduled for Speech Therapy within the next 7 days, code 999.

Occupational Therapy

G.16A.a.2.(A) Identify and code the number of minutes within the last 7 days that the applicant had Occupational Therapy. The 7-day look-back period is based on the Eligibility Tool (LOCET) date.

Enter “0” if less than 15 minutes of Occupational Therapy was received.

Enter “0” if no Occupational Therapy was received.

Enter total number of minutes of Occupational Therapy received in the last 7 days. Do not include evaluation minutes in the total number of minutes.

If the informant is not aware of the number of minutes of Occupational Therapy the applicant has had in the last 7 days, code 999.

G.16A.b.2.(B) Identify and code the number of minutes the applicant is scheduled for Occupational Therapy within the next 7 days. The 7-day look-forward period is based on the Eligibility Tool (LOCET) date.

Enter “0” if less than 15 minutes of Occupational Therapy is scheduled.

Enter “0” if no Occupational Therapy is scheduled.

Enter total number of minutes the applicant is scheduled for Occupational Therapy within the next 7 days. Do not include evaluation minutes in the total number of minutes.

If the informant is not aware of the number of minutes the applicant is scheduled for Occupational Therapy within the next 7 days, code 999.

Physical Therapy

G.16A.a.3.(A) Identify and code the number of minutes within the last 7 days that the applicant had Physical Therapy. The 7-day look-back period is based on the Eligibility Tool (LOCET) date.

Enter “0” if less than 15 minutes of Physical Therapy was received.

Enter “0” if no Physical Therapy was received.

Enter total number of minutes of Physical Therapy received in the last 7 days. Do not include evaluation minutes in the total number of minutes.

If the informant is not aware of the number of minutes of Physical Therapy the applicant has had in the last 7 days, code 999.

G.16A.b.3.(B) Identify and code the number of minutes the applicant is scheduled for Physical Therapy within the next 7 days. The 7-day look-forward period is based on the Eligibility Tool (LOCET) date.

Enter “0” if less than 15 minutes of Physical Therapy is scheduled.

Enter “0” if no Physical Therapy is scheduled.

Enter total number of minutes the applicant is scheduled for Physical Therapy within the next 7 days. Do not include evaluation minutes in the total number of minutes.

If the informant is not aware of the number of minutes the applicant is scheduled for Physical Therapy within the next 7 days, code 999.

Applicants who score in only Pathway 5 are those who most likely require ongoing assessment and follow-up monitoring. A specific discharge plan should be prepared for these applicants. The OAAS Reviewer will determine if the condition or treatment indicated on the LOCET in this Pathway is supported by the medical documentation submitted.

Care planning for all nursing facility residents must include restorative nursing interventions. Restorative nursing interventions are discussed in the Louisiana Medicaid Manual, Standards for Payment for Nursing Facilities, Chapter 3, page 3-17.

Applicants who score in only Pathways 3, 4, or 5 will require a supporting documentation (Statement of Medical Status) by a health care professional associated with the applicant's primary care physician, physician discharging the patient from a hospital, or associated with the treating physician at the receiving Nursing Facility. The OAAS Reviewer will determine if the condition or treatment indicated on the LOCET is supported by the documentation completed by the health care professional..

Section H. PATHWAY 6: Behavior

This Pathway identifies applicants who display repetitive behavioral challenges. For this area, identify whether the applicant has displayed any challenging behaviors in the last 7 days. Note that the items ask for the number of days in which the behaviors are exhibited, not individual episodes. For instance, if the applicant had three episodes of wandering on one day, that would count for one day of wandering. The 7-day look-back period is based on the Eligibility Tool (LOCET) date.

H.17A. Wandering Behavior

Wandering describes those applicants who move about (in- or out-of-doors) with no discernible, rational purpose. Individuals who wander may be oblivious to their physical or safety needs. Wandering behavior should be differentiated from purposeful movement (i.e., a hungry applicant moving about the apartment in search of food). Wandering may be by walking or by wheelchair. Do not include pacing as wandering behavior. Wandering can occur indoors or out of doors.

Selection a: Behavior not exhibited in last 7 days
Code if the applicant did not display any wandering behavior in the last 7 days.

Selection b: Behavior of this type occurred 1 to 3 days in last 7 days

H.17A. Wandering Behavior (continued):

Code if the applicant exhibited wandering behavior on 1, 2, or 3 days within the last 7-day period.

Selection c: Behavior of this type occurred 4 to 6 days, but less than daily
Code if the applicant exhibited wandering behavior on 4, 5, or 6 days within the last 7-day period.

Selection d: Behavior of this type occurred daily
Code if the applicant exhibited wandering behavior on each day within the last 7-day period.

Selection e: Unknown to Informant
Code if the informant is not aware of the applicant's frequency of wandering within the last 7 days.

H.17B. Verbally Abusive Behavior

This section identifies applicants who threatened or screamed at others.

Selection a: Behavior not exhibited in last 7 days
Code if the applicant did not display any verbally abusive behavior in the last 7 days.

Selection b: Behavior of this type occurred 1 to 3 days in last 7 days
Code if the applicant exhibited verbally abusive behavior on 1, 2, or 3 days within the last 7-day period.

Selection c: Behavior of this type occurred 4 to 6 days, but less than daily
Code if the applicant exhibited verbally abusive behavior on 4, 5, or 6 days within the last 7-day period.

Selection d: Behavior of this type occurred daily
Code if the applicant exhibited verbally abusive behavior on each day within the last 7-day period.

Selection e: Unknown to Informant
Code if the informant is not aware of the applicant's frequency of verbally abusive behavior within the last 7 days.

H.17C. Physically Abusive Behavior

This section identifies applicants who hit, shoved, scratched or sexually abused others.

Selection a: Behavior not exhibited in last 7 days
Code if the applicant did not display any physically abusive behavior in the last 7 days.

Selection b: Behavior of this type occurred 1 to 3 days in last 7 days
Code if the applicant exhibited physically abusive behavior on 1, 2, or 3 days within the last 7-day period.

Selection c: Behavior of this type occurred 4 to 6 days, but less than daily
Code if the applicant exhibited physically abusive behavior on 4, 5, or 6 days within the last 7-day period.

Selection d: Behavior of this type occurred daily
Code if the applicant exhibited physically abusive behavior on each day within the last 7-day period.

Selection e: Unknown to Informant
Code if the informant is not aware of the applicant's frequency of physically abusive behavior within the last 7 days.

H.17D. Socially Inappropriate/Disruptive Behavior

This section identifies applicants who made disruptive sounds, noisiness, or screaming, who performed self-abusive acts, inappropriate sexual behavior or disrobed in public, who smeared or threw food/feces, or who hoarded or rummaged through others' belongings.

Selection a: Behavior not exhibited in last 7 days
Code if the applicant did not display any socially inappropriate or disruptive behavior in the last 7 days.

Selection b: Behavior of this type occurred 1 to 3 days in last 7 days
Code if the applicant exhibited socially inappropriate or disruptive behavior on 1, 2, or 3 days within the last 7-day period.

Selection c: Behavior of this type occurred 4 to 6 days, but less than daily
Code if the applicant exhibited socially inappropriate or disruptive behavior on 4, 5, or 6 days within the last 7-day period.

H.17D. Socially Inappropriate/Disruptive Behavior (continued):

Selection d: Behavior of this type occurred daily
Code if the applicant exhibited socially inappropriate or disruptive behavior on each day within the last 7-day period.

Selection e: Unknown to Informant
Code if the informant is not aware of the applicant's frequency of socially inappropriate or disruptive behavior within the last 7 days.

H.17E. Mental Health Problems or Conditions

Applicants who need long term care may experience delusions and hallucinations that impact the applicant's ability to live independently in the community. Applicants who qualify at this Pathway must also meet the PASARR requirements for nursing facility admission if they choose a residential setting for care.

Delusions (Definition):

"Fixed, false beliefs not shared by others that the applicant holds even when there is obvious proof or evidence to the contrary (e.g., belief that he or she is terminally ill; belief that spouse is having an affair; belief that food is poisoned)."⁸

H.17E.a. Delusions

Identify and code if the applicant experienced any delusions which impacted his/her ability to function in the community within the last 7 days. The 7-day look-back period is based on the Eligibility Tool (LOCET) date.

Enter "0" if the applicant experienced no delusions which impacted his/her ability to function in the community within the last 7 days.

Enter "1" if the applicant experienced any delusions which impacted his/her ability to function in the community within the last 7 days.

Enter "2" if the informant is not aware if the applicant experienced any delusions which impacted his/her ability to function in the community within the last 7 days.

⁸ Morris JN, Fries BE, Bernabei R, et al, p.97.

H.17E. Mental Health Problems or Conditions (continued):

Hallucinations (Definition):

“False perceptions that occur in the absence of any real stimuli. An hallucination may be auditory (e.g., hearing voices). Visual (e.g., seeing people, animals), tactile (e.g., feeling bugs crawling over skin), olfactory (e.f., smelling poisonous fumes), or gustatory (e.g., having strange tastes).”⁹

H.17E.b. Hallucinations

Identify and code if the applicant experienced any hallucinations which impacted his/her ability to function in the community within the last 7 days. The 7-day look-back period is based on the Eligibility Tool (LOCET) date.

Enter “0” if the applicant experienced no hallucinations which impacted his/her ability to function in the community within the last 7 days.

Enter “1” if the applicant experienced any hallucinations which impacted his/her ability to function in the community within the last 7 days.

Enter “2” if the informant is not aware if the applicant experienced any hallucinations which impacted his/her ability to function in the community within the last 7 days.

Section I. PATHWAY 7: Service Dependency

This section refers to applicants who are currently enrolled in and receiving services from either the Waiver and State Plan Program, PACE program or a Medicaid reimbursed nursing facility. The applicant qualifying under Pathway 7 is eligible for continued enrollment and delivery of services from these programs.

I.18.a. Not a program participant for one year

The applicant has not been served by Waiver and State Plan, PACE or by a Medicaid reimbursed nursing facility for at least one year.

I.18.b. Program participant for at least one year

The applicant has been served by Waiver and State Plan, PACE or by a Medicaid reimbursed nursing facility for at least one year AND requires ongoing services to maintain current functional status. Time may be combined for the applicant who received services across the three programs.

⁹ *Ibid.* p.98.

Section J. SIGNATURES AND COMPLETION DATES

This section records pertinent signatures and dates for the LOCET. The Nursing Facility Intake Analyst will be responsible for only the following items:

J.19A. How many minutes did this contact and interview take:

The intake analyst will estimate closely the number of minutes which transpired from the beginning of Section A.1. to the last question answered by the informant. If over 99 minutes, enter 99.

J.19B. Date LOCET completed:

The intake analyst will enter the date of LOCET completion. (This will usually be the same date as item EE.2., Date LOCET Initiated.)

J.19C. Signature of Intake Analyst/ -- Date:

The Nursing Facility staff member (intake analyst) who conducted the LOCET interview with the informant will:

- sign his/her name on line J19.C.a.
- print his/her name on line J19.C.a.
- enter the date of signature in J19C.b.
- enter his/her intake analyst registration number issued by OAAS in the blocks provided (J19.C.c.).

J.19G. Event Log

J.19.G.2: Date Form (SMS) received from applicant: The Nursing Facility intake analyst will enter the date the completed Statement of Medical Status is received. The completed Statement of Medical Status must be sent to the Office of Aging and Adult Services Regional Office with the completed LOCET. The date of SMS completion must be indicated here.

J.19.G.8: Date Level II PASARR requested: The Nursing Facility intake analyst will enter the date the Level II PASARR was requested.