LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS

POLICY CHAPTER: LEVEL OF CARE ELIGIBILITY FOR LONG-TERM CARE PROGRAMS

Guidelines for the Processing of Long Term Care Program Eligibility Requests

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LEVEL OF CARE ELIGIBILITY FOR LONG-TERM CARE PROGRAMS

1.0. AUTHORITY

Nursing Facilities—Standards for Payment, Level of Care Determination (LAC 50:II.10154) Title 50, PUBLIC HEALTH—MEDICAL ASSISTANCE, Part II. Medical Assistance Program, Subpart 3. Standards for Payment, Chapter 101. Standards for Payment for Nursing Facilities, Subchapter G. Levels of Care.

2.0. PURPOSE OF THIS DOCUMENT

This document is designed to set forth OAAS policies governing the process of level of care determinations and to give instructions to the OAAS employee or other designees relative to the processing of applications for long-term care services.

3.0. ELIGIBILITY REQUIREMENTS

Each long-term care program which OAAS administers has requirements which must be met in order for the individual to be determined eligible. These eligibility requirements can be grouped into three major groupings: financial eligibility, program requirements and functional eligibility.

3.1. FINANCIAL ELIGIBILITY

Financial eligibility for Medicaid-funded programs is determined by the local Medicaid offices. Maximum income and resource limits are announced each year by the Medicaid division of DHH. Current income and resource limits are posted for each program at

www.oaas.dhh.louisiana.gov . Medicaid financial eligibility rules are complex. Certain income and resources may be excluded from these limits. OAAS employees should not advise clients that they are ineligible based on these limits, and any questions about financial eligibility must be referred to the appropriate Medicaid office.

3.2. Program Requirements

Program requirements are defined in program rules and policies and are specific to each program which OAAS administers. Examples are: for the EDA Waiver, the individual's health, safety and welfare must be able to be assured in the home setting; for LT-PCS, the documentation must show that there are no available informal supports that are able to provide the services being requested. Some programs require that there be a determination of Imminent Risk of nursing facility placement. All program requirements for a specific program must be met in order for the client to be determined eligible for that program.

3.3. Functional Eligibility

All long-term care programs administered by OAAS currently have nursing facility level of care as their threshold functional eligibility requirement. OAAS uses the Level of Care Eligibility Tool (LOCET) to help determine if an individual has met nursing facility level of care for entry into any OAAS long-term care program.

4.0. Uniform Criteria for Nursing Facility Level of Care determination

The nursing facility level of care determination is based on the Resource Utilization Groups III (RUG-III) case mix system used in the Medicare Program and in many state Medicaid programs. RUG-III is a patient classification system that measures for the relative resource utilization of different nursing facility patient types *[Federal Register,* Volume 63, Number

91 (May 12, 1998)*]*. It is utilized to ensure consistency, uniformity, and reliability in making nursing facility level of care determinations.

1. RUG-III assigns each nursing facility resident to one of 44 distinct classification groups, based on the characteristics of the resident as assessed in the Nursing Home Minimum Data Set (MDS), so as to predict the resources expected to be used to meet the resident's functional support requirements and medical needs. The Long Term Care Resident Assessment Instrument User's Manual for the MDS explains how resident characteristics are used to assign an individual to a RUG-III classification.

2. Medicare presumes that individuals assigned to the upper 26 of 44 RUG-III classification groups meet the skilled nursing facility level of care definition set forth in federal law. However, states have the discretion to establish their own definitions of nursing facility level of care for purposes of the Medicaid Program.

3. Louisiana defines nursing facility level of care for Medicaid eligible individuals as the care required by individuals with needs greater than those identified by the lowest of the RUG-III classification groups (*i.e.*, Physical Function Reduced Group A, with or without rehabilitation, also known as PA1 and PA2). Individuals determined to be in any of the upper 42 of 44 RUG-III classification groups meet the level of care for nursing facility admission and/or continued stay for the purposes of the Louisiana Medicaid Program.

5.0. INITIAL LEVEL OF CARE DETERMINATION BY LOCET

The Level of Care Evaluation Tool (LOCET), is used as an initial determination to ascertain whether an individual meets the nursing facility level of care. The LOCET is derived from selected information in the Minimum Data Set (MDS), which is the standardized assessment tool used to assign nursing facility residents to a RUG-III classification group. Consistent with the standard of nursing facility level of care defined above, the MDS data elements included in LOCET are those necessary to determine whether an individual would be assigned to a RUG-III category other than PA1 or PA2. To make this assessment, LOCET

questions address the individual's need for assistance with the activities of daily living; cognitive function; skilled rehabilitative services; physician involvement; behavior; and certain treatment and conditions.

The LOCET information must be provided by the individual or someone who is sufficiently familiar with the individual to be able to provide all required information completely and accurately.

The LOCET will presumptively determine functional eligibility for most individuals who request OAAS long-term care services. (See Section 6.5 for further discussion of the presumptive nature of LOCET determinations.) This functional eligibility is frequently referred to as the level of care determination.

The LOCET is a scientifically developed and research-based evaluation tool which establishes uniform criteria for the determination of nursing facility level of care. The LOCET is required in conjunction with additional assessment and screening tools, as specified, for the entry to all long-term care programs. Since the LOCET is completed by telephone for several programs, the subsequently completed MDS done face-to-face, will supersede (or override) the presumptive LOCET determination derived from a telephone interview.

The nursing facility level of care is determined by LOCET by investigating seven pathways. In order to meet functional eligibility, a client must meet eligibility requirements in only one Pathway. The seven distinct Pathways in LOCET are:

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

- Behavior
- Service Dependency

When the criteria for level of care are met within a Pathway, that Pathway is said to have "triggered."

An approval LOCET determination will stand for a period of one year. It can be superseded by a face-to-face MDS-HC, MDS or Audit Review. The Audit Review process is explained in Section 10.0.

5.1. THE LOCET PATHWAYS

The seven pathways within the LOCET will elicit specifics regarding the client's functional capabilities, his receipt of assistance with Activities of Daily Living and Instrumental Activities of Daily Living, current medical treatments and conditions, and other aspects of his life during the recent past. These pathways of eligibility focus on information which will be used in the RUG-III determination of nursing facility level of care.

- **Pathway 1, Activities of Daily Living**:
    - The Pathway under which most individuals will meet the level of care criteria.
    - Identifies those individuals with a significant loss of independent function measured by the amount of assistance received from another person in the period just prior to the day the LOCET is administered.
    - Activities of daily living for which LOCET elicits information are: locomotion (getting around in the individual's home), dressing, eating, bed mobility (moving around while in bed), transferring (moving from one surface to another), toileting, and personal hygiene. For a complete description of these activities of daily living please see the LOCET System User Intake Manual.

An individual can vary in Activities of Daily Living performance from day to day. Intake Analysts are instructed to capture the total picture of activity of daily living performance over a 7-day period. This 7-day "look-back period" is based on the date the LOCET is

completed. Since accurate coding is important for making eligibility decisions, the Intake Analyst is taught to be sure to consider fully each activity definition.

Because many in Louisiana do not have benefit of another person's presence in their homes on a regular basis, and therefore do not receive personal assistance with Activities of Daily Living, Exception Criteria has been developed which will identify these individuals. The Exception Criteria will be discussed in Section 6.1.

- **Pathway 2, Cognitive Function**:
    - Uses the Cognitive Performance Scale to identify clients with cognitive difficulties, especially difficulties with short-term memory and daily decision-making.
    - Ability to remember, think coherently, and organize daily self-care activities is very important.
    - Focus is on performance, including a demonstrated ability to remember recent events and perform key decision-making skills.
- **Pathways 3, 4 and 5, Physician Involvement, Treatments and Conditions, Rehabilitative Treatments:**
    - Triggered by acute or unstable medical or rehabilitative conditions which meet level of care requirements.
- **Pathway 6, Behavior:**
    - Triggered by repetitive behavioral challenges, including wandering, verbally or physically abusive behavior, socially inappropriate behavior, and delusions or hallucinations which have impacted the client's ability to function in the community within the previous week.
- **Pathway 7, Service Dependency:**
    - Established so that individuals who may not meet the new definition of nursing facility level of care will not lose services they became dependent upon prior to 12/01/2006. Pathway 7 is discussed fully in Section 6.4.

Additional information regarding Nursing Facility Admissions process is found in the Nursing Facility Admission Chapter.

5.2. The LOCET Intake Analyst

Persons who are specially trained to perform the LOCET interview are designated as Intake Analysts. Intake Analyst training sessions are given on a regular basis by OAAS State Office. Representatives from agencies or organizations designated by OAAS to administer LOCET attend these sessions to learn how to conduct the LOCET interview, how to code the LOCET properly, and to receive an Intake Analyst Registration Number.

The Intake Analyst Registration Number must be entered on each LOCET which is completed. A LOCET is considered invalid and void without the presence of an Intake Analyst Registration Number. The registration process for Intake Analysts is discussed in the LOCET System User Intake Manual.

6.0. Exception Criteria and Additional Documentation Requirements

6.1. Exception Criteria and Alternate Pathway 1 Questions

For Home and Community-Based Services, the Intake Analyst will gather information in the LOCET Caregiver item (Item B.10) to determine if there is actually a caregiver actively present for the applicant.

The Exception Criteria definition for an active caregiver is:

1. A person who is at least 18 years old who cares for or helps the individual, AND

2. Who usually sees the individual three or more days per week, AND
3. Who helps the individual with any Activity of Daily Living (bathing, dressing, grooming, bed mobility, transferring, toileting, eating or locomotion).

Non-nursing facility Intake Analysts are trained to use a decision tree (Caregiver Drilldown) to determine if an active caregiver is present for the individual. If, by use of the Caregiver Drilldown questions, it is determined that there is no active caregiver present, the Intake Analyst will ask Alternate Pathway 1 questions rather than the standard Pathway 1 questions.

The Alternate Pathway 1 questions elicit information about the difficulty level the individual experienced when completing activities of daily living without assistance during the period just prior to the LOCET. The Intake Analyst is trained to code the LOCET so that any degree of difficulty noted in the late loss Activities of Daily Living (eating, toileting, transferring and bed mobility) will trigger Pathway 1. A code of limited assistance or greater in any of these late loss Activities of Daily Living will indicate that an individual has met level of care criteria in Pathway 1.

For individuals requesting nursing facility services, the Exception Criteria is investigated by OAAS staff when the following conditions have been met:

- The LOCET which the nursing facility submitted does not trigger any pathway AND
- The individual's admit date is not more than six days prior to the date the LOCET is completed (date shown on LOCET in Item EE.2).

If the individual was in the nursing facility for each of the seven days prior to the date of the LOCET, the Exception Criteria does not apply to him: he has had benefit of caregivers in the nursing facility during all of the Pathway 1 look-back period while he was in the nursing facility.

If the above criteria are met, the OAAS Nursing Facility Admission Unit staff then contacts the individual in the nursing facility to elicit answers to the Caregiver Drilldown questions, and if indicated, to the Alternate Pathway 1 questions. The focus of the Caregiver Drilldown questions (and subsequent Alternate Pathway 1 questions, if indicated) will be the time during the 7 days prior to the LOCET date when the individual was at home, not while he was in the nursing facility.

6.2. Pathways Requiring Additional Documentation

During the LOCET interview, the LOCET Intake Analyst will gather information from the individual and code answers to items according to the instructions given. The Intake Analyst will obtain information from all available sources in order to code the best answer for each LOCET item.

Each Pathway in LOCET contains criteria which must be met in order for that Pathway to trigger. If the answers to a Pathway's items do not indicate that level of care is (presumptively) met by that Pathway, the Pathway will remain "not triggered."

Three of LOCET's Pathways do not require any additional documentation to support a (presumptive) level of care approval: Triggers in Pathways 1, 2 and 6, Activities of Daily Living, Cognition and Behavior, will stand alone in this determination.

Approval in Pathways 3, 4, 5 and 7 alone or a combination thereof require additional information prior to the determination of approval status for nursing facility level of care. These Pathways are Physician Involvement, Treatments and Conditions, Rehabilitative Conditions and Service Dependency. For Pathways 3, 4 or 5, the required additional information is medical in nature. OAAS has developed the Statement of Medical Status (Form OAAS-PF-06-009) for collection of medical data which will document the presence or absence of conditions / treatments noted in Pathways 3, 4 or 5. This form is sent to the individual with instructions for him to have an authorized person in his treating physician's office to complete the form and return it for review. The review process instructions for Pathways 3, 4 or 5 are found in the LOCET System User Intake Manual.

> **NOTE:** If the individual has applied for HCBS program(s) and his only Pathway(s) of approval are Pathways 3, 4 or 5 AND his Statement of Medical Status confirms Level of Care eligibility has been met, AND this individual's subsequent MDS-HC does not

trigger Pathways 1, 2 or 6, the Pathway 3, 4 or 5 confirmed approval on the LOCET will serve as his eligibility for level of care on the MDS-HC for the current assessment period. See Section 11.4 for further discussion of this aspect.

Approval in Pathway 7 necessitates review from Medicaid records which would indicate the individual was in a Medicaid-funded long term program / facility prior to 12/01/2006 and has had no break in service to the present day. Details on Pathway 7 stipulations and the review process are provided in Section 6.4.

However, if an individual's LOCET triggers Pathways 3, 4, 5 or 7 in conjunction with Pathways 1, 2 or 6, there is no need to request additional information for review. As noted earlier, it is only necessary to trigger one pathway in order to (presumptively) meet level of care. It can be said that the individual has (presumptively) met the nursing facility level of care determination by the presence of the trigger(s) in Pathways 1, 2 or 6.

The LOCET will make a separate determination for the individual's Imminent Risk of Nursing Facility placement based on information gathered and coded on the LOCET. As stated earlier, some long-term care programs require the client to meet Imminent Risk criteria prior to the receipt of services. This will be discussed later in this chapter. See Section 7.0.

6.3. Review of Pathways 3, 4 or 5 Documentation

Individuals who trigger only in LOCET Pathways 3, 4, or 5 will require a Statement of Medical Status (Form OAAS-PF-06-009) to be completed by a health care professional associated with the individual's physician. This Statement of Medical Status (Form OAAS-PF-06-009) must be forwarded to the OAAS-designated review agency upon completion. The OAAS-designated reviewer will determine if the condition or treatment indicated on the LOCET is documented by the health care professional.

The criteria for approval of Pathways 3, 4 or 5 are found in the memo OAAS-ADM-08-015. The documentation submitted must support the established criteria in order for the LOCET to be approved based upon Pathways 3, 4 or 5.

The reviewer will determine if the conditions and/or treatments indicated in LOCET Pathways 3, 4, and/or 5 are supported by the Statement of Medical Status (Form OAAS-PF-06-009). If there is any question regarding whether or not the documentation supports the conditions and /or treatments, the reviewer must request assistance from a supervisor, the Level of Care Administrator or other designee. Guidance will be given to help determine which decision is appropriate. More documentation may be required and requested. These situations should be rare, but are possible.

6.4. PATHWAY 7

Pathway 7 is only applicable to individuals who meet **all** three of the following criteria:

- They are currently enrolled in and receiving services from either a waiver or state plan HCBS program, or a Medicaid reimbursed nursing facility, AND
- They were receiving these same services prior to 12/01/2006, AND
- They have had no break in service to the present day.

The individual qualifying only under Pathway 7 (no other pathway is triggered) is eligible for continued enrollment and delivery of services from that specific program. If the individual's current level of care eligibility rests only on the fact that he triggers Pathway 7, he may not transition from the current program to another (See Sections 9.1 and 9.2.).

Pathway 7 was included in LOCET in order to ensure that the individual who had begun receiving services prior to implementation of LOCET would not be discharged from the program in which they were currently receiving services based on failure to meet level of care requirements. Those individuals are eligible to remain in their current services for as long as they continue to need the service, whether or not they ever meet another Pathway.

It should be noted that an individual who is eligible for approval in Pathway 7 may subsequently trigger on another Pathway on LOCET or on an MDS-HC. Pathway 7 should be used as the default approval Pathway only in the event that no other Pathway triggers and only for an individual who meets all three of the above-named criteria.

See Section 8.2.1 for important information regarding persons eligible for Pathway 7 but who trigger other Pathway(s) on MDS-HC assessments.

6.5. PHONE LOCETS RENDER PRESUMPTIVE APPROVALS

First-hand visual knowledge of a client's condition is always a positive factor in conducting a functional assessment. In these cases, the Intake Analyst is able to see how the individual moves and interacts with all persons present during the interview. The analyst has a greater ability to know when additional probing is needed for any LOCET item in order to get to the point in question. For some programs, this face-to-face LOCET interview is possible. For other programs, the LOCET Intake Analyst will only have contact with the client by telephone. Most HCBS programs utilize a contracted telephone call center for LOCET completion.

When the LOCET is conducted by telephone, an approval determination is said to be "presumptive." When the LOCET interview is conducted in person (face-to-face with the individual), that approval determination stands, and is not considered to be "presumptive." It can, however, be superseded by an Audit Review determination as explained in Section 10.0.

MDS-HC assessments are done as face-to-face interviews and therefore are able to capture a full range of assessment criteria as compared to a telephone LOCET. For this reason, Louisiana OAAS has determined that an MDS-HC assessment done by a qualified and consistently accurate assessor will supersede or "override" a telephone LOCET in determining nursing facility level of care.

7.0. IMMINENT RISK DETERMINATION

Some programs which OAAS administers require a determination of Imminent Risk of Nursing Facility Placement prior to final eligibility for the programs. Consult the specific program chapter to determine if Imminent Risk of Nursing Facility Placement is required for a particular program.

In addition to the presumptive determination of nursing facility level of care, information gathered on the LOCET will also help to determine if the individual has met Imminent Risk criteria. Imminent Risk criteria are designed to point out those individuals who are at risk of entering a nursing facility within the four month period immediately following the date the LOCET is completed.

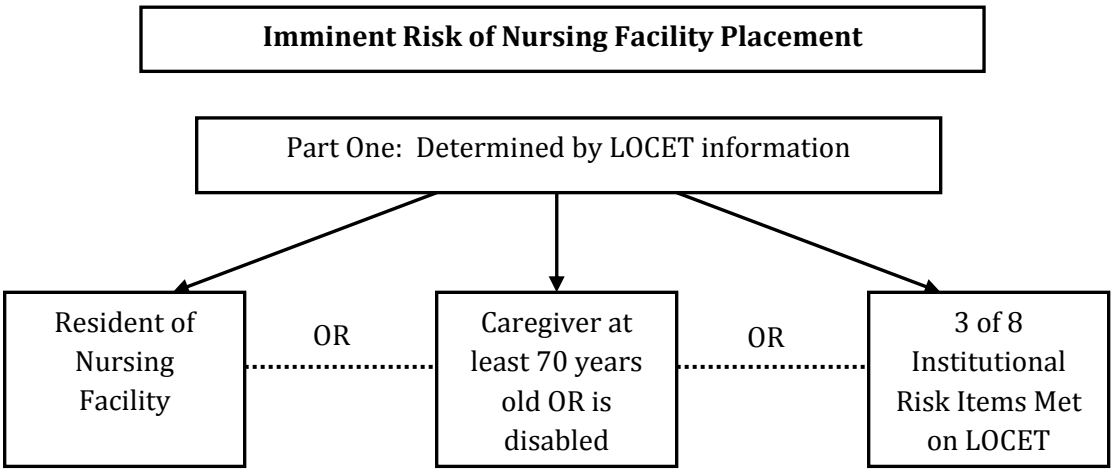
> **NOTE:** The Imminent Risk determination on LOCET is not to be confused with the Institutional Risk CAP on the MDS-HC. An Imminent Risk determination will be made only via the LOCET. There is no requirement that the Imminent Risk determination be verified by any data gathered on the MDS-HC.

The Imminent Risk determination will be a two-part process if Imminent Risk is not triggered in the first part of the determination.

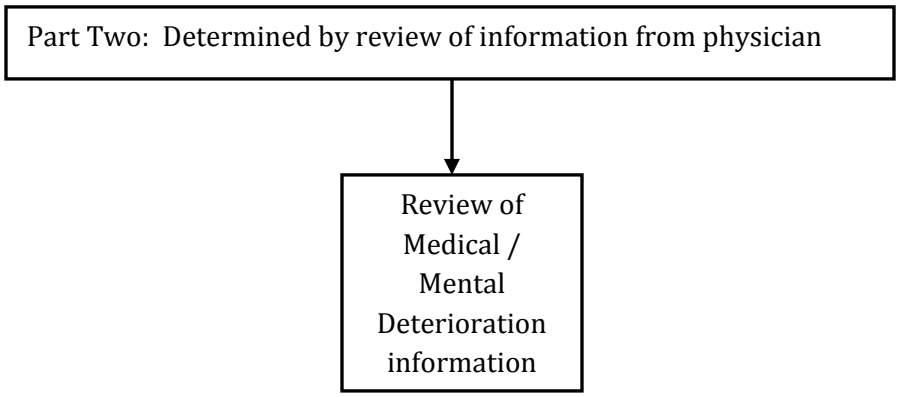
Part One of the Imminent Risk determination is indicated by the Imminent Risk CAP display of "Did Not Trigger" or "Triggered" on the LOCET.

Schematic for Imminent Risk Determination Process

The schematic shown below is a basic depiction of the two-part review process for determination of Imminent Risk of Nursing Facility Placement.



If Imminent Risk is not determined to be met on Part One, the review continues to Part Two.



7.1. IMMINENT RISK -- PART ONE:

Part One of the Imminent Risk determination is made by using the information gathered during a LOCET interview. The three ways in which an individual may meet Imminent Risk in this manner are:

1. As a current resident of a Nursing Facility (Section 7.1.1.), OR

2. By having a caregiver who is disabled or who is age 70 or over (Section 7.1.2.), OR

3. By meeting three of eight criteria which are designated as indicators of risk of nursing facility placement in the near future (Section 7.1.3.).

7.1.1. IMMINENT RISK, PART ONE: NURSING FACILITY RESIDENCE:

Residents of nursing facilities are deemed to meet Imminent Risk criteria by their presence in the nursing facility. LOCET elicits the location of the client at the time of the interview. When this location is stated to be a nursing facility, the Intake Analyst will ask further questions to verify residence, such as admit date and facility address. Verification of nursing facility residence may be made using the MEDS system.

7.1.2. IMMINENT RISK, PART ONE: CAREGIVER AGE OR DISABILITY:

Caregiver Age of 70 and older or Caregiver Disability will trigger the Imminent Risk determination alone, without the presence of any other Institutional Risk item. Caregiver disability is defined as any condition which can be verified which points to a disabling condition which may impact the caregiver's ability to function.

7.1.2.1. Caregiver Status Requires Verification:

If a client has met Imminent Risk criteria solely on the basis of caregiver status, he will be asked to submit documentation of the caregiver's age and/or disability. After review of this documentation, the confirmation or rejection of caregiver status is entered into the software system. The software display will then show the result of this caregiver status documentation review.

Acceptable forms of verification of age are a birth certificate or any identification document issued by a government agency which shows date of birth. If the caregiver submits other

forms of documentation of age, the Level of Care Administrator (or other OAAS designee) must be contacted to determine validity of such documents.

Documentation of caregiver disability must be submitted in the form of a Social Security Disability award letter, or a determination letter generated by an insurance company which names the caregiver as recipient of disability benefits. Other documents may be accepted after review by the Level of Care Administrator or other OAAS designee.

7.1.3. IMMINENT RISK, PART ONE: THREE OF EIGHT INSTITUTIONAL RISK ITEMS REQUIRED:
Several factors have been identified which, in combination with other characteristics, point to the individual's potential for nursing facility placement within the next 120 days. Those factors are shown in the diagram below. (Detailed instruction regarding the definitions of each item and the proper coding thereof are found in the LOCET System User Intake Manual.)

THREE of the following Institutional Risk Items

1. ☐ Nursing home resident in last 5 years
2. ☐ Days out of house within a week
3. ☐ Bladder Continence
4. ☐ ADL status change in last 90 days
5. ☐ Change in mental functioning in last 7 days
6. **The following group counts as one item of the three**
   (Any item triggering in this group triggers the whole group)
   - ☐ Alzheimer's Disease
   - ☐ Dementia
   - ☐ Head Trauma
   - ☐ Multiple sclerosis
7. **The following group counts as one item of the three**
   (Any item triggering in this group triggers the whole group)
   - ☐ Dressing
   - ☐ Personal Hygiene
   - ☐ Bathing
8. **The following group counts as one item of the three**
   (Both items in this group must trigger to trigger the whole group)
   - ☐ Meal Preparation
   - ☐ Shopping

It should be noted that items one through five on the diagram shown are "stand-alone" items in the total count of three required Imminent Risk elements. That is, if an individual's LOCET indicates that he has any of the conditions listed in items one through five, one point is counted for each of the items one through five.

Items six and seven on this portion of the Imminent Risk determination both have multiple conditions / factors, only one of which is needed to count as one point of the three necessary for this Imminent Risk criteria to be met.

However, item eight requires a combination of factors to be present in order for one of the three required Imminent Risk points to be counted. That is, both shopping and meal preparation must trigger in order for item eight's one point to be counted in the Imminent Risk determination.

7.2. IMMINENT RISK -- PART TWO:

If the individual did not meet Imminent Risk at Part One of the Imminent Risk review process (as determined by LOCET), he moves on to Part Two of the Imminent Risk review. This second part consists of review of medical statements and / or medical documentation

If the individual must meet Imminent Risk criteria, the contracted agency will review the LOCET results for the presence of "Triggered" in the Imminent Risk Client Assessment Protocol (CAP). If the Imminent Risk CAP has not triggered, the contracted agency will send the client a Medical Deterioration Form (OAAS-RF-07-009) for his physician to complete. Upon completion, this form is faxed to the OAAS designee and is reviewed by OAAS-designated reviewers, which will include medical personnel.

A determination will be made as to whether the physician's documentation submitted indicates:

1. The individual will be at risk of Nursing Facility Placement if Home and Community-Based Services are not provided within 120 days -- OR --

2. The individual will be at substantial risk of medical or mental deterioration if Home and Community-Based Services are not provided within 120 days.

The results of this Imminent Risk Part 2 review will be input into Section K and in the Notebook of the LOCET, as instructed in the LOCET System User Intake Manual.

If the review of the Medical Deterioration Form (OAAS-RF-07-009) indicates that the criteria for Imminent Risk of Nursing Facility placement is not met, the individual must complete another LOCET according to current protocol in order to submit another Medical Deterioration Form (OAAS-RF-07-009) for review.

8.0. USE OF THE MDS-HC IN LEVEL OF CARE DETERMINATIONS

8.1. INITIAL ELIGIBILITY: USE OF THE MDS-HC IN LEVEL OF CARE DETERMINATIONS

Verification of the LOCET results can be accomplished, in part, by viewing the Client Assessment Protocols (CAPs) on the Louisiana Minimum Data Set - Home Care (MDS-HC). to determine if LOCET Pathways 1, 2 or 6 are triggered. This will indicate whether or not nursing facility level of care is met on the Activity of Daily Living, Cognition or Behavior Pathways in LOCET. This is possible because the LOCET questions are taken directly from the MDS assessment tool and eligibility as determined by LOCET Pathways 1, 2 and 6 can be verified from the answers provided on the MDS-HC. The Louisiana MDS-HC has been enhanced to compute and display the LOCET Pathways 1, 2 and 6 triggers.

An MDS-HC assessment done by a qualified and consistently accurate assessor will supersede or "override" a telephone LOCET in determining nursing facility level of care.

8.2. ANNUAL REASSESSMENTS AND CHANGE IN STATUS ASSESSMENTS: USE OF THE MDS-HC IN LEVEL OF CARE DETERMINATIONS

The MDS-HC is also used annually to determine continued eligibility for HCBS programs. This annual determination is called an annual reassessment.

When an individual chooses a long-term care service, he is responsible for reporting changes in condition or situation to the OAAS designee. A subsequent MDS-HC assessment may be conducted within a shorter time frame than annually if the client has had changes in condition, supports or residence environment. These subsequent MDS-HC assessments are coded as "change in status" assessments and were previously called interim assessments. An individual must trigger a pathway upon a change in status MDS-HC

assessment and upon annual reassessment in order to meet level of care requirements for continued stay in the HCBS program.

On annual reassessments and on change in status MDS-HC assessments, additional items will be studied to determine the incidence of factors which would point to criteria in Pathways 3, 4 or 5. These items are noted in the table shown here.

TABLE: MDS-HC Items which point to Pathways 3, 4 or 5 criteria		
MDS-HC Item	***Short Description***	***MDS-HC Score***
J.1.u.	Pneumonia	1 or 2
N.2.a.	Pressure Sores	3 or 4
P.1.f.	Physical Therapy	≥ 45 min
P.1.g.	Occupational Therapy	≥ 45 min
P.1.h.	Speech Therapy	≥ 45 min
P.2.b.	Respirator	1, 2 or 3
P.2.c.	Other Respiratory Treatments	1, 2 or 3
P.2.g.	Dialysis	1, 2 or 3
P.2.i.	IV infusion – Peripheral	1, 2 or 3
P.2.m.	Tracheostomy care	1, 2 or 3
P.2.o.	Occupational Therapy	1, 2 or 3
P.2.p.	Physical Therapy	1, 2 or 3

If any of the MDS-HC items are shown as coded in the table, a Statement of Medical Status (Form OAAS-PF-06-009) must be obtained to review for the presence of possible level of care eligibility on Pathways 3, 4 or 5.

When the completed Statement of Medical Status (Form OAAS-PF-06-009) is received, the OAAS-designated reviewer will compare the information submitted to the criteria found in memo OAAS-ADM-08-015. If the Statement of Medical Status (Form OAAS-PF-06-009)

information matches the criteria noted in memo OAAS-ADM-08-015, level of care eligibility for continued stay is met. If not, the case is denied.

8.2.1. Pathways 1, 2 and 6 Must Always Be Examined

An MDS-HC is completed (along with other documents needed for the individual's Plan of Care) during each reassessment and change in status interview. Upon completion of the MDS-HC, the OAAS-designated reviewer must review all Client Assessment Protocols (CAPs) on the MDS-HC to determine if Pathway 1, 2, or 6 has triggered. This is true for all HCBS individuals, regardless of when they began services with an HCBS program.

In other words, even if an individual began to receive services from an HCBS program prior to 12/01/06, eligibility by Pathways 1, 2 or 6 must be determined by examining the MDS-HC CAPs and documentation in the Notebook of the MDS-HC, as noted in Section 11.1. If this individual, who is also eligible for Pathway 7 consideration, triggers Pathways 1, 2 or 6 on the reassessment or change in status MDS-HC, he will have met level of care on Pathway 1, 2 and/or 6 until his next MDS-HC is completed. Pathway 7 will not be his Pathway of approval unless he does not trigger Pathway 1, 2 or 6.

Individuals who entered the system or applied for services after 12/1/06 are not subject to Pathway 7. They must pass another pathway to obtain initial program eligibility and they are required to pass another pathway annually when they are reassessed. (See Section 6.4 regarding Pathway 7.)

9.0. Transitioning Between Programs

9.1. Transitioning from HCBS program to HCBS program

If an individual wishes to transition from one long-term care program to another, he must meet level of care eligibility on Pathways 1, 2 or 6 on his latest MDS-HC assessment in his current program. If he does not trigger Pathways 1, 2 or 6 he may submit medical documentation which would support level of care criteria for Pathways 3, 4 or 5 in order to transition to the desired program.

However, if the individual's current level of care eligibility rests only on the fact that he triggers Pathway 7, he may not transition from the current program to another.

9.2. Transitioning out of a Nursing Facility

Individuals leaving a nursing facility are deemed, by their presence in the nursing facility, to meet nursing facility level of care and Imminent Risk criteria. They are eligible to transition to any HCBS program if all program requirements are met for the desired HCBS program. No LOCET is required for transition out of a Nursing Facility to an HCBS program.

These individuals will be required to meet nursing facility level of care upon annual reassessment as noted in Section 8.2.

10.0. Audit Reviews

OAAS conducts ongoing LOCET audit reviews on a sample of all individuals who receive long term care services, for both Nursing Facility and Home & Community-Based Services programs. A random sample of recent LOCETs is pulled and distributed to the OAAS regional office staff throughout Louisiana.

OAAS regional office staff members conduct face-to-face LOCETs with the selected individuals, and OAAS is able to compare results of the original LOCET with the face-to-face audit LOCET. The results of the audit LOCET will supersede any other previous LOCET determination, including an original face-to-face LOCET conducted in a nursing facility by nursing facility staff.

During the original LOCET interview, the individual is told of the possibility of an audit review and the original letter sent to the client indicates a "Preliminary Decision" regarding level of care.

11.0. Guidance in Case Review

11.1. INITIAL ELIGIBILITY: DISCREPANCIES IN MDS-HC RESULTS WHEN COMPARED TO LOCET RESULTS

As stated earlier, MDS-HC results will supersede a LOCET determination. However, when the OAAS regional office staff has reason to doubt the validity of the MDS-HC results based upon their knowledge and experience, the OAAS regional office staff has the authority to conduct a face-to-face MDS-HC assessment and to also require a repeat MDS-HC by a contracted designee to further clarify the individual's level of care status. OAAS regional office staff MDS-HC result supersedes others submitted for review.

11.2. INITIAL ELIGIBILITY: EXCEPTION QUESTIONS (CAREGIVER DRILLDOWN) NOT INCLUDED ON MDS-HC

As stated in Section 6.1, Exception Criteria on LOCET will identify those individuals who do not have available active caregivers. Alternate Pathway 1 questions will be asked of these individuals on LOCET which identify their personal difficulty levels when completing Activities of Daily Living.

Currently the MDS-HC protocol does not include the Caregiver Drilldown Exception Criteria. Without these alternate questions, the individual's Activities of Daily Living items will have indicated that no assistance was given, and therefore the individual will have scored as "independent" (MDS-HC score of zero for item(s) in Section H.2). MDS-HC assessors are trained to be aware of situations where the individual states he has received no help with Activities of Daily Living or if an Activity of Daily Living did not occur in the look back period (MDS-HC score of eight for any item in Section H.2.). If a zero or an eight is recorded for any Activity of Daily Living, the assessor is to ask additional questions to elicit his difficulty level in personal performance of those "zero / eight" Activities of Daily Living items.

If the answers to these questions indicate that the individual has a difficulty level in self-performance equal to or greater than the MDS-HC definition of Limited Assistance for at least one of the late-loss Activities of Daily Living (eating, toileting, transferring and bed mobility) he will be determined to meet Nursing Facility level of care on Pathway 1. This documentation will provide the necessary information regarding the Exception Criteria in level of care determinations.

11.3. INITIAL ELIGIBILITY: PATHWAYS1, 2 OR 6 ***AND*** PATHWAY 3, 4 OR 5 TRIGGERED ON LOCET, SUBSEQUENT MDS-HC DOES NOT TRIGGER PATHWAY 1, 2 OR 6

If an HCBS program client triggers LOCET Pathways 1, 2 or 6 *and* on Pathways 3, 4, 5 or 7, no Statement of Medical Status (Form OAAS-PF-06-009) is required to be submitted at the time the LOCET is completed. The HCBS program requestor whose LOCET triggers in this manner will be presumptively approved for services and will receive a full in-home MDS-HC assessment (see Section 6.3).

However, if Pathways 1, 2, or 6 are *not* triggered on the subsequent in-home MDS-HC assessment, a Statement of Medical Status (Form OAAS-PF-06-009)) must be elicited from the individual in order to investigate the possibility that Pathways 3, 4 or 5 criteria may currently be met, since Pathways 3, 4 or 5 triggered on the initial LOCET.

The Pathways 3, 4 or 5 review protocol (See Section 6.3.) must be followed for the review of this Statement of Medical Status (Form OAAS-PF-06-009). If the individual's Statement of Medical Status (Form OAAS-PF-06-009) demonstrates that level of care criteria are met, the HCBS individual will be approved. If the Statement of Medical Status (Form OAAS-PF-06-009) does not support level of care criteria for Pathways 3, 4 or 5 the request for services will be denied.

11.4. INITIAL ELIGIBILITY: PATHWAY 3, 4 OR 5 TRIGGERS ON LOCET, SMS SUPPORTS, NO PATHWAY 1, 2 OR 6 ON MDS-HC

If an individual triggered on Pathways 3, 4 or 5 on the latest LOCET and the Statement of Medical Status (Form OAAS-PF-06-009) submitted for that LOCET review indicated he met Level of Care, that approval determination will be adopted for the MDS-HC review, even if no Pathways are triggered on the MDS-HC.

12.0. SUMMARY OF NURSING FACILITY LEVEL OF CARE DECISION-MAKING PROCESS

12.1. INITIAL ELIGIBILITY DETERMINATIONS

All pathways of eligibility should be investigated with each individual as noted in this chapter. In other words, if Pathway 1, 2 or 6 is triggered on the MDS-HC, the individual is determined to meet Nursing Facility level of care without need for Exception criteria

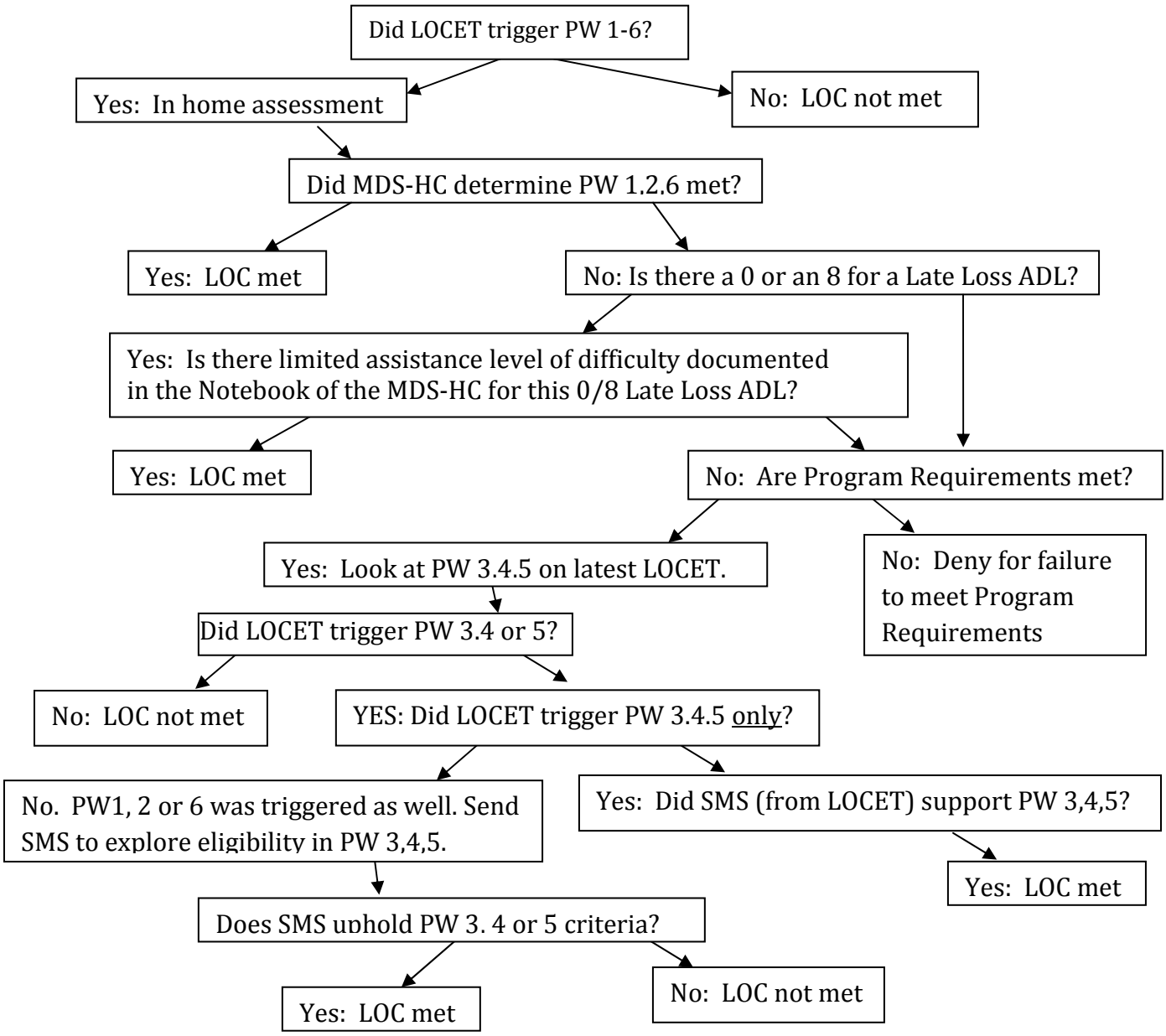
documentation for Pathway 1 in the Notebook of the MDS-HC. If neither Pathway 1, 2 nor 6 is triggered on the MDS-HC and the Notebook of the MDS-HC does not indicate the individual has a difficulty level in self-performance equal to or greater than the MDS-HC definition of Limited Assistance for any of the late-loss Activities of Daily Living (eating, toileting, transferring or bed mobility), Nursing Facility level of care is not supported by the MDS-HC assessment.

If the initial requestor has not met level of care at this point in the level of care determination process, the previous LOCET decision for the individual must be reviewed. If the individual had triggered Pathway 3, 4, or 5 in conjunction with Pathway 1, 2 or 6 on the LOCET, a Statement of Medical Status (Form OAAS-PF-06-009) must be requested so that the nursing facility level of care determination on the MDS-HC will be complete. If, upon review of the Statement of Medical Status (Form OAAS-PF-06-009) the criteria for triggering Nursing Facility level of care is not demonstrated (see Section 6.3 for process and memo OAAS-ADM-08-015 for criteria) the individual's request for services must be denied.

See NOTE in Section 6.2 for information about individuals who triggered Pathways 3, 4 or 5 only on the LOCET and whose Statement of Medical Status (form OAAS-PF-06-009) supported the triggered Pathway.

Schematic for Initial Request -- Nursing Facility Level of Care Determination Process for HCBS Requestors

(For a schematic on Imminent Risk Determination, see Section 7.0. For a full discussion of Pathway 7 eligibility, see Section 6.4.)



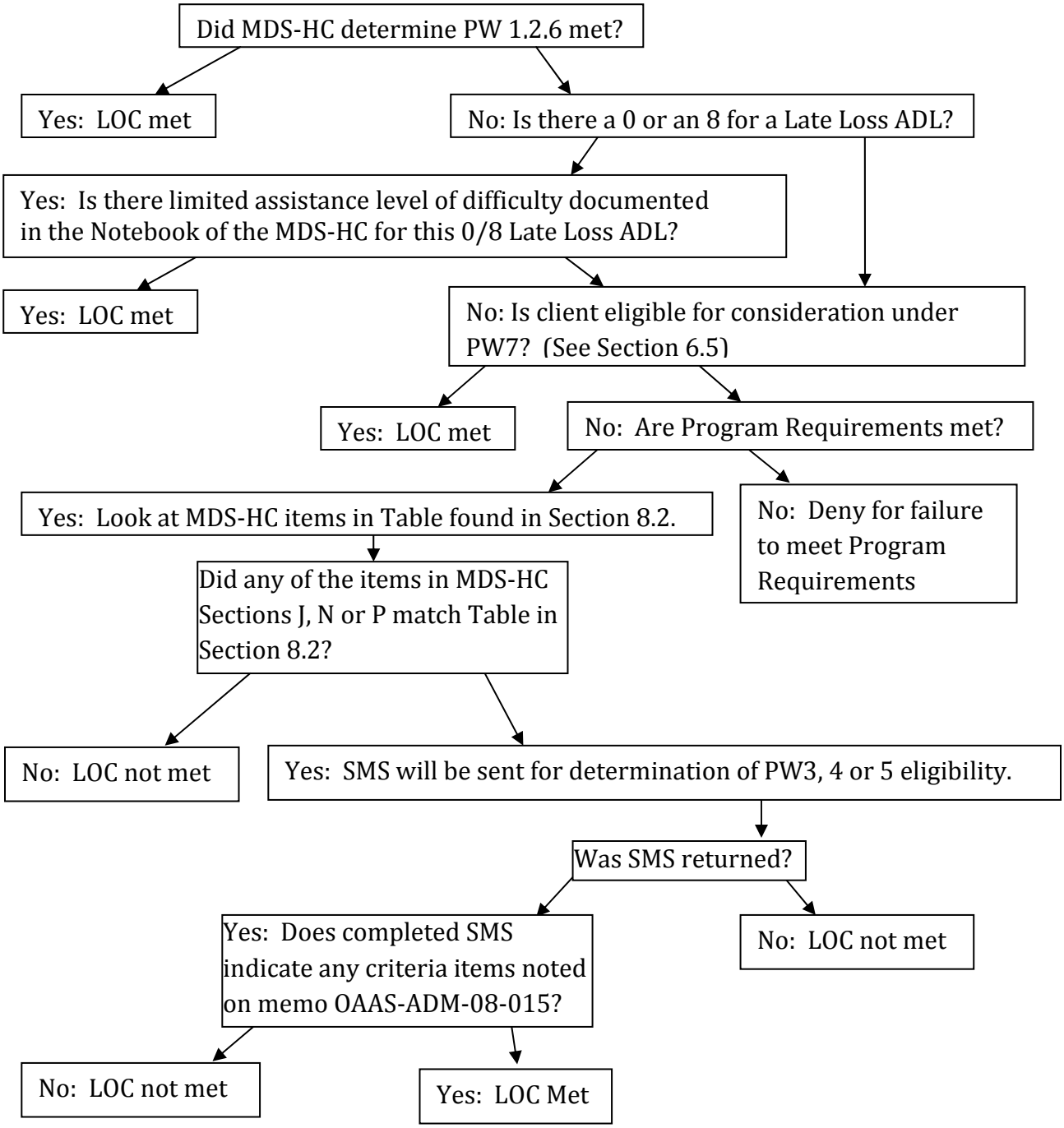
12.2. Annual Reassessment and Change in Status Eligibility Determinations

All pathways of eligibility should be investigated with each individual as noted in this chapter. In other words, if Pathway 1, 2 or 6 is triggered on the MDS-HC, the individual is determined to meet Nursing Facility level of care without need for Exception criteria documentation for Pathway 1 in the Notebook of the MDS-HC. If neither Pathway 1, 2 nor 6 is triggered on the MDS-HC and the Notebook of the MDS-HC does not indicate the individual has a difficulty level in self-performance equal to or greater than the MDS-HC definition of Limited Assistance for any of the late-loss Activities of Daily Living (eating, toileting, transferring or bed mobility), Nursing Facility level of care is not supported by the MDS-HC assessment.

At this point the individual's eligibility to be considered under Pathway 7 must be determined (See Section 6.4.). If the individual was receiving such services prior to 12/01/2006 with no break in service to the present day he is eligible for consideration under Pathway 7. The individual qualifying <u>only</u> under Pathway 7 is eligible for continued enrollment and delivery of services from that specific program.

If the individual is not eligible for consideration in Pathway 7, at this point in the level of care determination, information from the MDS-HC will be used to determine if Pathways 3, 4 or 5 might trigger a level of care decision. Using the Table in Section 8.2, the individual's MDS-HC will be examined in the items noted in the Table. If there are MDS-HC scores for the noted items which correspond to those shown in the Table, a Statement of Medical Status (Form OAAS-PF-06-009) must be sent to the individual to determine if Pathways 3, 4 or 5 are met. If, upon review of the Statement of Medical Status (Form OAAS-PF-06-009) the criteria for triggering Nursing Facility level of care is not demonstrated (see Section 6.3 for process and memo OAAS-ADM-08-015 for criteria) the individual's request for services must be denied.

Schematic for Annual Reassessment or Change in Status -- Nursing Facility Level of Care Determination Process for HCBS Requestors



13.0. Appeals on Cases Denied for Nursing Facility Level of Care or Imminent Risk

All cases denied for failure to meet Nursing Facility level of care and / or Imminent Risk for nursing facility placement may be appealed by the individual or someone acting on his behalf. The instructions for filing an appeal of an OAAS decision are included on every denial letter issued. The appeal must be in writing and must be submitted within 30 days from the date of the denial notice.

All appeals based on LOCET denials (both on Nursing Facility level of care and Imminent Risk) and for Long Term-Personal Care Services (not waiver-related) are handled by the OAAS State Office. The appeals process is discussed in the OAAS Policy & Procedure Manual.

OAAS regional offices handle appeals cases which arise from HCBS Waiver programs waiver or nursing facility admission.

LOCET INDICATOR CODES

Lookup Item	Code	Select this code when…:
Alternate Pathwy 1 quest d/t no active caregiver	001	...caregiver drilldown revealed no active caregiver. (See Reissue of p. 22 dated 4/23/07, and pp.22-1, 33-1 dated 4/23/07 of this manual.) DO NOT MAKE NOTEBOOK ENTRY FOR THIS SITUATION; USE THIS CODE INSTEAD.
EPSDT aging out -- Imm Rsk does not apply	002	…client is near age 21 or already age 21 and receiving EPSDT services, requesting LT PCS.
IR review after 34 days; Caregiver 70 or over	070	…documentation **which supports caregiver age of 70 or over** is received and / or reviewed after 34 days from date of LOCET completion. Imminent Risk status shows "Closed" on LOCET Assessment List Grid display.
IR review after 34 days; Caregiver disabled	044	…documentation **which supports caregiver disability** is received and / or reviewed after 34 days from date of LOCET completion. Imminent Risk status shows "Closed" on LOCET Assessment List Grid display.
IR review after 34 days; Caregiver not 70	060	…documentation which **does not support caregiver age of 70 or over** is received and / or reviewed after 34 days from date of LOCET completion. Imminent Risk status shows "Closed" on LOCET Assessment List Grid display.
IR review after 34 days; Caregiver not disabled	040	…documentation which **does not support caregiver disability** is received and / or reviewed after 34 days from date of LOCET completion. Imminent Risk status shows "Closed" on LOCET Assessment List Grid display.
IR review of Med Det; IR met	055	…Medical Deterioration form reviewed. **Risk Medical or Mental deterioration or Nursing Facility Placement is supported**, per documentation received.
IR review of Med Det; IR not met	066	…Medical Deterioration form reviewed. **Risk Medical or Mental deterioration or Nursing Facility Placement is not supported**, per documentation received.
IR review of Med Det; targeted audit LOCET needed	012	…Medical Deterioration form reviewed. Special situation requires further information. See LOCET Notebook for details.
LOCET completed d/t current waiver offer	006	…this LOCET was done based on a waiver offer spreadsheet from SRI.
No Indicator Code Applies to this LOCET	099	…you have read all the other LOCET Indicator codes and have determined that no other LOCET Indicator code applies.
PACE client -- Imm Rsk does not apply	003	…client is applying for PACE in an area served by PACE.
Requesting Nrsg Faclty -- Imm Risk does not apply	005	…client is applying for entry to a Nursing Facility.

See next page for discussion of Code 98: "Check notebook for code situation."

Item 14: Effective Date of Service: **For Nursing Facility admission only**, enter the date the applicant is actually admitted into a nursing facility or the date the applicant is found financially eligible by the Medicaid parish office, whichever is later.

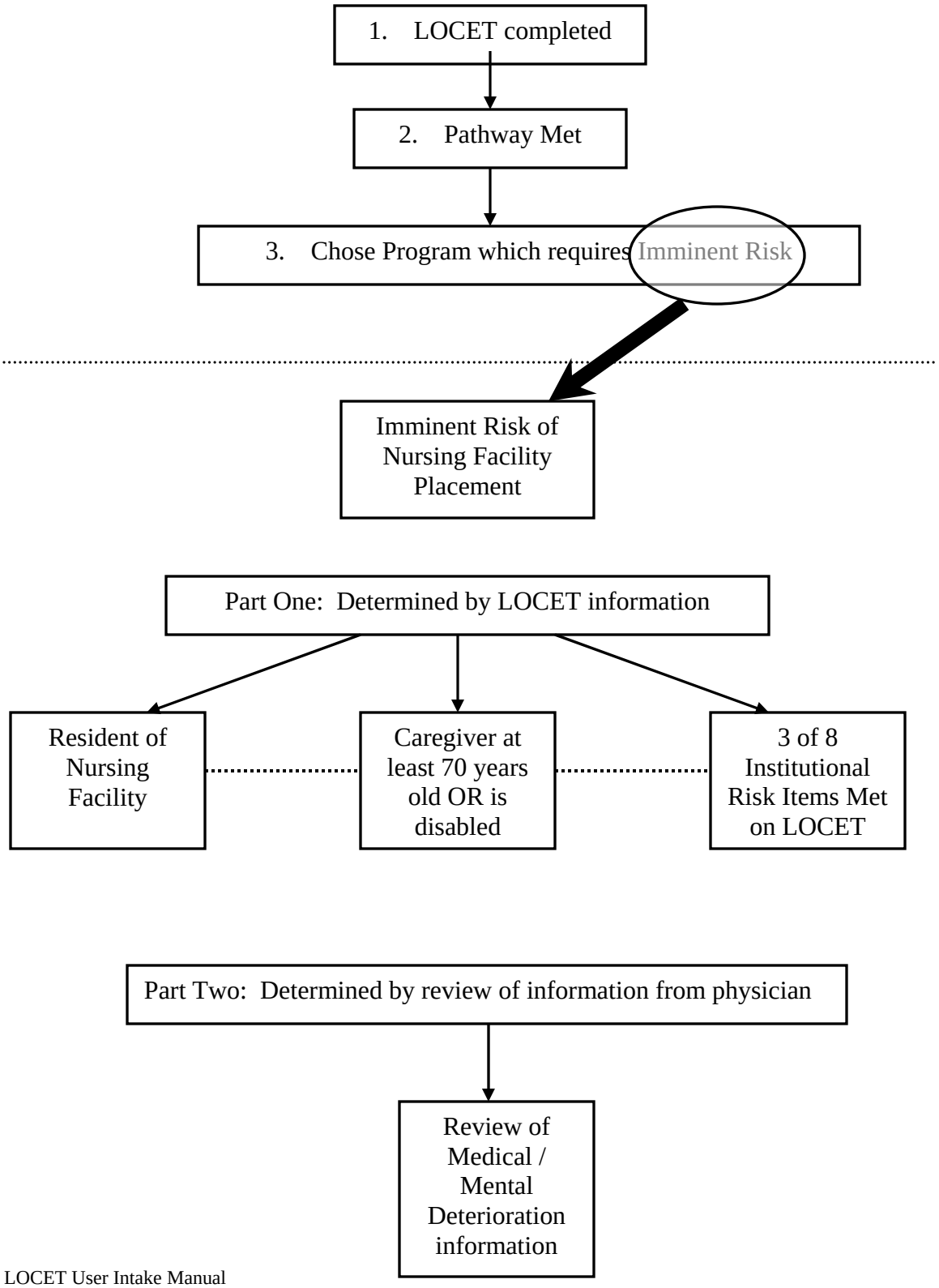
For Home and Community Waiver Programs only, this field will be completed **after a waiver slot has been offered.** At that time the effective date of service will be entered. For this purpose, the effective date of service is defined as follows: Enter either the date of admission or the date found financially eligible by the Medicaid parish office, whichever is later.

Item 15: Admit Date: **For Nursing Facility admission only,** enter the date the applicant is actually admitted into a nursing facility.

This space intentionally left blank.

See Page 63-1 for continuation of manual instructions.

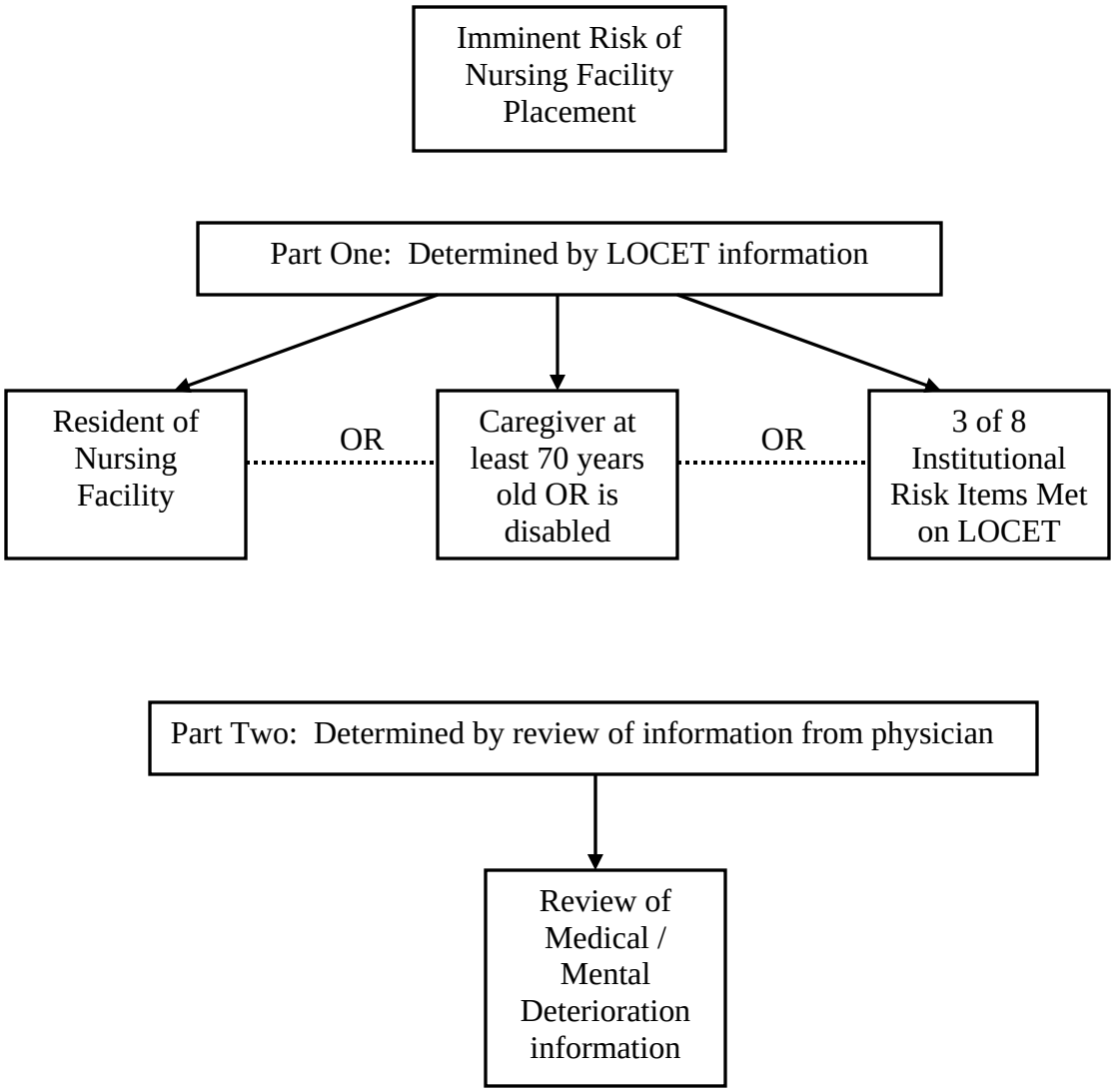
Basic LOCET Process when Imminent Risk determination applies



Imminent Risk of Nursing Facility Placement

Some programs which the Office of Aging and Adult Services administers require a determination of Imminent Risk of Nursing Facility Placement prior to final eligibility for the programs. The Department of Health and Hospitals ascertains which program(s) require such a determination.

The Imminent Risk determination will be a two-part process **if Imminent Risk is not triggered in the first part of the determination.**



Imminent Risk -- Part One:

Part One of Imminent Risk is determined by the information gathered during a LOCET interview. Certain items within the LOCET (displayed on the Imminent Risk CAP display shown in Figure K-1) must be triggered in order to meet Imminent Risk on Part One. If these items are met, the Imminent Risk CAP display will state, "Triggered."
If "Triggered" is shown in the Imminent Risk CAP display, we can say that Imminent Risk was met in Part One of the Imminent Risk determination process.

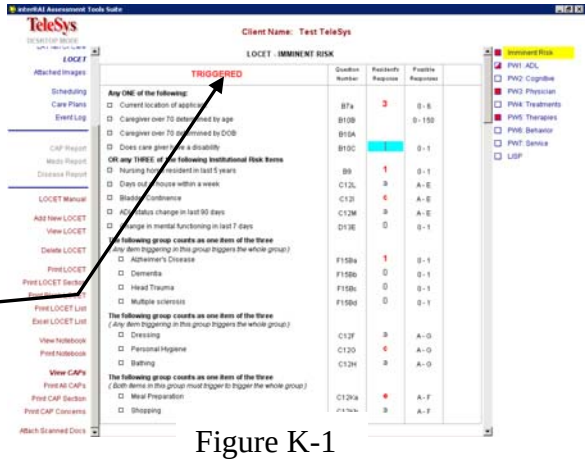


Figure K-1

Imminent Risk, Part One: Three of Eight Institutional Risk Items Required:

The Imminent Risk algorithm and CAP display recognize that three of eight Institutional Risk items are needed to trigger as noted in Section 2 of the Imminent Risk CAP display (see Figure K-2).

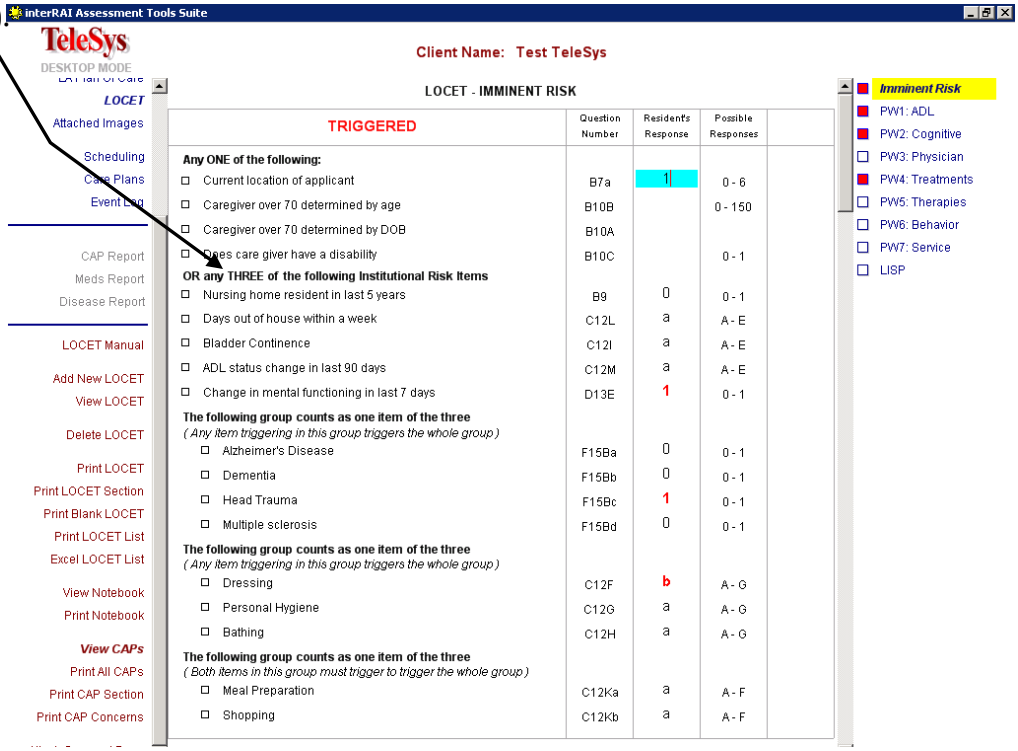


Figure K-2

Imminent Risk, Part One: Caregiver Status Requires Verification:

As shown on the LOCET Imminent Risk CAP display (see Figure K-3), Caregiver Age of 70 and older or Caregiver Disability may trigger the Imminent Risk determination alone, without the presence of any other Institutional Risk item.

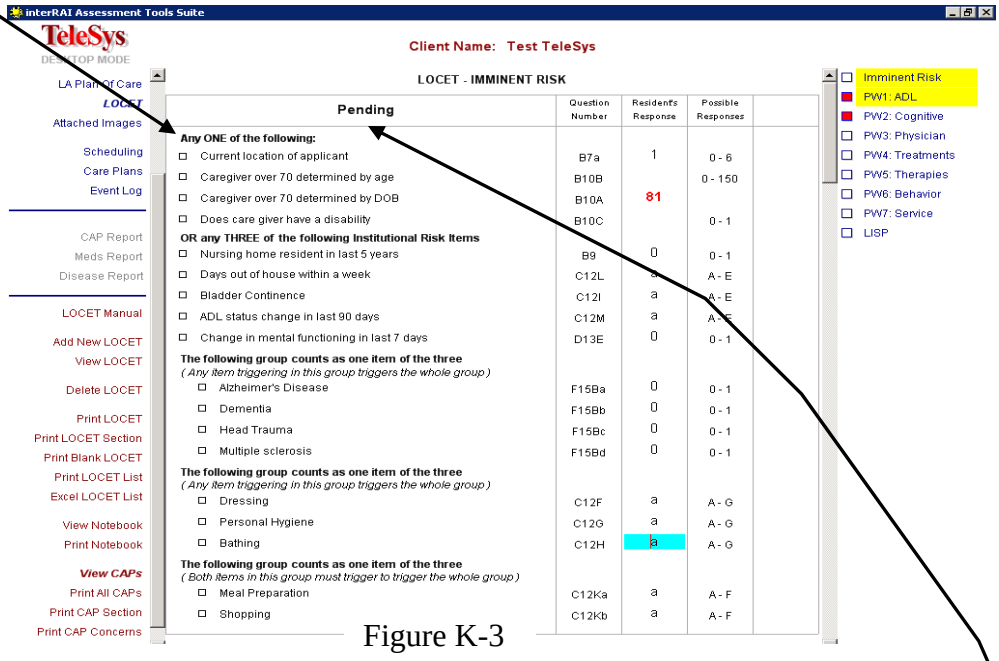
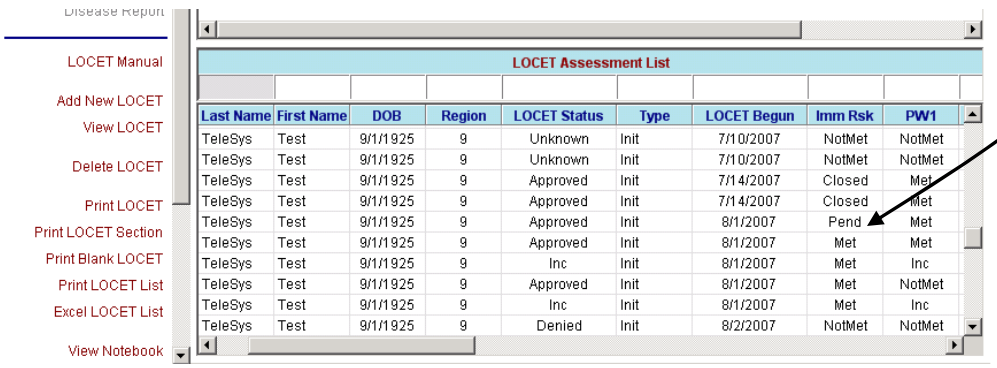


Figure K-3

However, if an applicant's LOCET shows that he/she only meets Imminent Risk on the basis of Caregiver Age and / or Caregiver Disability (to be referred to as Caregiver Status from here on), the LOCET will not show "Triggered" but "Pending" status for the Imminent Risk CAP display.

The LOCET Assessment List Grid display (Figure K-4) will also show this "Pending" Status for Imminent Risk.



Last Name	First Name	DOB	Region	LOCET Status	Type	LOCET Begun	Imm Rsk	PW1
TeleSys	Test	9/1/1925	9	Unknown	Init	7/10/2007	NotMet	NotMet
TeleSys	Test	9/1/1925	9	Unknown	Init	7/10/2007	NotMet	NotMet
TeleSys	Test	9/1/1925	9	Approved	Init	7/14/2007	Closed	Met
TeleSys	Test	9/1/1925	9	Approved	Init	7/14/2007	Closed	Met
TeleSys	Test	9/1/1925	9	Approved	Init	8/1/2007	Pend	Met
TeleSys	Test	9/1/1925	9	Approved	Init	8/1/2007	Met	Met
TeleSys	Test	9/1/1925	9	Inc	Init	8/1/2007	Met	Inc
TeleSys	Test	9/1/1925	9	Approved	Init	8/1/2007	Met	NotMet
TeleSys	Test	9/1/1925	9	Inc	Init	8/1/2007	Met	Inc
TeleSys	Test	9/1/1925	9	Denied	Init	8/2/2007	NotMet	NotMet

Figure K-4

This “Pending Imminent Risk” status will remain on the LOCET record for 34 days before it automatically changes to “Closed” Imminent Risk status. That is, if no input to the LOCET record is done (within 34 days from the date that the Pending Imminent Risk status was calculated) to change the “Pending” to “Triggered” or “Did Not Trigger” the LOCET software will apply “Closed” status to the Imminent Risk CAP.

Inputting Verification of Caregiver Status:

If an applicant’s LOCET indicates “Pending Imminent Risk” status, a request for verification of Caregiver Age and / or Disability will be made. When the applicant submits documentation of caregiver status, the reviewer will determine if the caregiver is 70 years of age or older, or has a disability.

The reviewer will indicate the results in LOCET Item J19.H or J19.I.

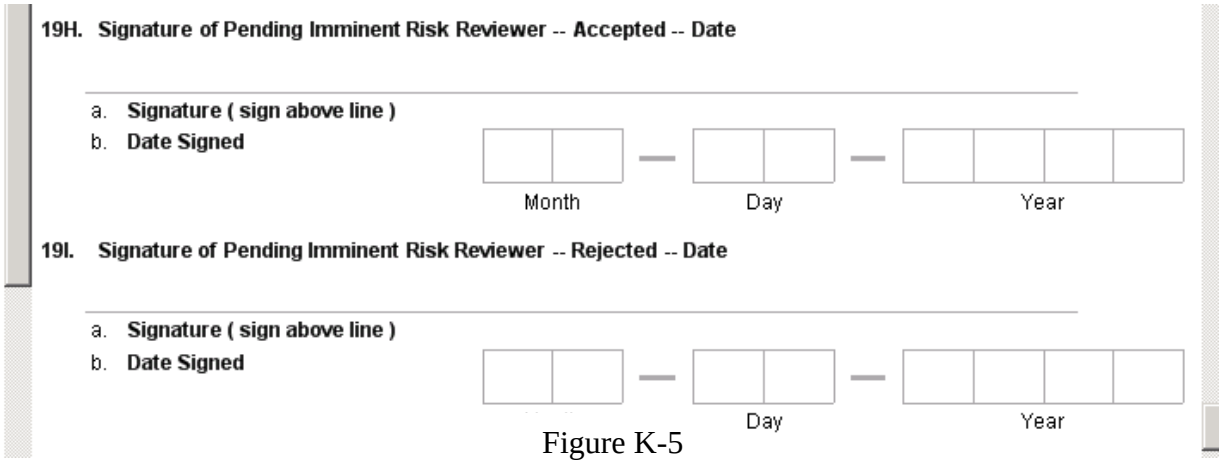


Figure K-5

After reviewing the caregiver status documentation submitted, the reviewer will place his/her name in J19H.a. and the date in J19.H.b. if the documentation of caregiver status supports the caregiver age of 70 years or older or caregiver disability. The reviewer’s name in this item will indicate that the documentation has been “Accepted” as proof of caregiver status which meets Imminent Risk criteria.

By completing J19H.a. and J19.H.b. within the 34 days of completion of the LOCET, the Imminent Risk status will be changed from “Pending” to “Triggered” on the Imminent Risk CAP display. (See Figure K-6 on next page.)

This input must be done within 34 days of completion of the LOCET for the Imminent Risk status of “Pending” to change to “Met” on the LOCET Assessment List Grid display. The LOCET Assessment List Grid display will state “Closed” and the LOCET Imminent Risk CAP display will state “Did Not Trigger” if this input is not completed within the 34 days immediately after the LOCET completion.

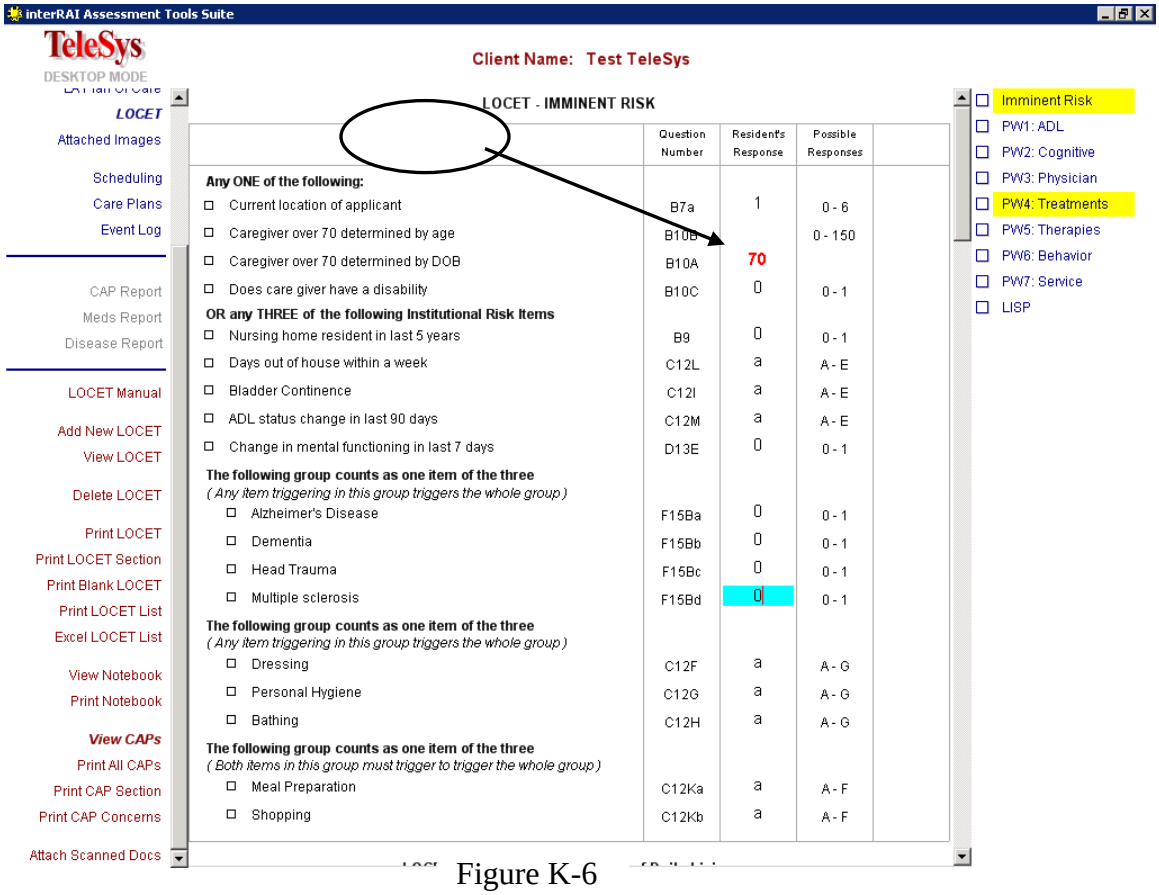


Figure K-6

Conversely, if the documentation submitted does not support the caregiver status as stated on the LOCET (caregiver is not at least 70 years old or disabled), the reviewer will place his / her name in Item J19I.a. and the date in J19I.b. (See Figure K-7 on next page.) If this input is done within 34 days from the LOCET completion date, "Pending" Imminent Risk status will change to "Did Not Trigger" on the Imminent Risk CAP display and to "Not Met" on the LOCET Assessment List Grid display.

19I. Signature of Pending Imminent Risk Reviewer -- Rejected -- Date

a. **Signature (sign above line)**

b. **Date Signed** Month — Day — Year

Figure K-7

This input into J.19I.a. and b. indicates that the documentation received is "Rejected" as proof of caregiver status as required by Imminent Risk criteria. This input must be done within 34 days of completion of the LOCET for the status to change to "Not Met" on the LOCET Assessment List Grid display. The LOCET Assessment List Grid display will continue to state "Closed" if this input is not completed within the 34 days immediately after the LOCET completion. The LOCET Imminent Risk CAP display will state "Did Not Trigger" in this case.

If the Imminent Risk review is taking place more than 34 days after the date of LOCET completion, see discussion of LOCET Item K, p. 63-11, for instructions on additional input required.

Imminent Risk -- Part Two:

If the applicant did not meet Imminent Risk at Part One of the Imminent Risk determination process (as determined by LOCET), he/she moves on to the Part Two review of Imminent Risk criteria. This second part review consists of review of medical statements and / or medical documentation submitted by the applicant's physician.

This applicant will be sent a Medical Deterioration Form for his/her physician to complete. Upon completion, this form is faxed to the OAAS designee and is reviewed by OAAS-designated reviewers, which will include medical personnel.

A determination will be made as to whether the physician's documentation submitted indicates:

1. The applicant will be at risk of Nursing Facility Placement if Home and Community Based services are not provided within 120 days -- OR --
2. The applicant will be at substantial risk of medical or mental deterioration if Home and Community Based services are not provided within 120 days.

Results of this Part Two Imminent Risk determination will be input in Item K. of the LOCET. See p. 63-12 for description of these codes (055, 066, 012).

Section K. LOCET Indicator Codes:

Section K (Figure K-8) is added to the LOCET Software to allow for input of commonly needed information and to allow for this information to be recorded quickly and accurately. The LOCET Indicator Codes will also allow for ease in retrieval of reports and other studies made by consultants to the Department of Health and Hospitals Office of Aging and Adult Services.

LOCET Indicator Codes will be updated by DHH as needed.

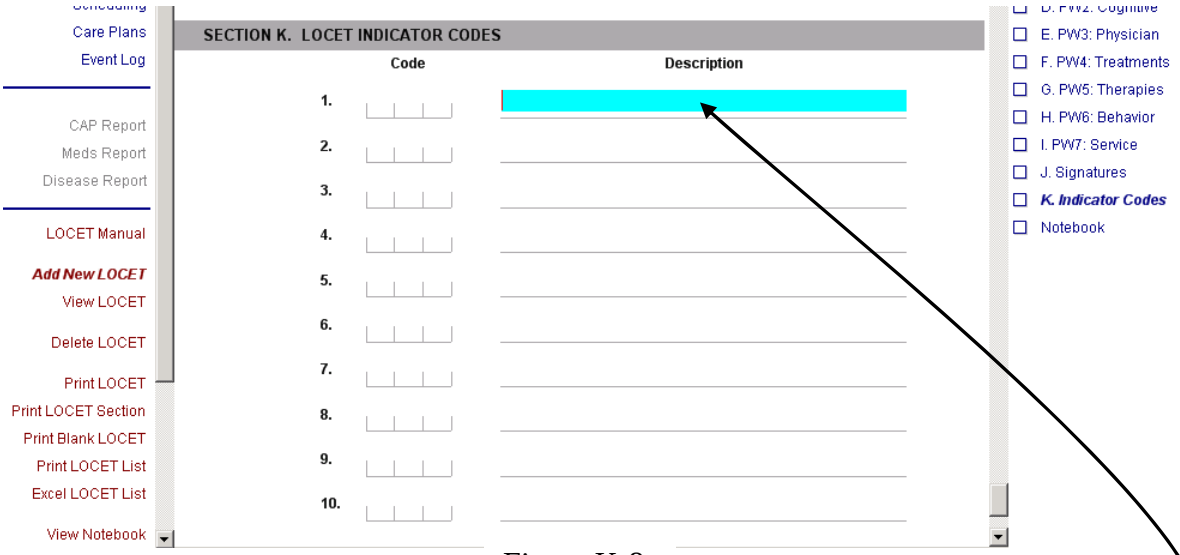


Figure K-8

Up to 10 LOCET Indicator Codes may be stored on any LOCET.

Care must be taken to always check to see if any code applies to the LOCET which is being completed. It is very important to record any code which applies to the LOCET. If no other code applies, the code which states, "No LOCET Indicator Code applies to this LOCET" must be selected.

Accessing the LOCET Indicator Codes:

At the completion of a LOCET, the Intake Analyst must place the cursor over the "Description" portion of the display in Section K, as shown in Figure K-8 above.
Then press "Enter" on the keyboard. This will open up the LOCET Indicator Codes Display. See Figure K-9 on next page.

The Intake Analyst will search the listing shown on-screen to determine if any of the codes shown apply to the LOCET just completed.

For instance, if Alternate Pathway 1 questions were asked to the applicant due to no active caregiver, code 001 would apply. Selection of this code will take the place of making the notebook entry which states the same information.

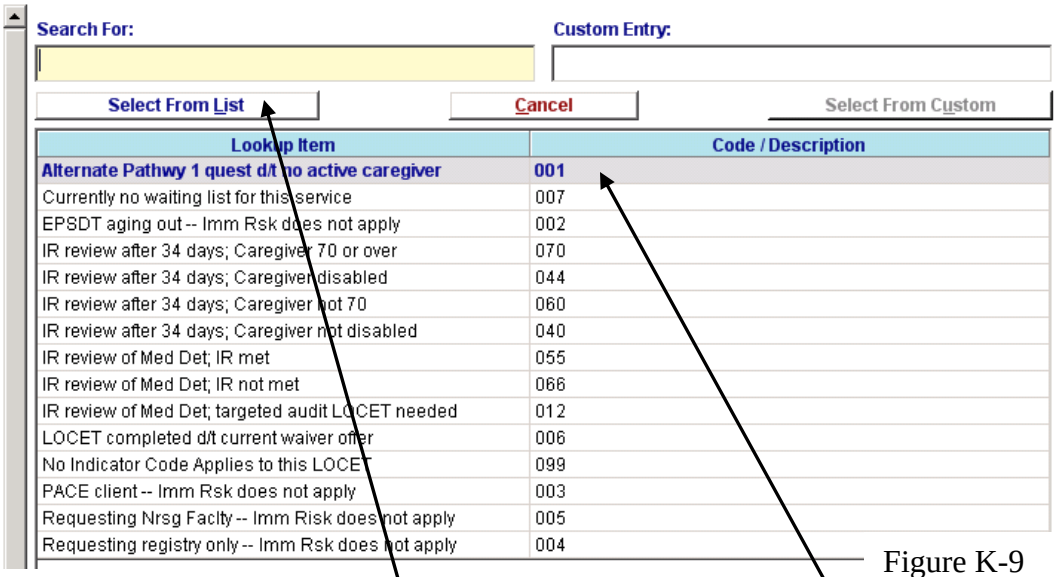


Figure K-9

Selecting a LOCET Indicator Code:

1. Highlight the appropriate LOCET Indicator Code with your cursor.
2. Then click on "Select from List" (See Figure K-9 above.).

This will cause your selected code to appear in the LOCET display of Section K as shown in Figure K-10.

Figure K-10

Repeat this process for each LOCET Indicator Code which applies to the LOCET you are completing.

Do not type a number in the "Code" column. Do not type in the "Description" column. Always use the selection process described above.

Correcting a LOCET Indicator Code already selected:

If an error is made in selection of the LOCET Indicator Code, the easiest way to correct it is to place your cursor at the end of the displayed description and "Backspace" the entire length of the Description and continue backspacing over the numeric code as well, clearing all characters from the spaces. Press "Enter" on your keyboard.

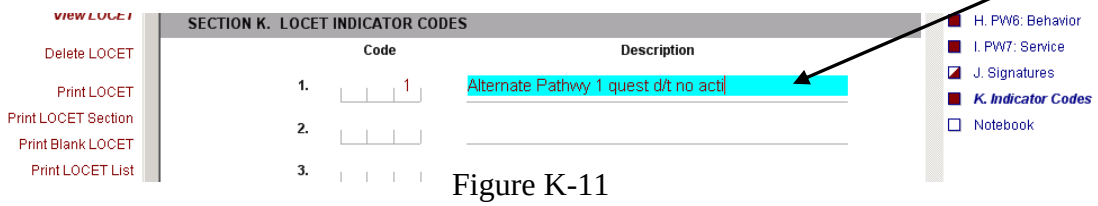
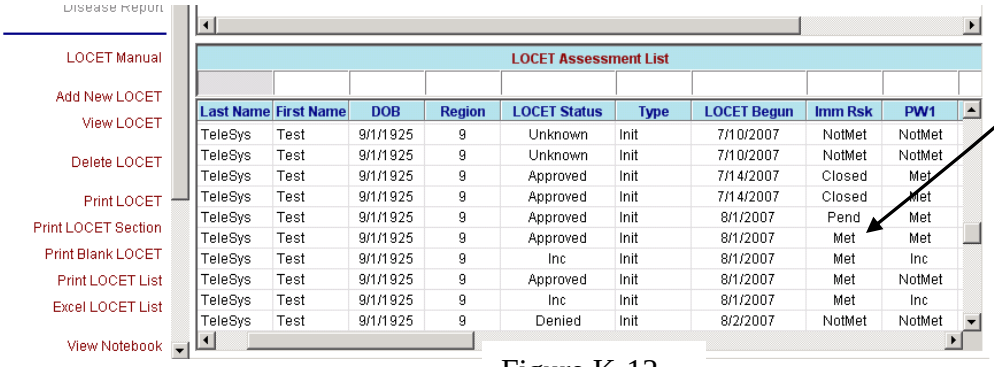


Figure K-11

This step will take you back to the display shown in Figure K-9 above. Proceed to select the correct code using the steps shown above in Selecting a LOCET Indicator Code.

Viewing the Verification of Imminent Risk status:

A quick way to view Imminent Risk status is to look at the LOCET Assessment List Grid display. If the LOCET Assessment List Grid display shows "Met" in the Imm Rsk column, this indicates that the Imminent Risk decision was made completely in Part One of the Imminent Risk determination process. (See diagram on page 63-1.)



Last Name	First Name	DOB	Region	LOCET Status	Type	LOCET Begun	Imm Rsk	PW1
TeleSys	Test	9/1/1925	9	Unknown	Init	7/10/2007	NotMet	NotMet
TeleSys	Test	9/1/1925	9	Unknown	Init	7/10/2007	NotMet	NotMet
TeleSys	Test	9/1/1925	9	Approved	Init	7/14/2007	Closed	Met
TeleSys	Test	9/1/1925	9	Approved	Init	7/14/2007	Closed	Met
TeleSys	Test	9/1/1925	9	Approved	Init	8/1/2007	Pend	Met
TeleSys	Test	9/1/1925	9	Approved	Init	8/1/2007	Met	Met
TeleSys	Test	9/1/1925	9	Inc	Init	8/1/2007	Met	Inc
TeleSys	Test	9/1/1925	9	Approved	Init	8/1/2007	Met	NotMet
TeleSys	Test	9/1/1925	9	Inc	Init	8/1/2007	Met	Inc
TeleSys	Test	9/1/1925	9	Denied	Init	8/2/2007	NotMet	NotMet

Figure K-12

However, it is very important to remember this:

The LOCET Assessment List Grid display is complete only for "Met" or "Pend(ing)"status of Imminent Risk.

If you find "Closed" or "Not Met" in the Imm Risk column, you must then look for a LOCET Indicator Code in Section K of the LOCET to verify Imminent Risk status by the presence of a LOCET Indicator Code.

Untimely Caregiver Verification Review:

As stated earlier (p. 63-5) "Pending Imminent Risk" status will remain on the LOCET Assessment List Grid display for 34 days before it automatically changes to "Closed" Imminent Risk status. Clients are allowed 30 days to submit documentation of caregiver status. That is why the LOCET Imminent Risk status automatically changes on LOCET Assessment List Grid display to "Closed" after 34 days.

To allow for the possibility that some documentation may be received after the 30 day limit, and should it be determined to be late by good cause, "IR review after 34 days" codes have been established. These codes will allow the LOCET record to be updated with a determination of caregiver status review even in the presence of "Closed" status on the LOCET Assessment List Grid display.

The LOCET user must develop the habit of checking for LOCET Indicator Codes on all cases he / she is researching.

Medical Deterioration Review Input (Part Two Imminent Risk review -- see p. 63-2):

As discussed earlier (p. 63-7), the Medical Deterioration decision compiled from a review of the Medical Deterioration form is to be input in the LOCET by use of LOCET Indicator Codes. These "IR review of Med Det" codes (055, 066, 012) will indicate the decision of the reviewer(s) of the medical documentation submitted.

It must be emphasized that the Medical Deterioration review decision will not be shown on the LOCET Assessment List Grid display or on the LOCET Imminent Risk CAPs display. It will only be shown as a LOCET Indicator Code, Section K, of the LOCET.

No LOCET Indicator Code Applies:

All LOCET Intake Analysts must thoroughly read each LOCET Indicator Code at the conclusion of a new LOCET and add the appropriate code. If none applies, select the code which states, "No Indicator Code Applies to this LOCET."

LOCET INDICATOR CODES

Lookup Item	Code	Select this code when…:
Alternate Pathwy 1 quest d/t no active caregiver	001	...caregiver drilldown revealed no active caregiver. (See Reissue of p. 22 dated 4/23/07, and pp.22-1, 33-1 dated 4/23/07 of this manual.) DO NOT MAKE NOTEBOOK ENTRY FOR THIS SITUATION; USE THIS CODE INSTEAD.
Currently no waiting list for this service	007	...directed by DHH when client has selected program which has no waiting list.
EPSDT aging out -- Imm Rsk does not apply	002	…client is near age 21 or already age 21 and receiving EPSDT services, requesting LT PCS.
IR review after 34 days; Caregiver 70 or over	070	…documentation **which supports caregiver age of 70 or over** is received and / or reviewed after 34 days from date of LOCET completion. Imminent Risk status shows "Closed" on LOCET Assessment List Grid display.
IR review after 34 days; Caregiver disabled	044	…documentation **which supports caregiver disability** is received and / or reviewed after 34 days from date of LOCET completion. Imminent Risk status shows "Closed" on LOCET Assessment List Grid display.
IR review after 34 days; Caregiver not 70	060	…documentation which **does not support caregiver age of 70 or over** is received and / or reviewed after 34 days from date of LOCET completion. Imminent Risk status shows "Closed" on LOCET Assessment List Grid display.
IR review after 34 days; Caregiver not disabled	040	…documentation which **does not support caregiver disability** is received and / or reviewed after 34 days from date of LOCET completion. Imminent Risk status shows "Closed" on LOCET Assessment List Grid display.
IR review of Med Det; IR met	055	…Medical Deterioration form reviewed. **Risk Medical or Mental deterioration or Nursing Facility Placement is supported**, per documentation received.
IR review of Med Det; IR not met	066	…Medical Deterioration form reviewed. **Risk Medical or Mental deterioration or Nursing Facility Placement is not supported**, per documentation received.
IR review of Med Det; targeted audit LOCET needed	012	…Medical Deterioration form reviewed. Special situation requires further information. See LOCET Notebook for details.
LOCET completed d/t current waiver offer	006	…this LOCET was done based on a waiver offer spreadsheet from SRI.
No Indicator Code Applies to this LOCET	099	…you have read all the other LOCET Indicator codes and have determined that no other LOCET Indicator code applies.
PACE client -- Imm Rsk does not apply	003	…client is applying for PACE in an area served by PACE.
Requesting Nrsg Faclty -- Imm Risk does not apply	005	…client is applying for entry to a Nursing Facility.
Requesting registry only -- Imm Rsk does not apply	004	…client is applying for entry to the Request for Services Registry only. Not requesting LT PCS or a service which has no waiting list.

See next page for discussion of Code 98: "Check notebook for code situation."

Code 98: "Check notebook for code situation."

Beginning October 2007, all new LOCETs will have the pick list of codes for the user to review and choose from. However, the LOCETs entered prior to October 2007 will have important information recorded in the notebook section of the LOCET, such as, "Alternate PW 1 questions asked due to no active caregiver."

In order to alert the user to look for notebook entries for these important situations, special code 98 has been established and will be electronically entered on all existing LOCETs.

When viewing a LOCET which has code 98 in Section K, the user should search the Notebook entries of that LOCET for important information, if any was recorded. Not all LOCETs which have code 98 will have "code situations" recorded in the notebook, but the user must determine if there is a "code situation" recorded there which would impact further action on the LOCET case.

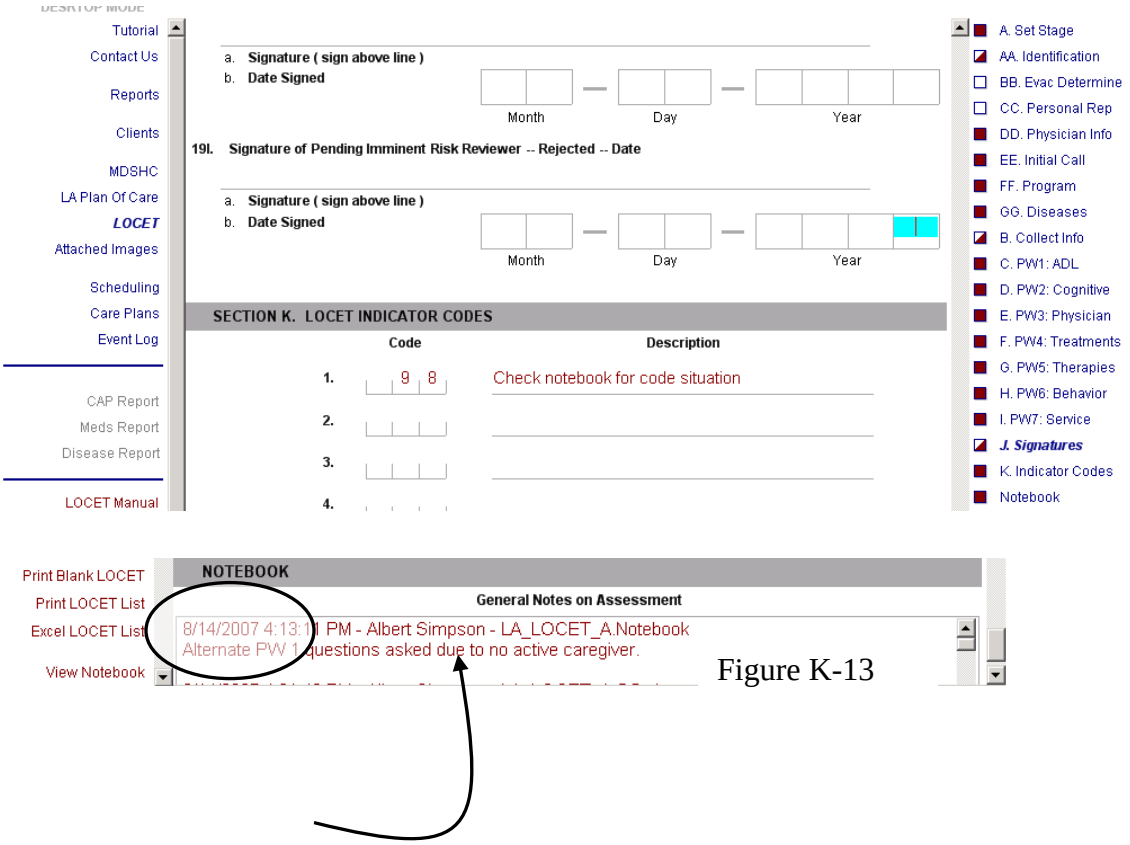


Figure K-13

Figure K-13 shows the purpose of code 98: The LOCET was completed prior to our use of the LOCET Indicator codes (October 2007) and the LOCET notebook was used to record special situations.

Users cannot select Code 98:

As stated earlier, Code 98 was placed on existing LOCETs electronically. It is not a code which the user will be able to select. It does not appear on the pick list of codes.

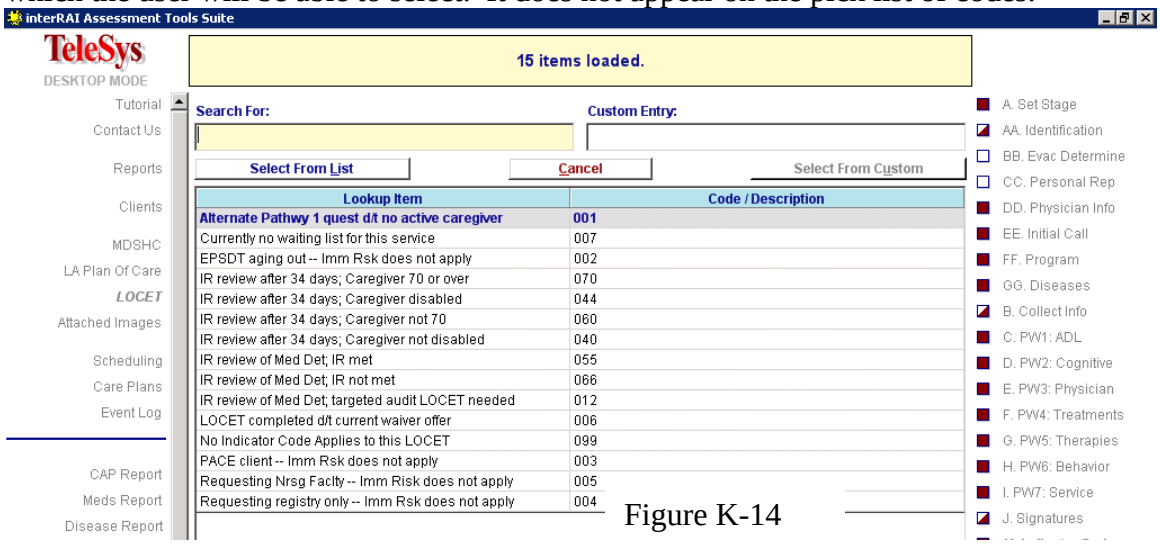


Figure K-14

Do not erase code 98:

Page 63-10 gives instructions on how to correct a code which was selected incorrectly by erasing the code with backspacing the cursor. However, **the user must be careful not to erase code 98.**

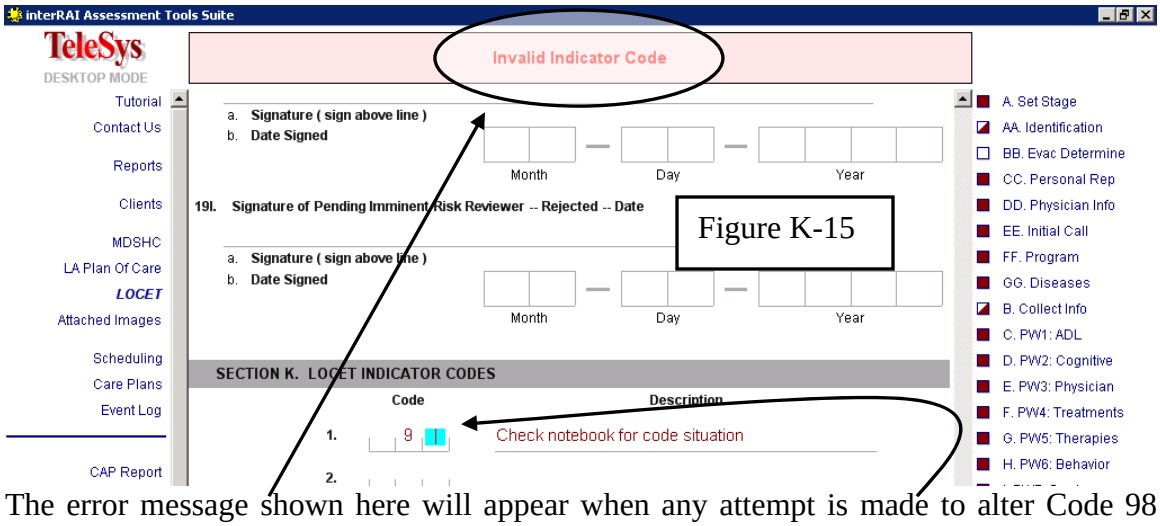


Figure K-15

The error message shown here will appear when any attempt is made to alter Code 98 and the user tries to leave field K.1. The error message will continue until code 98 is completely erased -- something which should never occur, since it cannot be re-entered.

If you accidentally alter or erase code 98, you must notify your supervisor.

Every LOCET should have a LOCET Indicator Code:

Since the LOCETs entered prior to implementation in October 2007 will have LOCET Indicator Code 98, and since all users must search the LOCET Indicator Codes list for applicable codes and use code 99 if none other apply (see pp. 63-13 and 63-11), all LOCETs beginning with implementation date in October 2007 will have a LOCET Indicator Code.

The LOCET Indicator Codes will routinely be entered at the time of the LOCET input. The user will record the presence of any situation listed which applies to the applicant's LOCET.

LOCET Indicator Codes may be entered after initial input if a situation occurs which warrants such input, as in the case of an Imminent Risk review (Part Two) or Caregiver Status input after 34 days.

NOTEBOOK

This area will be used to add information which is pertinent to the LOCET document or to expound on additional documentation. These entries will be those special situations for which a LOCET Indicator Code has not been established, or for any pertinent information regarding the LOCET answers for the applicant.

In the event of an interrupted call, the Intake Analyst must make a short notebook entry describing the reason the call was interrupted and also mention the last item completed.

Any additional information requested from the applicant or personal representative should be documented in the notebook. For instance, when a Designation of Personal Representative Form is sent to the applicant, it must be logged within the Notebook.

Any notes which are considered important to the history of the LOCET should also be included in the Notebook.

LOCET Appeals Process:

Any LOCET denial decision may be appealed to the Department of Health and Hospitals Bureau of Appeals (BOA). Appeal Rights letters which are sent to applicants whose

See Page 64 for continuation of manual instructions.

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 (caller) is not aware of the applicant's functional ability in this area for the last 7 days.

Alternate Pathway 1 questions to ask applicant if, by answers to questions 1, 2 and 3 on page 22 of this manual, Item B.10 states "None:"

"In the last 7 days, how difficult has it been for you to do the following activities?"

Enter the answer code (shown here) in LOCET which corresponds to the applicant's answer to each item:	**Not Difficult**	**Somewhat Difficult** (I need some help OR I am very slow OR I tire when doing this)	**Very Difficult** (I can only do this a little bit OR I am not able to do this at all)
12A. *Locomotion:* Move between places inside your home. Do not count getting into and out of a wheelchair……..	A	C	D
12B. *Eating:* Eat and drink. Do not count cooking……	A	C	D
12C. *Transferring:* Move to and from a bed, chair, wheelchair, or a standing position. Do not count getting on and off the toilet or in and out of the tub or shower……..	A	C	D

Enter the answer code (shown here) in LOCET which corresponds to the applicant's answer to each item:	**Not Difficult**	**Somewhat Difficult** (I need some help OR I am very slow OR I tire when doing this)	**Very Difficult** (I can only do this a little bit OR I am not able to do this at all)
12D. *Bed Mobility*: Move to and from a lying position, turning side to side, and positioning body while in bed……	A	C	D
12E. *Toileting:* Use the toilet (or commode, bedpan, urinal). (Include getting on/off toilet, cleaning self, changing pad, managing ostomy or catheter, adjusting clothes.)…….....	A	C	D
12F. *Dressing:* Dress and undress yourself, including prostheses, orthotics, fasteners, belts, shoes, and underwear……	A	C	D
12G. *Personal Hygiene:* Comb your hair, brush teeth, wash/drying your face/hands, shave. Do not count baths and showers….....	A	C	D
12H. *Bathing:* Take a full-body bath/shower or sponge bath. Do not count washing your hair or your back…….....	A	C	D

The Intake Analyst will then enter the code in Section K which states, "Alternate PW 1 questions asked due to no active caregiver."

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 presence or absence of a caregiver is of vital importance in the LOCET determination process. Effective Monday, May 7, 2007, the intake analyst will gather information in item B.10 to determine if there is actually a caregiver actively present for the applicant.

The intake analyst will ask the following questions prior to entering a name (or "None") in item B.10 (caregiver's name):

1. Is there someone who cares for or helps the applicant who is at least 18 years old?
    - If the answer to this question is **"no,"** the intake analyst will enter "None" in item B.10 and then skip to Item B.11.
    - If the answer to this question is **"yes,"** the intake analyst will ask the following question:

2. What type of care or help does this person do for the applicant?
    - If this answer **does not refer to helping with bathing, dressing, grooming, bed mobility, transferring, toileting, eating or locomotion**, enter "None" in item B.10 and then skip to Item B.11.
    - If the answer to this question **refers to helping with bathing, dressing, grooming, bed mobility, transferring, toileting, eating or locomotion**, the intake analyst will then ask the following question:

3. How many days per week does this person usually see the applicant?
    - If the answer to this question is **two or less days per week**, the intake analyst will enter "None" in item B.10 and then skip to Item B.11.
    - If the answer to this question is **three or more days per week**, enter this caregiver's name in item B.10 and then proceed to answer Items B.10A or B.10B and B.10C **and all other items of the LOCET as worded on the computer screen.**

If, according to the answers of questions 1, 2 and 3 above, a caregiver's name is recorded in Item B.10, Items B.10A or B.10.B, and B.10C will refer to the caregiver who is named in Item B.10.
If, according to the answers of questions 1, 2 and 3 above, "None" is entered in Item B.10, skip to Item B.11 and complete the remainder of the LOCET **using the Alternative Questions listed in Section C, Pathway 1, Activities of Daily Living. See pages 33-1 and 33-2 of the LOCET User Manual.**

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.

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    - If the answer to this question is **"no,"** the intake analyst will enter "None" in item B.10 and then skip to Item B.11.
    - If the answer to this question is **"yes,"** the intake analyst will ask the following question:

2. What type of care or help does this person do for the applicant?
    - If this answer **does not refer to helping with bathing, dressing, grooming, bed mobility, transferring, toileting, eating or locomotion**, enter "None" in item B.10 and then skip to Item B.11.
    - If the answer to this question **refers to helping with bathing, dressing, grooming, bed mobility, transferring, toileting, eating or locomotion**, the intake analyst will then ask the following question:

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    - If the answer to this question is **three or more days per week**, enter this caregiver's name in item B.10 and then proceed to answer Items B.10A or B.10B and B.10C **and all other items of the LOCET as worded on the computer screen.**

If, according to the answers of questions 1, 2 and 3 above, a caregiver's name is recorded in Item B.10, Items B.10A or B.10.B, and B.10C will refer to the caregiver who is named in Item B.10.
If, according to the answers of questions 1, 2 and 3 above, "None" is entered in Item B.10, skip to Item B.11 and complete the remainder of the LOCET **using the Alternative Questions listed in Section C, Pathway 1, Activities of Daily Living. See pages 33-1 and 33-2 of the LOCET User Manual.**