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

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

Louisiana DHH Level of Care Eligibility Tool
LOCET

Nursing Facility User Intake Manual

Definition of Terms:

Review of working vocabulary

5

TERMS

- *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.

6

TERMS

- *Extensive Assistance* Assistance involving weight-bearing which was provided 3 or more times in look-back period.
- *Limited Assistance* Assistance of non-weight bearing nature 3 or more times in look-back period.

7

TERMS

- *Weight bearing support* "For example, Holding weight of one or both lower limbs, trunk." Can also include holding weight of arms.
- *Guided Maneuvering* Assistance by physical guidance of limbs. This is non-weight-bearing assistance.

8

TERMS

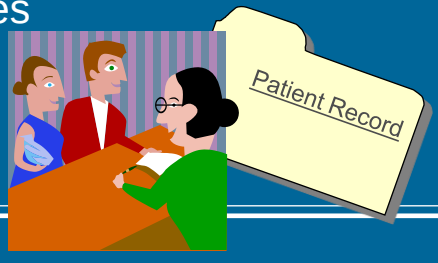
- ***Personal Representative***
  - represents interests of the applicant who is not capable of self-direction.
  - accompanies, assists, represents the applicant in the program evaluation process

The Locet Process
General Information

- 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 informant.

The LOCET Process

- Intake Analyst will always obtain information from all available sources
- Code the BEST answer from ALL available information sources



11

The LOCET Interview Process

- Some rephrasing of questions may be needed to assure effective communication
  - remain on target with the question
  - obtain a clear picture of the applicant's abilities

12

The LOCET Interview Process

- Select vocabulary appropriate for upper elementary level of education
- Do not ask leading questions, ask clear and objective questions
- Use all available sources of information to best answer each item

13

LOCET Pathways

14

Pathway 1 – Activities of Daily Living

15

Pathway 1: Activities of Daily Living (ADLs) *Pages 6-9 on LOCET Form*

- Locomotion
- Eating
- Transfer
- Bed Mobility
- Toilet Use
- Dressing
- Personal Hygiene
- Bathing
- Bladder Cont.
- Medication Mgmt
- Meal Preparation
- Shopping
- Going out of home
- ADL Self Performance Change

16

Pathway 1: Let's Look at the following PW 1 Items:

- 12 A. *Locomotion*
- 12 B. *Eating*
- 12 C. *Transfer*
- 12 D. *Bed Mobility*
- 12 E. *Toilet Use*
- 12 F. *Dressing*
- 12 G. *Personal Hygiene*
- 12 H. *Bathing*

17

Pathway 1 12 A. – 12 H. Scoring Options Criteria

18

Scoring Pathway 1

- **Items 12A through 12H (pages 6 – 8 of LOCET form) are scored using the same criteria:**

19

a. Independent

- The applicant received no help or oversight, OR help or oversight was provided only 1 or 2 times in the last 7 days.

20

b. Supervision

- 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.

21

c. Limited Assistance

- 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

22

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

23

e. Total Dependence

- The applicant required full performance of activity by another individual during entire 7-day period (Total Dependence = Applicant totally dependent on others for entire 7-day look back period, 24 hours a day).

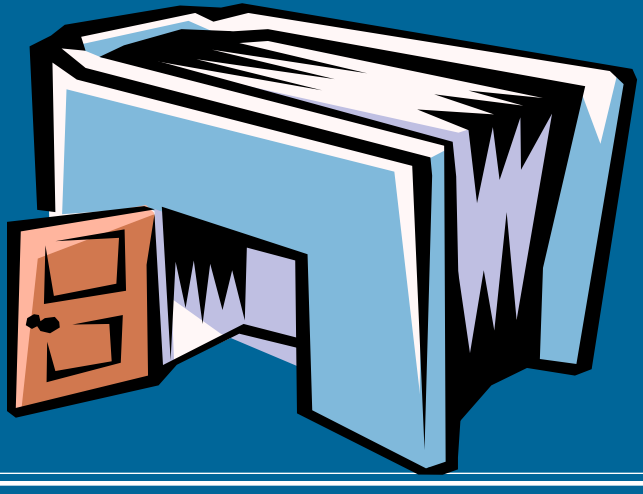
24

f. Activity Did Not Occur

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

25

Pathway 1 ADL Items Defined…



26

Pathway 1ADL – Locomotion

- *12 A. Locomotion:* Describe how the applicant moves between locations inside his/her place of residence (If applicant uses a wheelchair, code self-sufficiency once in chair). Describe the applicant's self-performance during the last 7 days.
- (Refer to page 6 of 11 of LOCET form)

27

PW 1 – 12 A. Locomotion – Test Your Knowledge:

- During the 7 day look-back period, Mr. A ambulated independently around his home during the day. At night, Mr. A required his wife to walk by his side to provide oversight and verbal encouragement as he walked to the bathroom at least 3 times during the 7 day look-back period.
- **CODE:**

28

Pathway 1ADL - Eating

- **12B.Eating:**

Describe how the applicant eats and drinks (regardless of skill). Includes intake of nourishment by other means, e.g., tube feeding. Describe the applicant's self-performance during the last 7 days. This does not include meal preparation.
(Refer to page 7 of 11 of LOCET form)

29

PW 1 – 12 B. Eating – Test Your Knowledge:

- Mrs. B is fed by a feeding tube. No food or fluids are consumed through her mouth. Mrs. B's caregivers prepared and administered all feedings via her feeding tube during the 7 day look-back period.

CODE:

30

Pathway 1ADL - Transfer

- **12C. Transfer:**

Describe how the applicant moves to and from surfaces, e.g., bed, chair, wheelchair, standing position (Exclude Transferring to/from bath/toilet). Describe the applicant's self-performance during the 7 day look-back period.
(Refer to page 7 of 11 of LOCET form)

31

Pathway 1 – 12 C T**ransfer** ADL – Test Your Knowledge:

- Mrs. C was recently placed on total bed rest, and as a result, did not leave her bed during the entire 7 day look-back period.

- **CODE:**

32

Pathway 1ADL – Bed Mobility

- **12D. Bed Mobility**

Describe how the applicant moves to and from a lying position, turns side to side, and positions body while in bed. Describe the applicant's self-performance during the 7 day look-back period.
(Refer to page 7 of 11 of LOCET form)

33

Pathway 1 – 12 D - **Bed Mobility- Test Your Knowledge**

- Mr. D is slowly regaining his strength as a result of a recent surgery. Every day last week, Mr. D's caregiver assisted him from a lying position to a sitting position by physically supporting his weight so he could sit up to eat all three of his daily meals (breakfast, lunch and dinner).
- **CODE:**

34

Pathway 1ADL – Toilet Use

- **12E. Toilet Use:** Describe how the applicant uses the toilet (or commode, bedpan, urinal). Includes transfer on/off toilet, cleaning self, changing pad, managing ostomy or catheter, adjusting clothes. Describe the applicant's self-performance during the 7 day look-back period.

(refer to page 8 of LOCET form)

35

Pathway 1 – 12 E. – **Toilet Use – Test Your Knowledge:**

- Mr. E's caregiver provided him with weight-bearing assistance getting on and off the toilet at least 5 times during the 7 day look-back period.
- **CODE:**

36

Pathway 1 ADL – Dressing

- **12F. Dressing**

Describe how the applicant dresses and undresses him/herself, including prostheses, orthotics, fasteners, belts, shoes, and underwear. Describe the applicant's self-performance during the 7 day look-back period.
(refer to page 8 of LOCET form)

37

Pathway 1 – 12 F.- **Dressing – Test Your Knowledge:**

- Ms. F's caregiver provided non-weight bearing, physical assistance by guiding Ms. F's arms through the opening of her bra strap as she was getting dressed each morning during the 7 day look-back period.

- **CODE:**

38

Pathway 1 ADL – Personal Hygiene

- **12G. Personal Hygiene**

Describe how the applicant grooms him/herself, including combing hair, brushing teeth, washing/drying face/hands, shaving. (EXCLUDE baths and showers). (refer to page 8 of LOCET form). Describe the applicant's self-performance during the 7 day look-back period.

39

Pathway 1- 12G. Personal Hygiene – Test Your Knowledge

- Ms. G's caregiver provided verbal cueing 4 times during the 7 day look-back period to assist Ms. G in the completion of her daily morning hand and face washing, tooth brushing, and hair combing.
- **CODE:**

40

Pathway 1ADL - Bathing

- **12H. Bathing**

Describe how the applicant takes a full-body bath (exclude hair washing or washing of back). Describe the applicant's self-performance during the 7 day look-back period.
(Refer to page 8 of 11 of LOCET form)

41

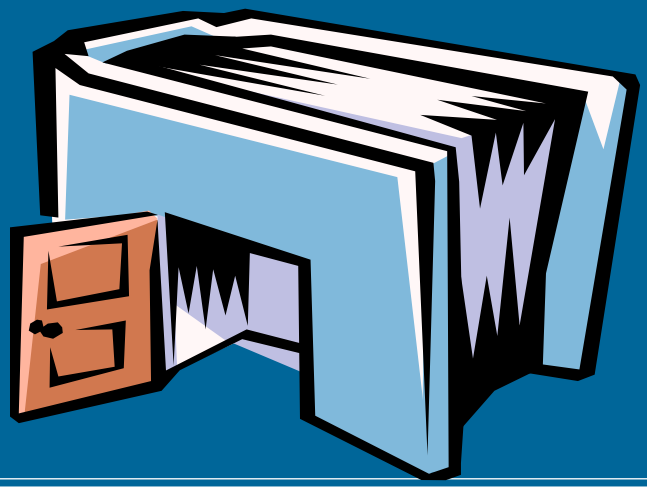
Pathway 1 12 H. - Bathing – Test Your Knowledge:

- Mr. H's caregiver provided verbal cueing and encouragement four times during the 7 day look-back period in order to assist Mr. H with taking his shower.

- **CODE:**

42

Pathway 1 Bladder Continence Items Defined…



43

Pathway 1- Bladder Continence

- **12 I, Bladder continence**

Describe the applicant's control of urinary bladder function in the last 7 days (with appliances such as catheters or incontinence program in use).

(Refer to page 8 of of LOCET form)

44

Pathway 1 - 12 I. Scoring Options Criteria

45

Pathway 1- Bladder Continence

a. Continent

- applicant has complete control and no device used in last 7 days.

b. Continent with Catheter

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

46

c. Usually Continent

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

d. Incontinent

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

47

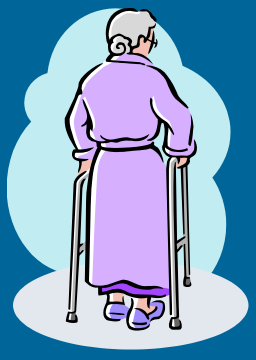
Pathway 1 – 12 I. Bladder Continence – Test Your Knowledge

- Mr. I had an indwelling catheter in place during the entire 7 day look-back period. He was never found wet.
- **CODE:**

48

Pathway 1 – 12 I. – Bladder Continence – Test Your Knowledge

- Although she is generally continent of urine, Mrs. J did not make it to the bathroom in time during one episode last week causing her to wet on herself.
- **CODE:**



49

Pathway 1- 12 I. Bladder Continence – Test Your Knowledge

- Mrs. K has less than daily episodes of urinary incontinence, which occur particularly late in the day when she is tired. Mrs. K had 3 episodes of urinary incontinence during the 7 day look-back period.
- **CODE:**

50

Pathway 1- 12 I.- Bladder Continence – Test Your Knowledge

- During the 7 day look-back period, Ms. L was taken to the toilet after every meal, before bed, and once during the night. She was never found wet.
- **CODE:**

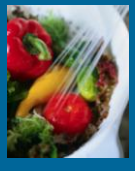
51

Pathway 1 – 12 I. Bladder Continence – Test Your Knowledge

- Mrs. M has end-stage Alzheimer's disease. She is frail & contracted. She spends the majority of her day in bed on a special mattress, and is turned & repositioned hourly. During the 7 day look-back period, Mrs. M. was incontinent of urine for all episodes.
- **CODE:**

52

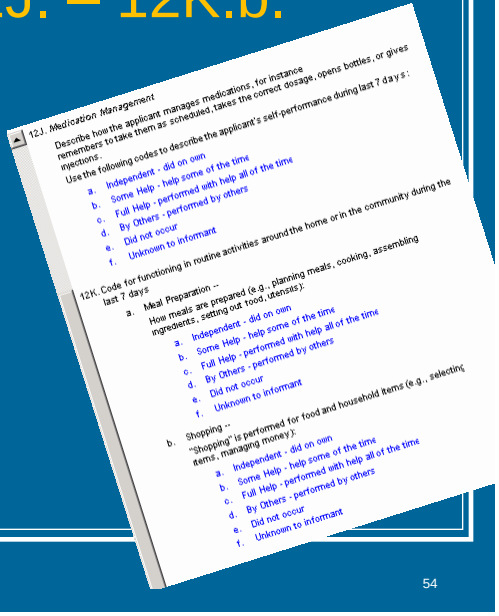
Pathway 1 –
12 J. –Medication Management ,
12 K. A. -Meal Preparation &
12 K. B. - Shopping



53

Pathway 1 – 12J. – 12K.b.

- **12J. through 12K.b. (LOCET pages**
- **8 – 9) are scored using the same criteria:**



12J. *Medication Management*

Describe how the applicant manages medications, for instance remembers to take them as scheduled, takes the correct dosage, opens bottles, or gives injections.

Use the following codes to describe the applicant's self-performance during last 7 days:

a. Independent - did on own
b. Some Help - help some of the time
c. Full Help - performed with help all of the time
d. By Others - performed by others
e. Did not occur
f. Unknown to informant

12K. Code for functioning in routine activities around the home or in the community during the last 7 days

a. Meal Preparation --
How meals are prepared (e.g., planning meals, cooking, assembling ingredients, setting out food, utensils).

a. Independent - did on own
b. Some Help - help some of the time
c. Full Help - performed with help all of the time
d. By Others - performed by others
e. Did not occur
f. Unknown to informant

b. Shopping --
"Shopping" is performed for food and household items (e.g., selecting items, managing money).

a. Independent - did on own
b. Some Help - help some of the time
c. Full Help - performed with help all of the time
d. By Others - performed by others
e. Did not occur
f. Unknown to informant

54

Pathway 1 - 12 J. – 12 K. B.
Scoring Options
Criteria

55

a. Independent

- Applicant managed this activity without assistance.

56

b. Some Help

- Applicant received help with this activity some of the time in the last 7 days.

57

c. Full Help

- This activity was performed with help of others all of the time in the last 7 days.

58

d. By Others

- This activity was performed by others all of the time in the last 7 days.

59

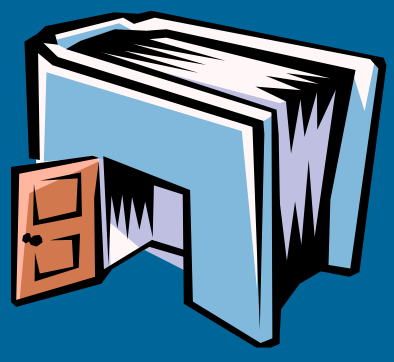
e. Did Not Occur

- This activity did not occur for the applicant in the last 7 days.

f. Unknown to Informant

60

Pathway 1 – 12 J. -Medication Management Defined…



61

Pathway 1

- **12J. Medication Management**

Describe how the applicant manages his/her medications, for instance, remembers to take them as scheduled, takes the correct dosage, opens bottles, or gives injections. Describe the applicant's self-performance during the 7 day look-back period.

62

Pathway 1- 12 J. – Test Your Knowledge

When Mr. N's arthritis is not flaring up he opens his pill bottles alone. During the 7 day look-back period, Mr. N required help two times from his daughter in order to get his pill bottle opened.

- **CODE:**

63

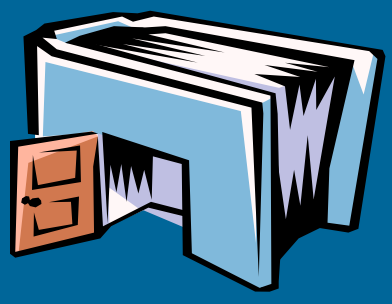
Pathway 1- 12 J. – Test Your Knowledge

Ms. O is blind and is unable to administer her own insulin dosages to manage her diabetes. During the 7 day look-back period, Mrs. O's insulin was administered by her sister at all times.

- **CODE**

64

Pathway 1 – 12 K. A. – Meal Preparation Defined…



65

Pathway 1

- **12K. A. Meal Preparation**

Code for functioning in routine activities around the home or in the community during the last 7 days: Meal preparation – How meals are prepared (e.g., planning meals, cooking, assembling ingredients, setting out food, utensils)

66

Pathway 1- 12 K. A. - Meal Preparation – Test Your Knowledge

- Ms. P fixes her meals when she is able to do so. During the 7 day look-back period, Ms. P's neighbor cooked for her on two days because Ms. P was feeling weak.

- **CODE:**

67

Pathway 1 – 12 K. B. - Shopping Defined…

68

Pathway 1

- **12K. B. Shopping**

Shopping is performed for food and household items (e.g., selecting items, managing money) – 7 day look-back period

69

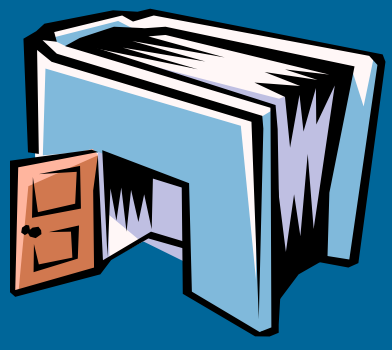
Pathway 1 12. B. – Shopping – Test Your Knowledge

Before Ms. Q broke her hip, she shopped for her food and household items herself, but during the 7 day look-back period, her son shopped for her.

- **CODE:**

70

Pathway 1 – 12. L. – Going Out of the Home Defined…



71

Pathway 1 – Going out of the home

- 12 L. In a typical week, (during the last 30 days) give the number of days the applicant went out of the house or building in which the applicant lives, no matter how short a time.

72

Pathway 1 - 12 L. Scoring Options Criteria

73

a. Every day

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

b. Two – six days

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

74

c. One

d. None

e. Unknown to Informant

75

Pathway 1 – 12 L. Going out of the home – Test Your Knowledge

- Mr. R leaves his apartment building daily to go to the neighborhood store to buy a newspaper.

- **CODE:**

76

Pathway 1 – 12 L. Going out of the home – Test Your Knowledge

- Mr. S usually visits his neighbor down the street twice a week. He has had bronchitis for the last week and has not left his home.

- **CODE:**

77

Pathway 1 – 12. M. – ADL Self-Performance Status Change Defined…

78

Pathway 1 – ADL Self-Performance Status Change

- 12 M. Has the applicant's ADL self-performance status changed significantly compared to status of 90 days ago?

79

Pathway 1 – 12 M. Scoring Options Criteria

80

a. No Change

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

81

b. Improved

- Applicant's overall ADL self-performance at the present time has improved from what it was 90 days ago.
- Able to perform more tasks independently
- Able to perform a task without assistance more frequently

82

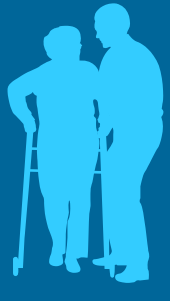
c. Deteriorated

- Applicant's overall ADL self-performance at the present time has diminished from what it was 90 days ago.
- Able to perform less tasks independently
- Able to perform a task without assistance less frequently

83

Pathway 1 – 12M. - ADL Self-Performance Status Change – Test Your Knowledge

Three months ago Mrs. T was able to walk throughout her home with only occasional assistance. Now she feels she needs help more often.



•**CODE:**

84

Pathway 2 – Cognitive Performance

85

- **Pathway 2: Cognitive Performance**

•Uses Cognitive Performance Scale to identify applicants with cognitive difficulties such as:
• short-term memory
• daily decision-making

86

Pathway 2: Cognitive Performance

- Focus is on performance
  - ability to remember recent events
  - decision-making skills

87

Pathway 2 (LOCET – Pg. 9):

- 13. A. Short Term Memory
- 13. B. Memory Exercise
- 13. C. Cognitive Skills for Daily Decision-making
- 13. D. Making Self Understood
- 13. E. Sudden or new onset or change in Mental Functioning in last 7 days?

88

13A. Short Term Memory

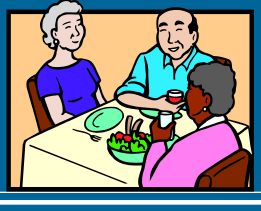
•Determine the applicant's self-assessment of his/her functional capacity to remember recent events (i.e., short term memory).

89

13A. Short Term Memory

•Does the applicant appear to recall recent events, for instance, when the applicant ate his/her last meal and what he/she ate?

0. Memory OK
1. Memory Problem
2. Unknown to Informant



90

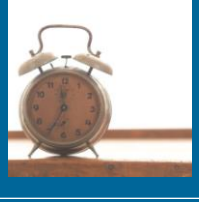
B.11. Memory Exercise: Skip this item if not speaking with the applicant (Refer to page 6 of LOCET form)

• "I will name three items for the applicant to remember. Applicant must not write the words, but must remember by hearing the spoken words. I will ask the applicant to tell me what these three items are in five minutes. The items to remember are: (Interviewer will write three simple items here and tell them to the informant:
1._____ 2._____ 3._____"

91

Items / Information to collect at the beginning:

- Section B *(cont'd):*
  - Item B.11. Memory Exercise
    - Three words must be simple, common words



92

- Section B *(cont'd):*
  - Item B.11.
    Memory Exercise
    - Immediately engage the applicant in conversation again

93

- Section B *(cont'd):*
  - Item B.11.
    Memory Exercise
    - After 5 minutes ask for the recall of the 3 words

94

- Section B *(cont'd):*
  - Item B.11. Memory Exercise
    - Record applicant's answers in Item 13.B (page 9 of LOCET form)

13B. *Memory Exercise Question*: "Please recall for me the three items we mentioned earlier in this interview."

0 Did not recall any items correctly

1. Recalled one item correctly
2. Recalled two items correctly
3. Recalled three items correctly
4. Did not assess

95

13B. Memory Exercise Question

- Record number of items recalled correctly.
- If not assessed, enter "4."

96

PW 2: 13B. Memory Exercise Question – Test Your Knowledge:

Coding Exercise:
Mrs. A was able to recall only 2 of 3 items after 5 minutes. How would you code her in this area?

0 Did not recall any items correctly
1. Recalled one item correctly
2. Recalled two items correctly
3. Recalled three items correctly
4. Did not assess

CODE:

97

13C. Cognitive Skills for Daily Decision Making (Refer to page 9 of LOCET form)

- How does the applicant make decisions about the tasks of daily life, such as planning how to spend his/her day, choosing what to wear, reliably using canes/walkers or other assistive equipment if needed?

98

Pathway 2 – 13 C. Scoring Options Criteria

99

a: Independent

- 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.

100

b: Minimally impaired

- 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.

101

c: Moderately impaired

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

102

d: Severely Impaired

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

103

Pathway 2:
13C. – Cognitive Skills for Daily Decision Making - Test Your Knowledge

Coding Exercise:
Mrs. C. manages her daily routine well if she is in her own home, but her daughter reports that she becomes very flustered and forgetful when she is out of her home. Mrs. C's daughter reported that Ms. C forgets to use her walker when she goes to the doctor's office, or when she goes to grocery store. As a result, Mrs. C has almost fallen during those times. Mrs. C's daughter has to provide cues alerting her mother to use her walker, as well as supervision to prevent her mother from falling during visits to doctor's office, or when they are at the grocery store.

How would you code this item for Mrs. C?

B. . 2 a._____

104

13D. Making Self Understood

- How clearly is the applicant able to express or communicate his/her needs or requests? (Include speech, writing, sign language, or word boards)

105

13D. Making Self Understood

- Document the applicant's ability to express or communicate requests, needs, opinions, urgent problems, and social conversation
- Observe and listen to the applicant's efforts to communicate with you.

106

Pathway 1 – 13. D. Scoring Options Criteria

107

a: Understood

- applicant expresses ideas clearly and without difficulty

b: Usually Understood

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

108

c: Sometimes Understood

- Applicant has limited ability, but is able to express concrete requests for at least basic needs (i.e., food, drink, sleep, toilet).

109

d: Rarely/Never Understood

- 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).

110

13E. Change in Mental Functioning in Last Seven Days

(Refer to page 9 of LOCET form)

- Has there been a sudden or new onset or change in mental functioning in the last 7 days, including ability to pay attention, awareness of surroundings, being coherent; unpredictable variation over course of the day?

111

13E. Change in Mental Functioning in Last Seven Days

- Intent 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.
- **0**: No
- **1**: Yes
- **2**: Unknown to informant

112

- Pathway 3: Physician Involvement
- Pathway 4: Treatment and Conditions
- Pathway 5: Skilled Rehabilitation Therapies

113

- These pathways 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.

114

Pathway 3 – Physician Involvement

115

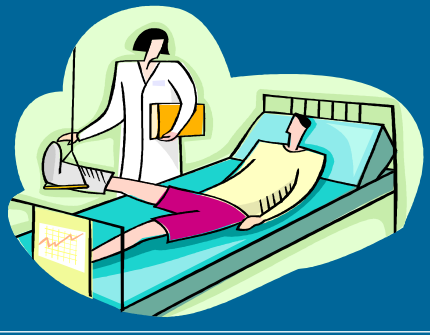
Pathway 3: Physician Involvement

- Records information concerning the frequency of health care practitioner examinations and order changes for the applicant.
- Visits and orders from physician assistants, nurse practitioners, or clinical nurse specialists working in collaboration with the physician should be included.

116

Pathway 3: Physician Involvement

- (Do not count visits or orders made while the applicant was hospitalized.)



117

Pathway 3: Physician Involvement

- 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.

118

Pathway 3: Physician Involvement

- **14A. Physician visits**
- In the last 14 days, how many days has a physician (or authorized assistant or practitioner) examined the applicant? (Do not count emergency room exams or hospital in-patient visits).

119

Pathway 3: Physician Involvement

- **14.** In the last 14 days, has the applicant been under the care of a physician for treatment of an unstable medical condition?
- 0. No
- 1. Yes
- 2. Unknown to Informant

120

Pathway 3: Physician Involvement

- **14A. Physician visits**
  - In the last 14 days, how many days has a physician (or authorized assistant or practitioner) examined the applicant?
  - Can enter up to 15 days
  - Do not count emergency room examinations.
  - Do not count in-patient hospital examinations.

121

Pathway 3 -Physician Involvement – Test Your Knowledge

- During the 14 day look back period, Mrs. A was examined in the emergency room by the ER doctor. On another day during the look back period, Mrs. A was examined by her primary care physician during a scheduled appointment.

How many days would you enter in 14 A. Physician Visits?_____

122

Pathway 3: Physician Involvement

- **14B. Physician Orders**
- In the last 14 days, how many times has a physician (or authorized assistant or practitioner) changed the applicant's orders? (Do not include order renewals without change; do not count hospital in-patient order changes.)
- Can enter up to 15 order changes (Number of times the physician changed the applicant's orders within the last 14 days).

123

Pathway 3: Physician Involvement

- **14B. Physician Orders**
  - 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.

124

Pathway 3: Physician Involvement

- **14B. Physician Orders**
  - Operating within a sliding scale for insulin dosages is not counted as an order change
  - If a different sliding scale is written, it does count for an order change.

125

Sliding Scale Insulin

- Zero Units for blood sugar less than 180
- 2 Units for blood sugar 181-240
- 4 Units for blood sugar 241-320
- 6 Units for blood sugar 321-400
- 8 Units for blood sugar greater than 401

126

Sliding Scale Insulin Order Change

- Zero Units for blood sugar less th
- 2 Units for blood sugar 181-240
- 4 Units for blood sugar 241-320
- 6 Units for blood sugar 321-400
- 8 Units for blood sugar greater than 400

- Zero Units for blood sugar less than 160
- 2 Units for blood sugar 161-200
- 4 Units for blood sugar 201-300
- 6 Units for blood sugar 301-350
- 8 Units for blood sugar greater than 350

127

Pathway 3: Physician Involvement

- **14B. Physician Orders**
  - Do not count order changes which occurred prior to the last 14 days.

128

Pathway 3: Physician Involvement

- **14B. Physician Orders**
  - Orders requesting a consultation by another physician may be counted; however, the order must be related to a possible new or altered treatment.

129

Pathway 3 – 14 B. – Physician Orders – Test Your Knowledge

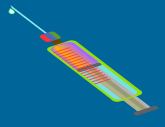
- During the 14 day look period, Mr. B was admitted to the hospital where he stayed for 2 days. Over the course of his stay, the physicians wrote a total of 7 new orders for his care. Mr. B had no other order changes during the 14 day look back period.

How many order changes would you enter for item 14 B.?_____

130

Pathway 3 – 14. B. Physician Orders – Test Your Knowledge

- Mr. C is an insulin dependent diabetic. On day 8 of the 14 day look back period, Mr. C's physician wrote a new order to discontinue his daily dosage of 4 units of Regular Insulin and prescribed a Sliding Insulin Scale instead.
- This would be counted as a "1" in item 14 B. – True or False?



131

Pathway 4 – Treatment and Conditions

132

Pathway 4: Treatments and Conditions

- Designed to capture certain treatments and conditions which may be predictors 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.

133

Pathway 4: Treatments and Conditions

- 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.

134

Pathway 4: Treatments and Conditions - Coding Definitions

- **0**: No
- 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.

135

Pathway 4: Treatments and Conditions – Coding Definitions

- **1**: Yes
  - 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.

136

Pathway 4: Treatments and Conditions - Coding Definitions

- **2**: Unknown to informant
  - 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.

Pathway 4: Treatments and Conditions – 15 A.

15A. Has the applicant received any of the following health treatments, or been diagnosed with any of the following health conditions?

- a: Stage 3-4 Pressure Sores –
  - in the last 14 days

Pathway 4: Treatments and Conditions – 15 A.

- **b:** IV Feedings
  - in the last 7 days
- **Item c:** Intravenous Medications
  - In last 14 days

139

Pathway 4: Treatments and Conditions – 15 A.

- **d:** Daily Tracheostomy Care, Daily Respirator/Ventilator Usage, Daily Suctioning
  - Daily tracheostomy care, daily respirator/ventilator usage, or daily suctioning in the last 14 days.

140

Pathway 4: Treatments and Conditions – 15 A.

- **e:** Pneumonia within the last 14 days
  - the applicant had pneumonia within the last 14 days AND has associated IADL/ADL needs or restorative nursing care needs.

141

Pathway 4: Treatments and Conditions – 15 A.

- **f:** Daily Respiratory Therapy
  - 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.

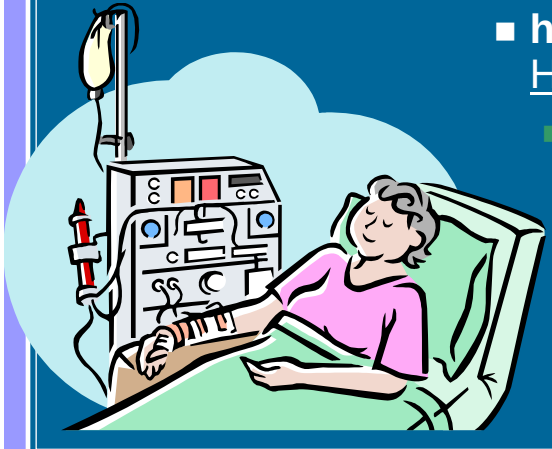
142

Pathway 4: Treatments and Conditions – 15 A.

- **g:** Daily Insulin with two order changes in the last 14 days
  - applicant received daily insulin injections with two or more order changes within the last 14 days.
    - Same parameters hold here for sliding scale dosages based on lab values.

143

Pathway 4: Treatments and Conditions – 15 A.



- **h:** Peritoneal or Hemodialysis
  - Applicant received peritoneal dialysis or hemodialysis in the last 14 days.

144

Pathway 4 -Treatments and Conditions – Test Your Knowledge

- 15 A. e.

  During the 14 day look back period, Mrs. A was diagnosed and treated for Pneumonia which is now resolved. Mrs. A. has no associated ADL/IADL needs at this time.

CODE: 0. No
1. Yes
2. Unknown to Informant

145

Pathway 4: Treatments and Conditions – 15 B.

- 15B: Does the applicant have one of the following disease/conditions that a doctor has indicated is present AND affects the applicant's status, OR has required treatment of symptom management in the last 90 days?

146

Pathway 4: Treatments and Conditions – 15 B.

15B. (continued)

- **a:** Alzheimer's disease
- **b:** Dementia other than Alzheimer's disease
- **c:** Head trauma
- **d:** Multiple Sclerosis

147

Pathway 4: Treatments and Conditions – 15 B.

15 B. Coding Options:

- **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.

148

Pathway 4 -Treatments and Conditions – Test Your Knowledge

- 15 B. c.

  Mr. B. sustained head trauma when he was 15 years old as a result of a car accident. He has not had any treatment or symptoms since that time. Mr. B. is now 65 years old.

Code: 0. No
1. Yes
2. Unknown to Informant

149

Pathway 4: Treatments and Conditions – 15 B. Coding Options

- **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
- **2**: Unknown to informant

150

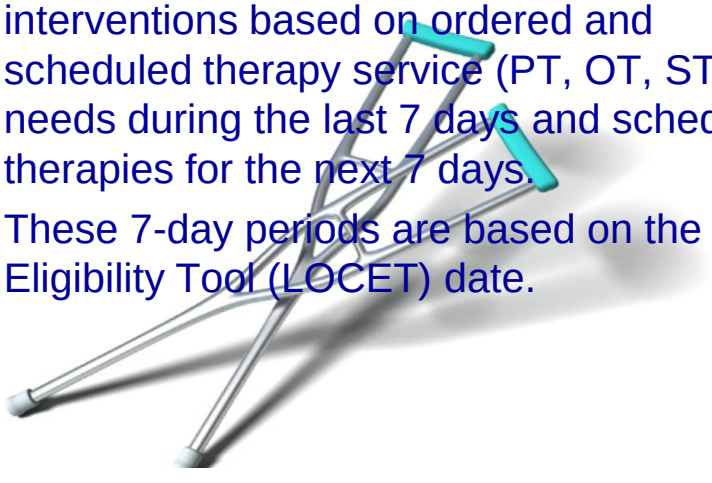
Pathway 5 – Skilled Rehabilitation Therapies

151

Pathway 5: Skilled Rehabilitation Therapies

(Refer to page 10 of LOCET form)

- Identifies the presence of rehab interventions based on ordered and scheduled therapy service (PT, OT, 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.



Pathway 5: Skilled Rehab Therapies Received - Coding

- Enter total number of minutes of this particular Therapy received in the last 7 days. Do not include evaluation minutes in the total number of minutes.
- If the informant is not aware code 999.

Pathway 5: Skilled Rehab Therapies Scheduled - Coding

- Enter total number of minutes of this particular Therapy scheduled in the next 7 days. Do not include evaluation minutes in the total number of minutes.
- If the informant is not aware code 999.

Pathway 5 – 16.

16. Is the applicant currently receiving any skilled rehabilitation therapies?

0. No
1. Yes
2. Unknown to Informant

155

Pathway 5 – 16. A.

16A. Record the total minutes each of the following therapies was administered or scheduled (for at least 15 minutes a day). Enter “0” if none or less than 15 minutes daily.

a = Total number of minutes provided in last 7 days

b = Total number of minutes scheduled for next 7 days but not yet administered

1. Speech Therapy a= ____ b=____
2. Occupational Therapy a=____ b=____
3. Physical Therapy a=____ b=____

Last Week **Next Week**

156

Pathway 5: Skilled Rehabilita Therapies – 16 A.

- Mr. A. received physical therapy for 60 minutes on three of the seven look back days. On one of the look back days he had a 45 minute physical therapy evaluation. He also received 10 minutes of speech therapy during this period. Mr. A is scheduled to receive physical therapy for 60 minutes on 3 of the next 7 days.

1. Speech Therapy a = _____ b= _____
2. Occupational Therapy a = _____ b =___
3. Physical Therapy a=_____ b=_____

157

Pathway 6 – Behavior

158

Pathway 6: Behavior

(Refer to pages 10-11 of LOCET form)

- Identifies applicants who display repetitive behavioral challenges. For this area, identify whether the applicant has displayed any challenging behaviors in the last 7 days.

159

PATHWAY 6: Behavior

- 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.

160

Pathway 6: Behavior – Coding for all Behaviors – 17 A. – 17 D.

- **a**: Behavior not exhibited in last 7 days
- **b**: Behavior of this type occurred 1 to 3 days in last 7 days
- **c**: Behavior of this type occurred 4 to 6 days, but less than daily
- **d**: Behavior of this type occurred daily
- **e**: Unknown to Informant

161

Pathway 6: Behavior – 17 A.

- **17A. Wandering Behavior**
- Applicants who move about (in- or out-of-doors) with no discernible, rational purpose.
- May be oblivious to their physical or safety needs.

162

Pathway 6: Behavior – 17 A.

- **17A. Wandering Behavior**
  - Should be differentiated from purposeful movement (i.e., a hungry applicant moving about the apartment in search of food).
  - May be by walking or by wheelchair.

163

Pathway 6: Behavior – 17 A.

- **17A. Wandering Behavior**
  - Do not include pacing as wandering behavior.
  - Wandering can occur indoors or out of doors.

164

Pathway 6: Behavior – 17 B.

- **17B. Verbally Abusive Behavior**
  - Identifies applicants who threatened or screamed at others.

165

Pathway 6: Behavior – 17 C.

- **17C. Physically Abusive Behavior**
  - Identifies applicants who hit, shoved, scratched or sexually abused others.

166

Pathway 6: Behavior – 17 D.

- **17D. Socially Inappropriate/Disruptive Behavior**
- Identifies applicants who made disruptive sounds, noisiness, or screaming……

167

Pathway 6: Behavior – 17 D.

- **17D. Socially Inappropriate/Disruptive Behavior**
  - ….who performed self-abusive acts, inappropriate sexual behavior or disrobed in public……

168

Pathway 6: Behavior – 17 D.

- **17D. Socially Inappropriate/Disruptive Behavior**
  - .....who smeared or threw food / feces, or who hoarded or rummaged through others' belongings

169

Pathway 6: Behavior – 17 E.

- **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.
- Must also meet the PASARR requirements for nursing facility admission if they choose a residential setting for care.

170

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).*

171

Pathway 6: Behavior

- **17E.a. Delusions**
- 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.
- **0** = None; **1** = at least 1; **2** = Unknown

172

Assessment Terms

- ***Hallucinations*** *" 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).*

173

Pathway 6: Behavior

- **17E.b. Hallucinations**
- 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.
- **0** = None; **1** = at least 1; **2** = Unknown

174

Pathway 7 – Service Dependency

175

Pathway 7: Service Dependency

(Refer to page 11 of LOCET form)

- Applicants who were enrolled in and receiving services from either the Waiver and State Plan Program, PACE program or a Medicaid reimbursed nursing facility as of 12/01/06
- The applicant qualifying under Pathway 7 is eligible for continued enrollment and delivery of services from these programs.

176

Pathway 7: Service Dependency – 18 a. – b.

18. Code if the applicant is currently being served by EDA Waiver, ADHC Waiver services, LT-PCS or is currently in an nursing home.

- **I.18.a.** Not receiving these services
- **I.18.b.** Approved for these services prior to 12/01/06, has had no break in service, and requires ongoing services to maintain current functional status

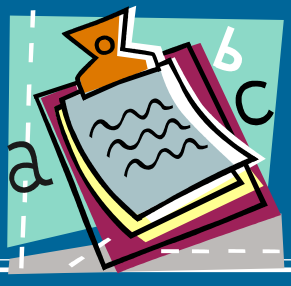
177

Items to be filled out by intake analyst after completing LOCET form – J. 19 A. – 19 G.

178

Section J. Signatures and Completion Dates (refer to page 11 of LOCET form)

- Records pertinent signatures and dates for the LOCET.
- Nursing Facility Staff will be responsible for the following items:



179

Section J.

- 19 A. How many minutes did this contact and interview take?_____
- 19 B. Date LOCET completed
- 19 C. a. Signature of Intake Analyst
- 19 C. b. Date of Intake Analyst Signature
- 19 C. c. LOCET Intake Analyst Registration Number

180

Section J Includes Attestation Statement

From item A.1 to end

Items to be filled out by intake analyst after completing LOCET form:

J19A. How many minutes did this contact and interview take? _____

J19B. Date LOCET completed

Y Y Y Y M M D D

My signature below indicates that I attest to the fact that I have conducted the LOCET interview recorded within this document, and that the Intake Analyst Registration number shown below in Item J19.C.c. has been issued to me by the Office of Aging and Adult Services.

J19C.a. Signature of Intake Analyst

_____

Signature Printed Name

J19C.b. Date of Intake Analyst Signature

Telephone Number of Intake Analyst.....

J19C.c. LOCET Intake Analyst Registration Number.....

LOCET Face Sheet

Louisiana DHH Nursing Facility *Client Face Sheet for LOCET pp.1-3*
Level of Care Eligibility Tool for Nursing Facilities pp.4-11
Hardcopy version is for use in Nursing Facility Admission Process.

1	Client Name	a. (Last/Family Name) b. (First Name) c. (Middle)
2	Case Record No.	Do Not Use This Field
3	Numeric Identifiers	a. Social Security Number b. Medicaid Number ("1" if pending, "0" if none) c. Private Insurance Number and Name (Abbr. Name) d. Veteran's Administration Number e. Medicare Number (or comparable railroad insurance number) f. CCN
1	First Level	Program Name/Service 0. Unassigned at this time — 0
2	Second Level	DHH Region Number
3	Third	Case Management/ Program Agency — Reserved for other use
4	Fourth	MDS-HC Assessor — Reserved for other use
5	Fifth Level	Where Interview Conducted: 1. Home 5. PACE 2. Nursing Home 6. ADHC 3. Hospital 7. ARCP 4. ICF/DD 8. Telephone

LOCET Face Sheet

	Gender	1. Male 2. Female
2	Birth-date	Y Y Y Y M M D D
3	Race/Ethnicity	0. No 1. Yes (Answer All) Race: a. Amer Indian / Alaskan Native b. Asian…… c. Black / African American…… d. Native Hawaiian or other Pacific Islander…… e. White…… Ethnicity: f. Hispanic or Latino……
4	Marital Status	1. Never Married 3. Widowed 5. Divorced 2. Married 4. Separated 6. Other
5	Lan-guage	Primary Language 0. English 1. Spanish 2. French 3. Other
6	Education (Highest Level Completed)	1. No Schooling 5. Technical or Trade School 2. 8th grade or less 6. Some College 3. 9 - 11 grades 7. Bachelor's Degree 4. High School 8. Graduate Degree
7	Responsibility / Advanced Directives	(Code for responsibility / advanced directives) 0. No 1. Yes a. Client has a legal guardian b. Client has advanced medical directives in place. (for example, a do not hospitalize order)
1	Client Contact Info	a. Address 1: b. Address 2: c. City: d. State e. Zip: f. Home Tel: g. Work Tel: h. Pager Tel: i. Fax Tel: j. E-mail: k. Directions:

183

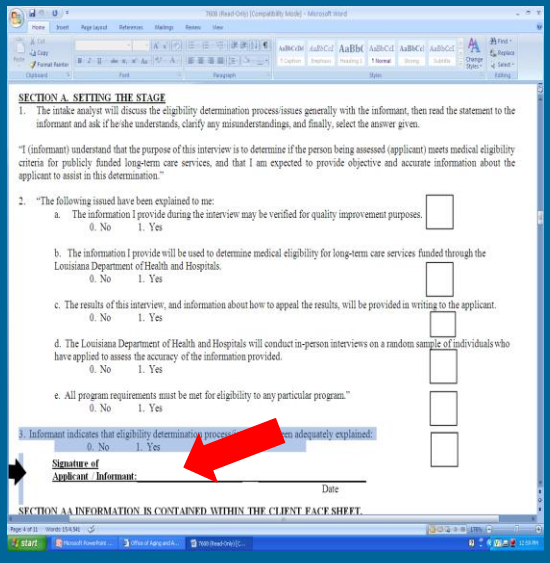
LOCET Face Sheet

2	Emergency Contact Info	a. Name b. Address 1: c. Address 2: d. City: e. State f. Zip: g. Home Tel: h. Work Tel: i. Pager Tel: j. Fax Tel:
3	Physician Contact Info	a. Name b. Address 1: (Mailing Address) c. Address 2: d. City: e. State f. Zip: g. Home Tel: h. Work Tel: i. Pager Tel: j. Fax Tel: k. E-mail:
4	Other Contact Info	Type of Other Contact 1. Personal Representative 4. Power of Attorney 2. Tutor 5. Other (specify): 3. Curator a. Name: b. Address 1: c. Address 2: d. City: e. State f. Zip: g. Home Tel: h. Work Tel: i. Pager Tel: j. Fax Tel: k. E-mail:

184

LOCET INFORMANT SIGNATURE

The signature of the Informant must be that of the Informant identified on Section B Item 4 of the LOCET



SECTION A. SETTING THE STAGE

1. The intake analyst will discuss the eligibility determination process/issues generally with the informant, then read the statement to the informant and ask if he/she understands, clarify any misunderstandings, and finally, select the answer given.

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

2. "The following issued have been explained to me:
   a. The information I provide during the interview may be verified for quality improvement purposes.
      0. No 1. Yes
   b. The information I provide will be used to determine medical eligibility for long-term care services funded through the Louisiana Department of Health and Hospitals.
      0. No 1. Yes
   c. The results of this interview, and information about how to appeal the results, will be provided in writing to the applicant.
      0. No 1. Yes
   d. The Louisiana Department of Health and Hospitals will conduct in-person interviews on a random sample of individuals who have applied to assess the accuracy of the information provided.
      0. No 1. Yes
   e. All program requirements must be met for eligibility to any particular program."
      0. No 1. Yes

3. Informant indicates that eligibility determination process [illegible] adequately explained:
   0. No 1. Yes

Signature of Applicant / Informant: _____ Date

SECTION AA INFORMATION IS CONTAINED WITHIN THE CLIENT FACE SHEET.

SECTION BB. EVACUEE DETERMINATION

1. Evacuee Status
   Is the applicant an evacuee of a catastrophic event which occurred within the last 12 months?
   0. No 1. Yes **(If "No," SKIP TO ITEM EE.1)**
2. Choice of Destination
   Was the applicant given a choice regarding where he / she wanted to evacuate?
   0. No 1. Yes
3. Out of State
   Is the applicant currently living out of state due to a recent catastrophic event within his/her usual living area?
   0. No 1. Yes
4. Living Arrangement Satisfaction
   Is the applicant satisfied with his/her current living arrangements?
   0. No 1. Yes
5. Preferred Living Arrangements
   1. Private home/apartment 3. Adult Residential Center/Board & Care 5. Other
   2. Hospital 4. Nursing Home
6. Living Arrangements Prior to Evacuation
   1. Private home/apartment 3. Adult Residential Center/Board & Care 5. Other
   2. Hospital 4. Nursing Home
7. Extent of Residence Damage
   0. None 2. Extensive – Inhabitable 4. Unknown
   1. Minor – Inhabitable 4. Extensive –Uninhabitable
8. Support at Home
   0. No one 2. Adult Child 4. Parent 6. Other
   1. Spouse 3. Sibling 5. Friend/neighbor

LOCET

SECTION CC INFORMATION IS CONTAINED WITHIN THE CLIENT FACE SHEET.

SECTION DD INFORMATION IS CONTAINED WITHIN THE CLIENT FACE SHEET.

Section EE. Initial Call and LOCET Type

1. LOCET Initiated by: [1]
   0. DHH Designee 1. Applicant 2. Informant
2. Date/Time LOCET Initiated:
   Y Y Y Y M M D D
   (Military Time)
3. Type of LOCET: [1]
   1. Initial Determination
   2. Audit Review Determination
   3. Follow-up after Incomplete
   4. Annual Reassessment

SECTION FF. Program Choice 0=NO 1=YES

1. Indicate the applicant's choice of Long Term Care Program:
   a. Program Choice Not Declared at this time
   b. Adult Day Health Care Waiver Services (ADHC)
   c. Elderly and Disabled Adult Waiver (EDA)
   d. Long Term Personal Care Services (LT-PCS)
   e. PAS — Not Used 0
   f. PACE
   g. Adult Residential Care Program
   h. Nursing Facility Admission

SECTION GG. Diagnoses:

a. Primary Diagnosis: _____

b. Secondary Diagnosis: _____

ICD-9 Codes (If available)

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

4. Relationship of informant to applicant (select only one):
   0. Self **(Skip to Item B.7)**
   1. Spouse
   2. Child or child-in-law
   3. Other relative
   4. Friend/neighbor
   5. Hospital discharge planner
   6. Nursing Home admissions staff
   7. Other health care professional. Specify. _____
   8. Other. Please specify. _____

5. Informant's information sources regarding the status/abilities of applicant. (select all that apply): 0=NO 1=YES
   a. Direct observation of the applicant
   b. From paid care providers
   c. From family or other informal caregivers
   d. Review of agency records, care provider status reports, etc.
   e. Other (specify) _____

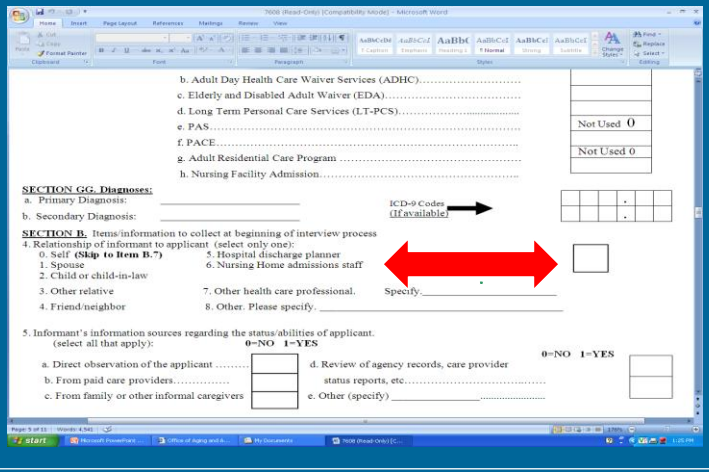
6. If information source is from direct observation of applicant, indicate how recently observation occurred:
   0. NOT FROM DIRECT OBSERVATION OF APPLICANT
   1. within last three days
   2. within last week
   3. within last month
   4. more than one month ago

7. Current location of applicant (select only one):
   0. Private home/apt.
   1. Hospital
   2. Adult Residential Center (Assisted living/board & care
   3. Nursing home
   4. Group Home or ICF/DD
   5. Shelter (for homeless, disaster-related or otherwise)
   6. Other, please specify _____

8. Does the applicant currently have safe and accessible housing in his/her community outside of an institutional setting?
   0. NO 1. YES 2. UNKNOWN TO INFORMANT

9. Has the applicant been a resident of a nursing home at any time during the last five years?
   0. NO 1. YES 2. UNKNOWN TO INFORMANT

LOCET INFORMANT SIGNATURE



b. Adult Day Health Care Waiver Services (ADHC)
c. Elderly and Disabled Adult Waiver (EDA)
d. Long Term Personal Care Services (LT-PCS)
e. PAS
f. PACE
g. Adult Residential Care Program
h. Nursing Facility Admission

Not Used 0
Not Used 0

SECTION GG. Diagnoses:
a. Primary Diagnosis:
b. Secondary Diagnosis:

ICD-9 Codes (If available)

SECTION B. Items/information to collect at beginning of interview process
4. Relationship of informant to applicant (select only one):
0. Self **(Skip to Item B.7)**
1. Spouse
2. Child or child-in-law
3. Other relative
4. Friend/neighbor
5. Hospital discharge planner
6. Nursing Home admissions staff
7. Other health care professional. Specify.
8. Other. Please specify.

5. Informant's information sources regarding the status/abilities of applicant. (select all that apply): 0=NO 1=YES
a. Direct observation of the applicant
b. From paid care providers
c. From family or other informal caregivers
d. Review of agency records, care provider status reports, etc.
e. Other (specify)

0=NO 1=YES

Caregiver Info (refer to page 6 of LOCET form):

10. Thinking of the person who usually helps or gives care for the applicant, please answer the following:
Caregiver's Name: _____ (If none, write "none" and skip to Item 11.)
(This name will be used in questions 10A, 10B and 11.)
10A. Caregiver's Date of Birth:

Y Y Y Y M M D D

10B. If Date of Birth is not known, what is caregiver's current age?

10C. Does the caregiver have a disability?

0. NO 1. YES 2. Unknown to informant

General Medicaid Terms

- ***ADHC (Adult Day Health Care) Waiver Program***

  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.

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General Medicaid Terms

- ***EDA (Elderly & Disabled Adult) Waiver Program***

  A Medicaid Home and Community-based service waiver providing alternative services to individuals. These services allow them to live in the community.

192

General Medicaid Terms

- ***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.

193

General Medicaid Terms

- ***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.

194

General Medicaid Terms

PACE Program

Program of All-Inclusive Care for the Elderly

- Offers pre-paid, capitated, comprehensive health care services in a specific geographic area.
- Designed to assist elders 55 and older to live in their homes

195

General Medicaid Terms

PACE

- Coordinates and provides all needed preventive, primary, acute and long term care services.
- All services must be covered services, including physician, hospital care, and nursing facility services.

196

General Medicaid Terms

- ***Program Requirements***
  - Must be met for eligibility in any program
  - Vary from program to program

197

General Medicaid Terms

- *Program Requirements -- Examples*
  - *EDA Waiver Program*
    - *Must be able to ensure health and safety*
  - *LT PCS State Plan Program*
    - *Must not have available informal supports to give care*
  - *Nursing Facility Care*
    - *Must meet PASARR requirements in CFR*

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FYI

- Effective March 1, 2010, there will be a NEW Nursing Facility Admission Process.
- ANYONE applying for admission into a nursing facility must be approved prior to the date of admission by OAAS and/or the appropriate LEVEL II authority, OMH or OCDD.

199

New Nursing Facility Admission Process

- Effective January 1, 2010, the admission procedures is as follows:
- A Level I PASRR and a LOCET must be submitted to OAAS prior to admission
- The Level I PASRR may be dated up to 30 days prior to the date of admission and must be signed by a Louisiana licensed physician

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New Nursing Facility Admission Process

- If the applicant meets LOCET criteria on Pathways 3, 4, or 5, a Statement of Medical Status (SMS) must also be submitted.
- In order to expedite the admission process, all available documentation (history & physical, psychosocial & psych evals, therapy minutes, medical history, etc.) should be submitted for possible Level II's

201

NOTICE:

- Approved status in LOCET does not replace the need to meet all Program Requirements for the chosen program

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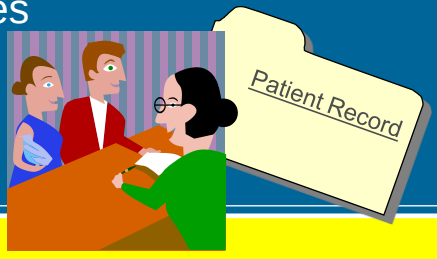
Remember:

- Intake Analyst will always obtain information from all available sources
- Code the BEST answer from ALL available information sources



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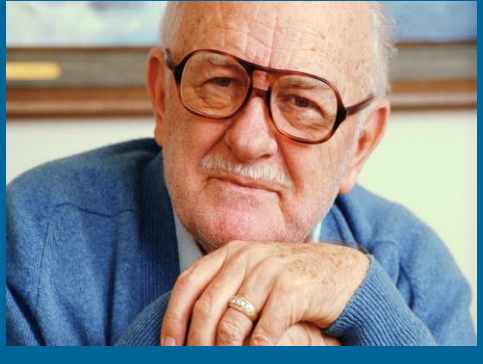
Questions?



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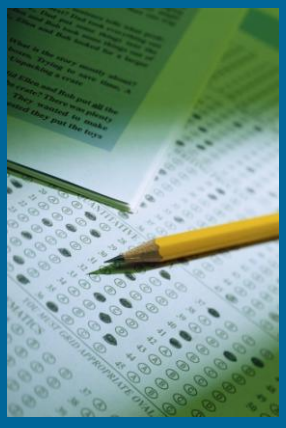
Evaluation Form

- Please complete the evaluation form!
- Turn in at back table…….