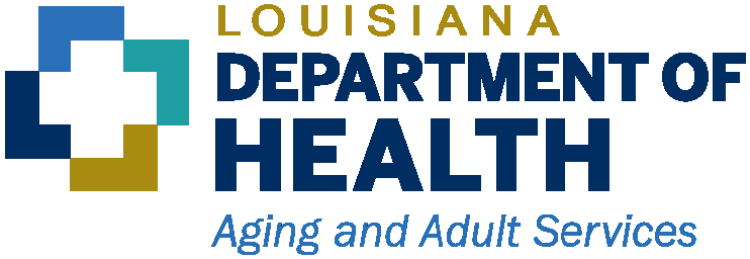

Nursing Facility Level of Care Eligibility Manual

OAAS-MAN-13-005

Revision History Log

Document Title	*OAAS Level of Care Eligibility Manual*
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Revision History

Revised/ Reissued Date	Section	Section Title	Page Number(s)	Revision/Reason for Revision
9/23/11	Section 5.3 (1)	Behavior Pathway	15-16	Removed item *v. Resisted Care* from list. This item was inadvertently included previously, but is not part of the NFLOC algorithm for triggering the Behavior pathway.
9/23/11	Section 9.1	Transitioning From One HCBS to Another HCBS Program	44	Revised to streamline use of Level of Care Determination process for participants transitioning from one HCBS to another HCBS program.
1/05/12	Cover Page	OAAS Level of Care Eligibility Manual	Cover page	Replaced old OAAS logo with updated LDH/OAAS logo.
1/05/12	All Sections	N/A	All pages	Added OAAS #: OAAS-ADM-11-023 to this manual.
5/08/13	Section 5.3	Behavior Pathway	15	Reworded last sentence of first paragraph as follows: …during the look back period as specified in the applicable screening/ assessment tool.
5/08/13	Section 6.2	Use of the LOCET to Determine NFLOC Eligibility	22	Updated hyperlink to OPTS LOCET form.
5/08/13	Section 7.5	Review of Physician Involvement, Treatments & Conditions & Skilled Rehab Therapies Pathways	27	Corrected wording on item #9 to read "…in the event that an individual does **not** meet…"

5/08/13	Section 7.7.2	PACE Deeming Procedure	30-32	Changed OAAS-PF-10-002 to OAAS-PF-13-009 to reflect change to this form.
5/08/13	Section 7.8	Permanent Waiver of Annual Recertification for PACE Participants	33-36	Added this section to reflect this new PACE process.
5/08/13	Section 8.0	Degree of Difficulty Questions (DDQ) Overview	37	Revised paragraph wording under section 8.0 for clarity.
5/08/13	All Sections	N/A	All pages	Removed section references at top of all pages to promote consistency.
9/11/13	Section 9.1	Transitioning from one HCBS Program to Another HCBS Program	44	Revised paragraph wording section 9.1 to remove use of 5 month old MDS-HC to make NFLOC determination when transitioning between OAAS operated HCBS programs.
9/11/13	Section 9.2	Transitioning Out of a Nursing Facility to HCBS	45	Revised paragraph wording under section 9.2 to remove deeming status of individuals transitioning out of nursing facility to HCBS.
9/11/13	Appendix A	Waiver HCBS Slides	48	Removed slide indicating deemed status for nursing facility transitions to HCBS.
9/11/13	Appendix B	LT-PCS Only Slides	53	Removed slide indicating deemed status for nursing facility transitions to LT-PCS only State Plan.
11/18/13	All Sections	N/A	All pages	Changed from OAAS #: OAAS-ADM-11-023 to OAAS-MAN-13-005 to reflect new OAAS Manual numbering system.
11/18/13	Section 3.0	Authority	8	Removed reference to Louisiana Register, Vol. 37, No. 01, January 20, 2011 and referenced LAC 50:II.10154 and 10156.

5/18/15	Section 5.3	Behavior Pathway	16-18	Clarified look-back periods for Behavior pathway.
5/18/15	Section 7.3	Application of DDQ Process	28	Included Important Note regarding application of DDQs to nursing facility residents.
5/18/15	Section 7.5	Review of Physician Involvement, Treatments & Conditions & Skilled Therapies Pathways	30	Added P.2.h. IV infusion – Central to Table 1.
10/08/15	Section 7.3	Application of DDQ Process	28	Included Important Note regarding DDQs not applied to nursing facility residents, or individuals in a hospital (e.g., rehabilitation facility, long-term acute care facility, psychiatric hospital, etc.).
5/07/18	All Sections	N/A	All pages	Changed and renumbered all sections, changed working of LOC to NFLOC, added table to include links to program requirements and manuals, updated links in document, deleted pathway and appendix charts, deleted PACE procedures to reflect only those relative to NFLOC and eligibility, added information regarding LT-PCS & ITC, and revised language and formatting throughout the document to clarify information and for easier readability.
12/01/18	All Sections	N/A	Several Pages	Clarified LTC Services Access Contractor name, added calendar days for all timeframes noted included LOCET and ITC.

12/01/18	4.1	Medicaid Financial Eligibility	2	Updated the link to the Medicaid Financial Eligibility website.
12/01/18	5.3, 5.4, 5.5	Pathways Physician Involvement, Skilled Rehabilitation, Treatments and Conditions	9-11	Deleted language referencing time-limited length of stay.
12/01/18	5.6	Behavior Pathway	12-13	Updated the language to reflect changes to June 2018 rule and CMS approval December 2018.
12/01/18	6.1	LOCET	14	Added timelines for when a LOCET can be used – (30 calendar days).
12/01/18	8.2	MDS-HC NFLOC Review	18-19	• Added DDQ not used for paid caregivers. • Added instructions to review "grandfathered" status for Behavior pathway. • Added timeframes for submission of additional documentation.
9/01/19	5.2 & 10.3	Cognitive Performance Pathway & OAAS Waiver Registries	8 & 26	• Added short-term memory problem instead of just "memory problem" to the section to clarify that someone meets on the cognitive pathway if they have a short-term memory problem and sometimes understood. This clarification was made by the NFLOC consultants. • Added language and regulations for placing and removing someone from the CCW & ADHC Waiver registries.

12/10/21	All Sections	All Sections	Several Pages	Changed MDS-HC to iHC in all sections where MDS-HC was indicated.
12/10/21	5.6; 7.1; Section 8; & Section 11	Behavior Pathway; LOCET & DDQs; iHC NFLOC Review Process; Public Health Emergency Considerations	14, 17, and 26	• Moved the Behavior pathway as the last pathway considered to correspond with OPTS. • Made the DDQ process for LOCET consistent with how users will see in OPTS. • Changed the MDS-HC review process to the iHC review process. iHC will not compute all NFLOC pathways in the system and generate a report. Updated the process for assessors if they have to perform NFLOC review manually. • Added a section on Public Health Emergency (PHE) considerations.
8/20/22	All Sections	All Sections	Several Pages	• Changed persons to individuals. • Changed in-person to face-to-face to allow for virtual assessments. • Reworded and/or arranged items for easier readability. • Renumbered Sections
8/20/22	Section 5	Nursing Facility Level of Care Pathways	5-14	• Updated pathways to align with rule updates to LAC 50:II.10154 & 10156 published 8/20/22. • Moved DDQ to ADL pathway section 5.1. • Deleted DDQ examples
8/20/22	Section 8	iHC Assessment NFLOC Review Process	17	Deleted manual review information since OPTS calculated NFLOC automatically in codes.

				Added information on how to document DDQs for iHC.
8/20/22	Section 10.2	PACE	38	Added information regarding Permanent Waiver of annual re-certification.
8/20/22	Appendix A	NFLOC Rule	A-1	Revised NFLOC Rule LAC 50.II. 10154 & 10156 published 8/20/22.
8/20/22	Appendix B	NFLOC Descriptions	B-1	Revised forms OAAS-RC-14-005; OAAS-RC-14-006; & OAAS-RC-14-007.

Table of Contents

1.0 Overview

The Louisiana Department of Health (LDH), Office of Aging and Adult Services (OAAS), is the State agency responsible for oversight and determination of NFLOC.

The purpose of the Nursing Facility Level of Care (NFLOC) determination is to assure that individuals meet the functional and medical necessity requirements for admission to and continued stay in a nursing facility as well as to determine eligibility for all Medicaid-funded, services that OAAS manages.

The NFLOC determination process:

- Assures a consistent and reliable process for determining if individuals meet the eligibility requirements OAAS services;
- Assists individuals with long-term or chronic health care needs in making informed decisions and in choosing options that reflect their preferences and meet their needs in the least restrictive way possible; and
- Improves the ability of OAAS to respond to the needs of these individuals in an equitable, streamlined and fiscally responsible manner.

2.0 Purpose and Scope

The purpose of this manual is to provide instruction and guidance regarding the uniform NFLOC eligibility criteria and NFLOC review process that must be followed by OAAS and/or its designees.

This manual must be used in conjunction with the LDH Medicaid manuals and OAAS policy and procedure manuals regarding long-term supports and services. References are made throughout this manual, as applicable, to guide the reader when specific program and other requirements are beyond the scope of this manual.

3.0 Authority

This document draws from a combination of federal and state laws, as well as the LDH policies that specify the standards and procedures that must be followed in determining medical/functional eligibility for nursing facility services and HCBS programs. Should a conflict exist between this manual's content and pertinent federal and state laws or regulations, the latter will take precedence.

The primary authority and basis for the protocols and directives outlined in this manual come from the Nursing Facilities—Standards for Payment, Level of Care Determination (LAC 50:II. §10154 and§10156). See Appendix A.

- **Applicability -** The rules and policies referenced in this manual apply to nursing facility services and Home and Community-Based Services (HCBS) funded through Medicaid HCBS Waivers, Long Term-Personal Care Services (LT-PCS) (a Medicaid State Plan Service), and the Program of all Inclusive Care for the Elderly (PACE).

- **Program Administration and Operation -** LDH, in partnership with the Centers for Medicare and Medicaid (CMS), a federal agency, and the Bureau of Health Services Financing (BHSF)/Louisiana Medicaid, administers the Medicaid-reimbursed programs and services operated by OAAS.

BHSF, in partnership with OAAS, develops program rules, regulations, manuals, policies, and procedures for the operation and oversight of these programs.

4.0 Participant Eligibility Requirements

Eligibility requirements are grouped into three (3) major categories:

- Medicaid financial eligibility;

- Medical/functional eligibility/Nursing Facility Level of Care (NFLOC); and

- Program requirements.

4.1 Medicaid Financial Eligibility

Financial eligibility for Medicaid-funded programs is determined by Medicaid eligibility staff. Maximum income and resource limits are announced annually by the LDH Medicaid division. Fact sheets for OAAS programs/services include a summary of current income and resource limits and are posted at:
http://ldh.la.gov/index.cfm/newsroom/detail/1433

Due to the complexity of Medicaid financial eligibility, OAAS employees and/or designees are instructed to refer individuals to the Medicaid eligibility office for inquiries. Information regarding the Medicaid application and eligibility process can be found on the Healthy Louisiana website: http://ldh.louisiana.gov/index.cfm/subhome/48.

4.2 Functional/Medical Eligibility (NFLOC)

NFLOC criteria is established by OAAS to determine if an individual meets eligibility for the Medicaid-funded programs. In order to determine NFLOC, OAAS uses, scientifically validated and reliability-tested screening and assessment tools. OAAS, and/or its designee, utilizes these assessment tools on initial application and program eligibility re-determination periods.

There are several, distinct pathways and an individual must meet at least one (1) of these pathways in order to meet NFLOC eligibility criteria. These pathways are described in detail in section 5.0 of this manual.

Individuals who are approved by OAAS and/or its designee as having met NFLOC must continue to meet NFLOC eligibility criteria on an ongoing basis.

4.3 Program Requirements

In addition to meeting Medicaid financial and NFLOC, individuals must also meet program specific requirements before they can be determined eligible for a particular program. Specific program requirements are defined in program rules, policies and program manuals.

State Regulations for each program can be found in the Louisiana Register under the Louisiana Administrative Code (LAC) at the following website http://www.doa.la.gov/Pages/osr/lac/books.aspx. Please see the LAC Rule associated with each program in the table below:

Programs:	Program Eligibility Requirements:	Fact Sheets:	LAC Rules & Medical Provider Manuals:
Adult Day Health Care (ADHC) Waiver	• Name on the ADHC Waiver Request for Services Registry (RFSR); • Health and safety requirements; and • Appropriateness, cost-effectiveness, and least restrictive environment guidelines. FOR ADHC WAIVER plus LT-PCS: Must meet NFLOC and must require at least limited assistance with any one (1) Activity of Daily Living (ADL).	https://ldh.la.gov/assets/docs/OAAS/publications/FactSheets/ADHC-Fact-Sheet.pdf	LAC Rule: 50:XXI.2101-2915 Medicaid Provider Manual: http://www.lamedicaid.com/provweb1/Providermanuals/manuals/ADHC/ADHC.pdf
Community Choices Waiver (CCW)	• Name on the Community Choices Waiver Request for Services Registry (RFSR); • Health and safety requirements; and • Appropriateness, cost-effectiveness, and least restrictive environment guidelines.	https://ldh.la.gov/assets/docs/OAAS/publications/FactSheets/CCW-Fact-Sheet.pdf	LAC Rule: 50:XXI.8101-9503 Medicaid Provider Manual: http://www.lamedicaid.com/provweb1/Providermanuals/manuals/CCW2/CCW.pdf
Long-Term Personal Care Services (LT-PCS) ONLY NOTE: If participant is requesting ADHC Waiver & LT-PCS together, then refer to ADHC	• Must meet NFLOC **AND** must require at least limited assistance with any one (1) Activity of Daily Living (ADL); • Direct care independently or through a responsible representative; and • Faces a substantial possibility of deterioration if either HCBS or nursing facility services is not provided in less than 120 calendar days. (Referred to as **Initial Targeting Criteria (ITC**).)	https://ldh.la.gov/assets/docs/OAAS/publications/FactSheets/LT-PCS_Fact_Sheet.pdf	LAC Rule: 50:XV.12901-12919 Medicaid Provider Manual: http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PCS/pcs.pdf

Waiver requirements	o Individual is in a nursing facility and could be discharged if community-based services were available; o Is likely to require nursing facility admission within the next 120 calendar days; or o Has a primary care giver who has a disability or is over the age of 70.		
Nursing Facility Services:	• Any individual seeking NF services to a Medicaid certified NF meet NFLOC, regardless of the individual's payer source; and • Screening prior to admission for a diagnosis of or suspicion of mental illness and/or developmental disabilities according to federal regulations.	https://ldh.la.gov/assets/docs/OAAS/publications/FactSheets/Nursing-Facilities-Fact-Sheet.pdf	LAC Rule: 50:II.501-511
Program for All-Inclusive Care for the Elderly (PACE)	• Health and safety requirements	https://ldh.la.gov/assets/docs/OAAS/publications/FactSheets/PACE-Fact-Sheet.pdf	LAC Rule: 50:XXIII.101-1301 Medicaid Provider Manual: http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PACE/PACE.pdf

5.0 Nursing Facility Level of Care Pathways

Several potential avenues of functional and medical eligibility shall be investigated by OAAS. These avenues are called pathways. The pathways are utilized to ensure consistency, uniformity and reliability in making NFLOC determinations. In order to meet NFLOC, an individual must meet eligibility requirements in **ONLY one** (1) pathway listed below:

- Activities of Daily Living (ADLs);

- Cognitive Performance;
- Physician Involvement;
- Treatments and Conditions;
- Skilled Rehabilitation Therapies;
- Service Dependency; and
- Behavior.

When specific eligibility criteria are met within a pathway, that pathway is said to have "**triggered"**.

As part of the eligibility criteria, OAAS looks at factors within a specified time period regarding the individual's:

- Functional capabilities;
- Receipt of assistance with ADLs;
- Current medical treatments and conditions; and
- Other aspects of the individual's life.

All NFLOC items measure an individual's performance, assistance received and/or professional care given in a specified time period. Time periods are looking back/forward from the date of the assessment.

NOTE: Assessors must refer to the assessment tool manual for specified look-back and look-forward periods for each assessment item. Time periods vary based on the Level of Care Eligibility Tool (LOCET), the interRAI Home Care (iHC) for those assessed in the community, and iHC for nursing facility residents.

5.1 Activities of Daily Living (ADL) Pathway

The intent of the ADL Pathway is to determine the individual's self-care performance in late-loss ADLs during a specified look-back period. The ADL Pathway identifies those individuals with a significant loss of independent function in the following late-loss ADLs as measured by the amount of assistance **received** from another person during the specified look-back period.

- **Toileting -** How the individual got on and off the toilet (toilet transfer), wiped, arranged clothes, etc. (toilet use).

- **Transferring -** How the individual moved from one surface to another (this excludes getting on and off the toilet and getting in and out of the tub/shower).

- **Bed mobility -** How the individual moved around while in bed.

- **Eating -** How the individual ate or consumed food (this does not include meal preparation).

    - Eating does include how the individual drank and their intake of nourishment by other means (such as tube feeding or total parenteral nutrition).

In order for an individual to meet the NFLOC eligibility criteria in the ADL Pathway, the individual must score at the following level:

- **Limited assistance** level or greater (as defined by the NFLOC screening/assessment instrument) on **toileting, transferring, or bed mobility**; **OR**

- **Extensive assistance** level or greater (as defined by the NFLOC screening/assessment instrument) on **eating**.

5.1.1 Degree of Difficulty Questions (DDQs)

OAAS provides an opportunity for individuals to meet NFLOC and be eligible for services when they need a significant level of assistance but failed to receive assistance in the look-back period. This process is referred to as **"degree of difficulty"** questions.

Degree of Difficulty Questions (DDQs) are asked on **initial assessments** to determine the degree of difficulty an individual had when performing late-loss ADLs (toileting that includes transfer toilet and toilet use, transferring, bed mobility, and eating) independently during the look-back period.

DDQs should also NOT be applied:

- When an individual being assessed has a caregiver to assist with late-loss ADLs in the specified look-back period (i.e., family, natural support caregiver, LT-PCS worker, Hospice worker, private pay caregiver, etc.);

- When an individual is a nursing facility resident, in a hospital (medical/psychiatric), rehabilitation facility, or a long-term acute care facility; and/or

- For annual re-assessments, status changes or follow-up assessments.

DDQs are asked during initial assessments only when an individual DOES NOT trigger on the ADL Pathway and is coded a "0-Independent" on late-loss ADLs (toileting, includes transfer toilet and toilet use; bed mobility, eating and transferring).

  - **"A little difficulty**" would be scenarios where the person is completing the ADL, but may have some pain, weakness or must compensate by using furniture or assistive devices to steady him/herself.

  - **"A lot of difficulty"** would be scenarios where the individual is able to complete the late-loss ADL, but with marked pain, is unable to complete all of the subtasks in the particular late-loss ADL or requires an extended period of time for completion of the late-loss ADL because of medical limitations (e.g. shortness of breath, moderate to extreme pain, exhaustion due to physical/medical limitations).

5.2 Cognitive Performance Pathway

The Cognitive Performance Pathway identifies individuals who are actively having difficulty in the areas below:

- Short term memory which affects the individual's functional capacity to remember recent events;

- Cognitive skills for daily decision making which determines the individual's actual performance in making everyday decisions about tasks or Activities of Daily Living (ADLs); AND

  - Planning how to spend their day;

  - Choosing what to wear;

  - Knowing when to eat;

  - Knowing and using space in their home appropriately;

  - Using awareness of one's own strengths and limitations to ask for help when needed;

- Using environmental cues to organize and plan the day;
- Making prudent decisions regarding how and when to go places; and using canes/walkers or other assistive devices/equipment reliably; and
- Reliably using canes/walkers or other assistive devices/equipment.

- Making self understood which determines the individual's ability to express or communicate requests, needs, opinions, urgent problems, and social conversation, whether in speech, writing, sign language, or a combination of these (includes use of word board or keyboard).

In order for an individual to meet the **NFLOC eligibility criteria in the Cognitive Performance Pathway**, the individual must have the type and level of impairment in any one (1) of the conditions noted below:

- **Severely impaired or greater impairment** in **daily decision making** (e.g. never or rarely makes decisions);

- Have a **short-term memory problem** AND **moderately impaired** in **daily decision making** (e.g. the individual's decisions are consistently poor or unsafe and cues or supervision are required at all times);

- Have a **short-term memory problem** AND the individual is **sometimes understood** (e.g. the individual's ability is limited to making concrete requests) OR is **rarely or never understood**;

- **Moderately impaired** in **daily decision making** AND the individual is **often understood** (e.g. the individual has difficulty finding words or finishing thoughts AND **prompting is usually required**);

  NOTE: "Often understood" is used in the interRAI-HC only. The definition for "often understood" should not be confused with "usually understood" in the MDS 3.0 or the LOCET. The latter assessments define "usually understood" as the individual has difficulty finding words or finishing thoughts, BUT prompting "may be required". When determining if an individual meets the Cognitive Pathway **prompting is usually required**.

- **Moderately impaired** in **daily decision making** AND the individual is **sometimes understood** (e.g. the individual's ability is limited to making concrete requests) OR **is rarely or never understood**; OR

- **Minimally impaired** in **daily decision making** (e.g. his/her decisions are poor or unsafe in specific situations and cues or supervision are needed) AND the individual is **sometimes understood** (e.g. the individual's ability is limited to making concrete requests) OR is **rarely or never understood**.

5.3 Physician Involvement Pathway

The intent of the Physician Involvement Pathway is to identify individuals with unstable medical conditions that may be affecting their ability to care for themselves.

Physician visits and physician orders are investigated, with consideration given to physician visits (excluding emergency room exams) and physician orders (excluding order renewals without change and hospital inpatient visits). Physician visits and orders in a nursing facility may be counted**.**

In order for an individual to be **APPROVED** in the Physician Involvement Pathway, the individual must have:

- One day of doctor visits **AND** at least four (4) new order changes all occurring during the 14-day look back period; **OR**

- At least 2 days of doctor visits **AND** at least 2 new order changes all occurring during the 14-day look-back period; **AND**

Supporting documentation **MUST** be provided for the specific qualifying criteria above.

Acceptable supporting documentation includes, but is not limited to:

- A copy of the physician's orders;

- Home health care plans documenting the diagnosis, treatments and conditions within the designated time frames;

- Other medical provider documentation documenting the diagnosis, treatments and conditions within the designated time frames such as:

- Hospital/nursing facility discharge plan, or physician's notes which document the diagnosis, treatments and conditions occurring during the designated time frame;

- Provider/support coordinator service logs documenting conversations with medical professionals to verify visits and/or orders; **OR**

- The assessor's direct observation of items required for this pathway (medication bottles for new medications ordered, etc.); **OR**

- The appropriate form designated by OAAS to document the individual's medical status and condition. This may include the Statement of Medical Status (SMS) form.

5.4 Treatments and Conditions Pathway

The intent of the Treatments and Conditions Pathway in the NFLOC process is to identify individuals with unstable medical conditions that may be affecting an individual's ability to care for themselves. In order for an individual to meet this pathway, the individual must have:

- In the 7 days before the assessment, Intravenous (IV) feedings; **OR**

- In the 14 days before the assessment, any of the below:

  - Stage 3-4 pressure sores; **OR**

  - Intravenous (IV) medications to treat a condition; **OR**

  - Daily tracheostomy care and ventilator/respiratory suctioning (This refers to any one of these task); **OR**

  - Pneumonia and the individual had associated need for assistance with IADLs, ADLs, or restorative nursing care; **OR**

  - Daily respiratory therapy provided by a qualified professional; **OR**

  - Daily insulin injections with two or more order changes; **OR**

  - Peritoneal or hemodialysis.

Acceptable supporting documentation includes, but is not limited to:

- A copy of the physician's orders;

- Home healthcare plans documenting the diagnosis, treatment and conditions within the designated timeframes;

- Other medical provider documentation documenting the diagnosis, treatments and conditions within the designated time frames such as:
    - Hospital/nursing facility discharge plan, or physician's notes which document the diagnosis, treatments and conditions occurring during the designated time frame;

    - Provider/support coordinator service logs documenting conversations with medical professionals to verify visits and/or orders; **OR**

    - The assessor's direct observation of the treatment or condition;

  OR

- The appropriate form designated by OAAS to document the individual's medical status and condition. This may include the Statement of Medical Status (SMS) form**.**

5.5 Skilled Rehabilitation Therapies Pathway

The intent of the Skilled Rehabilitation Therapies Pathway is to identify individuals who have received, or are scheduled to receive, at least 45 minutes of physical therapy, occupational therapy, or speech therapy within the specified 7-day look-back period, or within the specified 7-day look-forward period.

In order for an individual to be **APPROVED** in this pathway, the individual must:

- Have received at least 45 minutes of active physical therapy, occupational therapy, and/or speech therapy during the, 7-day look-back period); **OR**

- Be scheduled to receive at least 45 minutes of active physical therapy, occupational therapy, and/or speech therapy within the 7-day look-forward period.

NOTE: The above therapy must be actual treatment/therapy and does not include therapy assessments or evaluations.

Supporting documentation must also be provided for the specific qualifying criteria listed above. Acceptable supporting documentation includes, but is not limited to:

- A copy of the physician's orders for the received/scheduled therapy;
- The home health care plan, or other medical provider documentation notes indicating the received/scheduled therapy;
- Progress notes indicating the physical, occupational, and/or speech therapy received; or
- Nursing facility or hospital discharge plans indicating the therapy received/scheduled; **OR**
- The appropriate form designated by OAAS to document the individual's medical status and condition.

5.6 Service Dependency Pathway

The intent of the Service Dependency Pathway is to identify individuals who are currently in a nursing facility or receiving services through the following OAAS programs:

- Adult Day Health Care (ADHC) Waiver;
- Community Choices Waiver (CCW);
- Program of All Inclusive Care for the Elderly (PACE); or
- Long Term-Personal Care Services (LT-PCS)

In order for individuals to be approved under this pathway, the afore-mentioned services must have been approved prior to December 1, 2006 and ongoing services are required in order for the individual to maintain current functional status. There must have been no break in services during this time period.

5.7 Behavior Pathway

Effective December 1, 2018, the Behavior Pathway is no longer used to determine NFLOC for individuals requesting services. This pathway is **ONLY** applied for individuals currently receiving OAAS waiver services, nursing facility services, Long Term-Personal Care Services (LT-PCS) or PACE as of December 1, 2018 who continue to meet on this pathway **ONLY**.

An individual who continues to meet under the Behavior Pathway **ONLY** is considered "grandfathered". An individual loses their "grandfathered" status when:

- The individual is discharged from a nursing facility, a OAAS waiver, LT-PCS or PACE after December 1, 2018; **OR**
- The individual is found eligible for services in another Medicaid Long Term Service and Support or setting more appropriate to his/her needs such as services provided by the Office of Behavioral Health (OBH) or the Office for Citizens with Developmental Disability (OCDD); **OR**
- The individual meets NFLOC in another pathway.

NOTE: An individual does not lose their "grandfathered" status when moving between any OAAS programs where NFLOC is needed for eligibility.

For those individuals that meet the "grandfathered" status, the intent of this pathway and criteria must remain the same as described below.

In order for an individual to continue to meet the criteria under this pathway, the individual must have exhibited any one of the following behaviors during the three (3)-day look-back period before the assessment:

- Wandering; **OR**
- Verbally abusive behavior; **OR**
- Physically abusive behavior; **OR**
- Socially inappropriate or disruptive behavior; **OR**
- Experienced Delusions or hallucinations that impacted his/her ability to live independently in the community within the specific screening/assessment tool's look-back period.

6.0 Uniform NFLOC Screening and Assessment Tools

This section provides a description of the prescribed uniform NFLOC screening and assessment tools and related processes utilized by OAAS and/or its designees to assess and determine an individual's initial and ongoing NFLOC eligibility status.

6.1 Level of Care Eligibility Tool (LOCET)

The Level of Care Eligibility Tool (LOCET) is an algorithm-based screening tool used by OAAS and/or its designated entities during the initial intake screening process to ascertain whether an individual "presumptively" meets the NFLOC eligibility criteria, as described in Section 5.0, or via application of DDQs described in Section 5.1.1 of this manual, for the identified OAAS programs.

The LOCET is designed to be an automated, easily administered, person-centered screening tool. The LOCET is compatible with the congressionally mandated Resident Assessment Instrument (RAI) used in nursing facilities in the United States and several countries abroad (the RAI is also referred to as the Minimum Data Set or MDS). This compatibility fosters and promotes continuity of care through a seamless assessment system across multiple facility-based and HCBS settings.

The LOCET screening tool is primarily administered over the telephone by trained Long Term Care (LTC) Access contractor staff. This contractor serves as the single point of entry for all individuals requesting admission to OAAS operated Medicaid HCBS programs or nursing facility services.

This concept and use of the LOCET screening tool is designed to meet the following primary functions:

- Provide individuals, their caregivers, and their families comprehensive and objective information about community services and program eligibility criteria that facilitates informed choices;
- Assist with navigation, linking individuals with opportunities, services and resources available to help meet their particular needs;
- Deliver a streamlined screening process that fosters a person-centered approach and facilitates appropriate access to care;
- Streamline individuals' transitions along the continuum of care;
- Reduce barriers to accessing health care services; and
- Improve care delivery in a cost-effective and efficient manner.

The information required on the LOCET must be provided by the individual requesting services or by someone who is sufficiently familiar with the individual to provide all required information, completely and accurately (e.g. self, responsible representative, family, nursing facility staff, hospital discharge planner staff, etc.).

The telephone-administered LOCET renders a "presumptive" NFLOC eligibility status. This means that the individual is **assumed** to meet at least one (1) of the NFLOC Pathways described in Section 5.0, or via application of DDQs described in Section 5.1.1, as indicated by the LOCET screening results. The presumptive LOCET screening results are **verified by OAAS or its designees** within State and federal rules and regulations.

The LOCET includes step-by-step instructions and stipulates the specified look-back periods in which to measure the individuals' abilities. LOCET results may be utilized within 30 calendar days if the LOCET is reflective of the individual's current status. If a LOCET is more than 30 calendar days old or an individual has a change in status within 30 calendar days of the LOCET, a new LOCET must be completed.

7.2 The Resident Assessment Instrument (RAI), interRAI-Home Care Assessment (iHC)

The iHC is an internationally recognized tool that is scientifically-validated and reliability-tested. The iHC is a comprehensive and standardized instrument, performed face-to-face by certified assessors. The iHC has also been designed to be compatible with the congressionally mandated MDS used in nursing facilities in the United States and several countries abroad. Such compatibility promotes continuity of care through a seamless assessment system across multiple health care settings, and promotes a person-centered evaluation. The iHC is used by OAAS, or its designees, to:

- Verify the presumptive LOCET screening results obtained by trained LTC Access contractor staff during the initial, telephone intake process;
- Verify the participant continues to meet the required functional/medical NFLOC eligibility criteria upon subsequent re-assessments (e.g. annual, follow up, status change re-assessments);
- Assess key domains of function, health, social support and service use. Particular assessment items also identify participants who could benefit from further evaluation of specific problems and risks for functional decline; and
- Establish each participant's services and supports budget.

All assessors completing iHC assessments must be trained and certified by OAAS. Certification is for a three (3) year period with annual refresher courses in accordance with the OAAS mandatory certification policy and procedures.

For quality assurance, OAAS staff may require completion of another assessment by the same assessor under review, another staff member and/or OAAS staff themselves. In these situations, OAAS makes the final determination regarding whether or not the individual meets the required NFLOC eligibility criteria based on the assessment results and supporting documentation, as applicable.

7.0 LOCET NFLOC Review Process

The LOCET is coded in a data system developed by OAAS, called the OAAS Participant Tracking System (OPTS). OPTS algorithms systematically determine NFLOC based on answers to LOCET questions regarding the various pathways.

In the event that OPTS is not working, the LTC Access contractor, assessor or other entity will complete the LOCET on paper. OAAS trained and appointed staff will manually review to determine if NFLOC was met and will complete the entry into OPTS.

7.1 LOCET and DDQs

The LOCET also takes into consideration the DDQ process. DDQ is determined based on the degree of difficulty an individual may be experiencing in completion of the ADLs at the time of the LOCET. If an individual's response on the late loss ADLs is "Independent", then a check box appears prompting the LTC Access contractor staff to ask if the individual has difficulty in the completion of that particular ADL. If the response is "Yes," an additional set of questions appear on the LOCET screen.

If an individual is coded as "Independent" on the LOCET for the ADL of Toilet Use, the LOCET screen displays: "Do you have trouble with using the [late-loss ADL]?" If the response is "Yes," the following set of questions appear on the LOCET screen, and the staff must ask and determine the most appropriate answer from the selection shown below:

I have a little difficulty or
I have a lot of difficulty

If an individual indicates they have a lot of difficulty on one (1) of the late-loss ADLs, the individual is determined to meet NFLOC on the ADL Pathway.

8.0 iHC Assessment NFLOC Review Process

The intent of this manual section is to provide a detailed overview of the process that must be utilized by all certified iHC assessors when

determining if an individual meets the functional/medical NFLOC eligibility criteria on initial HC assessments and iHC re-assessments.

8.1 Face-to-Face iHC Assessment

The certified assessor completes a face-to-face iHC assessment, in accordance with programmatic guidelines, as part of the initial intake process for individuals applying for HCBS programs or for individuals undergoing a NFLOC re-assessment.

Like the LOCET, the iHC assessment is coded into OPTS and OPTS algorithms systematically determine NFLOC. All iHC assessments must be entered into OPTS. Once completed and submitted, OPTS will display each pathway and whether or not an individual meets the NFLOC pathways.

When determining whether or not an individual meets NFLOC via application of DDQs, the assessor must:

First: Ask the individual if they had difficulty with completing the late-loss ADL; **and**

Second: Ask the individual to provide an explanation of specific factors that contributed to the difficulty or lack of difficulty with completing the late-loss ADL. Gather details regarding how each subtask was completed for each episode of the ADL and discuss the factors that made it difficult to complete the subtasks for each episode)**; and**

Third: Document the individual's explanation of the specific factors that contributed to the difficulty level or lack of difficulty with completing the late-loss ADL. Code no difficulty, a little difficulty, or a lot of difficulty based on the explanation of the individual**.**

Coding "a lot of difficulty," will satisfy NFLOC requirements and the person meets the NFLOC ADL Pathway via application of the DDQs.

8.1.1. Documentation of DDQ Results

Assessors will document DDQs in the iHC assessment DDQ section of OPTS. The DDQ section will include:

- The responses as to whether the person had trouble with the late-loss ADLs;
- The individual's level of difficulty with the late-loss ADL;

- Documentation of why the individual did or did not have trouble/difficulty with the ADL; and

- Assessor's observations, if applicable, supporting the level of difficulty

Assessors must **NOT CHANGE** the ADL score of "0", Independent, on the iHC assessment for the late-loss ADLs where DDQs are applied. OPTS will trigger if the individual has met NFLOC on the ADL Pathway via application of the DDQ process.

Assessors should utilize their professional judgment when determining DDQs. Documentation should correlate and support the level of difficulty selected.

Examples:

- If an individual reported that they have no difficulty with completing an ADL, but it is clear through observation that the individual had a lot of difficulty, the assessor must note "a lot of difficulty" for that ADL and document the observation.

- If the individual reports that they have a lot of difficulty with completing an ADL; however, after inquiring how each episode was performed, the individual's explanation supports that the individual only had a little difficulty, the assessor must document "a little difficulty" and the individual's explanation of how each subtask/episode for each ADL was performed.

9.0 NFLOC when Transitioning Between Programs

This section describes NFLOC policies governing transitioning between HCBS programs, from nursing facilities to HCBS and from hospitals to HCBS.

9.1 Transitioning Between HCBS Programs

If a participant transfers from one HCBS to another, then a new iHC assessment must be completed unless the iHC assessment completion date is within 90 calendar days and reflects the participant's current functioning.

9.2 Transitioning Out of a Nursing Facility to HCBS

Participants transitioning from a nursing facility to an OAAS HCBS program identified in this manual must meet functional/medical NFLOC eligibility requirements as determined by the iHC assessment.

The iHC assessment is performed prior to completing the person-centered Plan of Care (POC). The assessment is used to assure the individual meets NFLOC and for the development of an individualized POC that considers the individual's choices and preferences.

Individuals will be required to meet NFLOC upon initial assessment and re-assessment, as specified in State and federal rules and regulations.

9.3 Transitioning from a Hospital to HCBS

9.3.1 Transitioning from a Hospital to ADHC

Individuals who are hospitalized at the time they call the LTC Access contractor to request ADHC Waiver and who wish to transition from the hospital setting to an ADHC Waiver may do so if:

- They had at least one (1) overnight stay in a hospital within the prior 30 calendar days;
- There is an ADHC Waiver slot available;
- They meet functional/medical NFLOC eligibility via the iHC; and
- They meet ADHC Waiver program requirements.

9.3.2 Transitioning from a Hospital to LT-PCS

Individuals who are hospitalized at the time they call the LTC Access contractor to request LT-PCS must:

- Be Medicaid eligible at the time of the request for LT-PCS;
- Meet NFLOC eligibility on the LOCET screening tool;
- Be assessed via the iHC assessment in their home environment (i.e. place of residence) once they exit the hospital setting;
- Meet NFLOC on the iHC assessment; and
- Meet all LT-PCS specific program requirements including limited assistance in one (1) ADL and Initial Targeting Criteria (ITC).

9.4 Transitioning from a Hospital to a Nursing Facility

Individuals requesting to transition from a hospital setting as a new admission to a nursing facility setting must:

- Meet NFLOC eligibility on the LOCET;
- Complete the Pre Admission Screening and Resident Review (PASRR) Level I, and approved by a Level II authority (Office of Behavioral Health - OBH or Office for Citizens with Developmental Disabilities - OCDD) if they are suspected of having a serious mental illness or a developmental disability; and
- Continue to meet NFLOC requirements per State and federal rules and regulations.

Individuals that that are hospitalized while a resident in a nursing facility must continue to meet NFLOC requirements in order to remain in the nursing facility.

- The nursing facility must contact OAAS Nursing Facility Admission (NFA) unit for a continued stay determination.

9.5 HCBS Participant Transitioning from the Community Setting to a Nursing Facility

Participants who are currently receiving OAAS HCBS Waiver services, LT-PCS, or PACE services, **DO NOT require a LOCET screening** in order to transition to a nursing facility.

These participants are determined to meet the required NFLOC eligibility criteria **via the iHC NFLOC verification process for HCBS**. However, in accordance with State and federal requirements, a PASRR Level I and, if applicable, a PASRR Level II must be completed by the admitting nursing facility **PRIOR** to the individual being admitted to the nursing facility of their choice.

Individuals transitioning from the community setting to a nursing facility may be approved for time-limited stays, per State and federal rules and regulations.

10. Special Considerations for Specific Programs

10.1 LT-PCS

10.1.1 LT-PCS and DDQs

Individuals who meet NFLOC criteria on the ADL Pathway via application of the DDQ process will also be determined to meet LT-PCS programmatic criteria.

10.1.2 LT-PCS and Initial Targeting Criteria

Initial Targeting Criteria (ITC) is considered met if the individual meets the criteria listed below:

- Is in a nursing facility and could be discharged if HCBS were available; or
- Is likely to require nursing facility admission within the next 120 calendar days; or
- Has a primary care giver who has a disability or is age 70 or over.

ITC is **ONLY** for initial assessments for **BOTH** LOCET and iHC assessment.

OPTS is coded to determine ITC criteria through the following process:

- Review for institutional risk criteria and current nursing facility placement.
    - If the individual is currently in a nursing facility or determined by LOCET or the iHC assessment to meet institutional risk then the individual meets ITC.
    - If the individual is not in a nursing facility and does not meet institutional risk criteria, the individual is mailed a "Request for More Information" or Medical Deterioration (MedDet) form that the individual's physician must complete for institutional risk verification. Individuals have thirty (30) calendar days to return the form to OAAS or its designee.
        - If the information is returned, the form will be reviewed to determine if the individual is likely to require nursing facility admission within the next 120 calendar days.
            - If "No", then ITC is **NOT MET** and the individual is denied.
            - If "Yes", then ITC is **MET**.
        - If the information is not returned, then the individual will be determined to not meet ITC.
- Verify the primary care giver disability and age of the individual applying for services. In this instance, the individual has thirty (30) calendar days in order to return this information. If this information is not received within this time period, the individual is considered to not meet ITC and is denied services.

10.2 PACE

Individuals wishing to access PACE services must meet NFLOC eligibility criteria in order to enroll in the program. PACE participants must continue to meet NFLOC on a re-assessment.

If the participant fails to meet the NFLOC on a re-assessment, there is another eligibility option available **ONLY** to PACE participants. This process is referred to as **"Deemed Continued Eligibility"** and is based on the following criteria:

- The participant no longer meets NFLOC criteria but would reasonably be expected to become eligible within six (6) months in the absence of continued coverage under the program;
- The participant has a fragile medical condition with no reasonable expectation of improvement or significant change; **AND**
- The participant's medical record and Plan of Care (POC) support deemed continued eligibility.

10.2.1 PACE Re-assessments

PACE providers must complete annual re-assessments on participants unless the OAAS Regional Office grants the participant a Permanent Waiver of annual re-certification, waiving the criteria for the participant to have an annual assessment for the PACE program ONLY.

For additional information regarding PACE please refer to the PACE Provider Manual.

10.3 OAAS Waiver Request for Services Registries (RFSRs)

Individuals must meet and continue to meet NFLOC (LAC.50.II.10154) in order to have their names on the CCW and/or ADHC Waiver Request for Services Registries (LAC.50.XXI.Chapter 81.8101 & 8103-CCW RFSR & LAC.50.XXI, Chapter 21.2103 & 2105—ADHC Waiver RFSR).

Individuals who no longer meet NFLOC through any subsequent iHC re-assessments will have their names removed from the OAAS waiver RFSRs.

Individuals' names may be placed back on the OAAS waiver RFSRs if they meet NFLOC on a subsequent re-assessment and request waiver services.

The individual's OAAS waiver RFSR request date will be the date of the most recent assessment on which the individual meets NFLOC.

11. Public Health Emergency Considerations

OAAS, in consultation with Medicaid and CMS, may allow certain flexibilities in regards to the NFLOC during a Public Health Emergency (PHE). However, any changes in policy and procedure must be approved by OAAS before changes can be made. Some changes may include but not limited to:

- Allowing virtual iHC assessments by certified assessors;
- Using the LOCET to determine if an individual meets eligibility qualifications for LT-PCS and to determine resource allocation until an iHC assessment can be completed; and/or
- Timeframes for assessments and/or re-assessments may be extended.

NOTE: Once the federal approval for emergency exceptions are over or LDH/OAAS determines exceptions are no longer needed, the rules and policies will revert to the regular rules/policies/ operations.

APPENDIX A

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APPENDIX B-Descriptions of NFLOC (LOCET, iHC Community, iHC Nursing Facility Residents)


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OCET-Description-o


OAAS-RC-14-006-N
Fresident-Descriptio


OAAS-RC-14-007-iH
C-Description-of-NF