



Nursing Facility Level of Care
Eligibility Manual
OAAS-MAN-13-005

Revision History Log

Document Title		<i>OAAS Level of Care Eligibility Manual</i>		
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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 <i>v. Resisted Care</i> 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/C	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..."

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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/C	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/C	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.

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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			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			Clarified LTC Services Access Contractor name, added calendar days for all timeframes noted included LOCET and ITC.

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12/01/18	4.1	Medicaid Financial Eligibility		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		Deleted language referencing time-limited length of stay.
12/01/18	5.6	Behavior Pathway		Updated the language to reflect changes to June 2018 rule and CMS approval December 2018.
12/01/18	6.1	LOCET		Added timelines for when a LOCET can be used – (30 calendar days).
12/01/18	8.2	MDS-HC NFLOC Review		<ul style="list-style-type: none"> • Added DDQ not used for paid caregivers. • Added instructions to review “grandfather” status for Behavior pathway. • Added timeframes for submission of additional documentation.
9/01/19	5.2 & 10.3	Cognitive Performance Pathway & OAAS Waiver Registries		<ul style="list-style-type: none"> • 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.

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12/10/21	All Sections	N/A		<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

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1.0 Overview

The Level of Care (LOC) determination assures a consistent and reliable process for determining that individuals meet the functional/medical eligibility requirements for admission to and continued stay in a nursing facility or certain Home and Community-Based Service (HCBS) funded through the Medicaid Program. The LOC determination for these services/programs is referred to as the **“Nursing Facility Level of Care (NFLOC) determination.”**

The NFLOC determination process 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.

The Louisiana Department of Health (LDH), Office of Aging and Adult Services (OAAS), is the State agency responsible for oversight and determination of functional/medical eligibility for individuals applying for or who are receiving Medicaid-funded nursing facility care or certain HCBS administered by OAAS, including the Community Choices Waiver (CCW), Adult Day Health Care (ADHC) Waiver, Long Term-Personal Care Services (LT-PCS) and Program of All-Inclusive Care for the Elderly (PACE).

The program services administered by OAAS are provided to eligible individuals with a range of functional and cognitive abilities. Improving the ability of the health care delivery system to respond to the needs of all of these individuals in an equitable, streamlined, and fiscally responsible manner, is a primary and ongoing goal and responsibility of OAAS.

2.0 Purpose and Scope

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

This manual must be used in conjunction with the Louisiana Department of Health (LDH) Medicaid manuals and other OAAS program manuals that provide more detail about policies and procedures 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 Louisiana Department of Health (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.

(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) (Medicaid State Plan Services), and the Program of all Inclusive Care for the Elderly (PACE).

(b) **Program Administration and Operation.** The Louisiana Department of Health (LDH), in partnership with the Centers for Medicare and Medicaid (CMS), 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

Each long-term care program administered by OAAS has specific eligibility requirements for participants that must be met in order for an individual to be determined eligible. These eligibility requirements can be 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 local Medicaid Eligibility staff. Maximum income and resource limits are announced each year by the LDH Medicaid division. Fact sheets for OAAS programs/services include a summary of current income and resource limits, and are posted on the OAAS website at:

<http://ldh.la.gov/index.cfm/newsroom/detail/1433>

Medicaid financial eligibility rules are complex. Certain income and resources may be excluded from these limits. Due to this complexity, OAAS employees and/or designees are instructed to refer individuals who are not yet Medicaid eligible to the Medicaid Eligibility office. 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

OAAS utilizes prescribed, uniform screening and assessment tools to gather critical data for the purpose of determining whether an individual meets the Nursing Facility Levels of Care (NFLOC) criteria.

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

Louisiana establishes NFLOC via the use of scientifically validated and reliability-tested screening and assessment tools that are utilized upon initial application and program eligibility redetermination periods.

There are several, distinct pathways by which an individual can be determined to meet NFLOC eligibility criteria. These pathways are described in detail in section 5.0 of this manual.

4.3 Program Requirements

In addition to meeting Medicaid financial and functional/medical eligibility requirements/NFLOC, individuals must also meet all 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:

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Programs:	Program Eligibility Requirements:	Fact Sheets:	LAC Rules & Medical Provider Manuals:
<p>Adult Day Health Care (ADHC) Waiver</p>	<ul style="list-style-type: none"> • Name on the ADHC Waiver Request for Services Registry; • Health and safety requirements; and • Appropriateness, cost-effectiveness, and least restrictive environment guidelines. <p>FOR ADHC WAIVER & LT-PCS TOGETHER: Not only must meet NFLOC but also must require at least limited assistance with any one (1) Activity of Daily Living (ADL).</p>	<p>https://ldh.la.gov/assets/documents/OAAS/publications/FactSheets/ADHC-Fact-Sheet.pdf</p>	<p>LAC Rule: 50:XXI.2101-2915</p> <p>Medicaid Provider Manual: http://www.lamedicaid.com/provweb1/Providermanuals/manuals/ADHC/ADHC.pdf</p>
<p>Community Choices Waiver (CCW)</p>	<ul style="list-style-type: none"> • Name on the Community Choices Waiver Request for Services Registry; • Health and safety requirements; and • Appropriateness, cost-effectiveness, and least restrictive environment guidelines. 	<p>https://ldh.la.gov/assets/documents/OAAS/publications/FactSheets/CCW-Fact-Sheet.pdf</p>	<p>LAC Rule: 50:XXI.8101-9503</p> <p>Medicaid Provider Manual: http://www.lamedicaid.com/provweb1/Providermanuals/manuals/CCW2/CCW.pdf</p>
<p>Long-Term Personal Care Services (LT-PCS) ONLY</p> <p>NOTE: If participant is requesting ADHC Waiver & LT-PCS together, then refer to ADHC Waiver requirements</p>	<ul style="list-style-type: none"> • 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. (This is called Initial Targeting Criteria (ITC) <ul style="list-style-type: none"> ○ Individual is in a nursing facility and 	<p>https://ldh.la.gov/assets/documents/OAAS/publications/FactSheets/LT-PCS_Fact_Sheet.pdf</p>	<p>LAC Rule: 50:XV.12901-12919</p> <p>Medicaid Provider Manual: http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PCS/pcs.pdf</p>

	<p>could be discharged if community-based services were available;</p> <ul style="list-style-type: none"> ○ 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 over the age of 70. 		
Nursing Facility Services:	<ul style="list-style-type: none"> • Any individual seeking NF services to a Medicaid certified NF must be assessed for NF services, regardless of the individual’s payer source; and • Screening prior to admission for a 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)	<ul style="list-style-type: none"> • Health and safety requirements 	https://ldh.la.gov/assets/docs/OAAS/publications/FactSheets/PACE-Fact-Sheet.pdf	<p>LAC Rule: 50:XXIII.101-1301</p> <p>Medicaid Provider Manual: http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PACE/PACE.pdf</p>

5.0 Nursing Facility Level of Care Pathways

Several potential avenues of functional and medical eligibility are investigated by OAAS or its designees during the NFLOC eligibility determination process. These avenues are called **pathways**. These pathways are utilized to ensure consistency, uniformity, and reliability in making NFLOC determinations and are as follows. The distinct NFLOC pathways are:

- 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**”.

In order to meet the NFLOC criteria, an individual must meet eligibility requirements in **ONLY ONE (1)** of the pathways described in this section.

The Level of Care pathways elicit specific information within a specified evaluation period, regarding the individual's:

- Functional capabilities;
- Receipt of [human] assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs);
- Current medical treatments and conditions; and
- Other aspects of the individual's life.

Almost all NFLOC assessment items refer to the individual's status over a designated time period (look-back/look-forward periods). Look-back/look-forward time periods are looking back/forward from a specified date that are commonly referred as the Assessment Reference Date (ARD), observation period or assessment period. Time periods vary based on the assessments and can range from 3-day, 7-day, 14-day, or longer. In other words, the certified assessor is “looking back” or “looking forward” from the specified date in order to capture the requested data.

NOTE: In determining NFLOC, staff should utilize the time periods established in this manual. These timeframes take into consideration various factors based on the assessment tool and community and nursing facility resident involvement.

5.1 Activities of Daily Living (ADL) Pathway

The intent of the ADL pathway is to determine the individual's self-care performance in Activities of Daily Living (ADLs) during a specified look-back period utilizing the prescribed screening and assessment tools. The ADL pathway identifies those individuals with a significant loss of independent function as measured by the amount of assistance **received** from another person during the specified look-back period.

The ADLs for which the NFLOC screening and assessment tools elicit information including but not limited to:

- Locomotion—Moving around in the individual's home;
- Dressing—How the individual dresses/undresses;
- Eating—How food is consumed (does not include meal preparation);
- Bed mobility—Moving around while in bed (includes sitting up and lying down once in the bed);
- Transferring—How the individual moves from one surface to another (excludes getting on and off the toilet and getting in and out of the tub/shower);
- Toileting—Includes getting on and off the toilet, wiping, arranging clothing, etc.;
- Personal hygiene (excludes baths/showers); and
- Bathing (excludes washing of hair and back).

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

- **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**.

5.2 Cognitive Performance Pathway

The Cognitive Performance pathway identifies individuals who experienced difficulty during the specified look-back period in the areas listed below:

- Short term memory which determines 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) such as:
 - Planning how to spend his/her day;
 - Choosing what to wear; or
 - Reliably using canes, walkers or other assistive devices/equipment, if needed; **AND**
- 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 (during the specified NFLOC look-back period) in any one (1) of the conditions noted below:

- Individual is severely impaired in daily decision making (i.e., never or rarely made decisions); **OR**
- Individual has a short term memory problem **AND** daily decision making is moderately impaired (i.e., decisions are consistently poor or unsafe; cues or supervision is required at all times); **OR**
- Individual has a short term memory problem **AND** is sometimes understood (i.e., ability is limited to making concrete requests); **OR**
- Individual has a **short term memory problem and** is rarely or never understood; **OR**
- Individual is **moderately impaired** in daily **decision making** (i.e., decisions are consistently poor or unsafe; cues or supervision is required at all times), **AND** the individual is **usually understood** (i.e., difficulty finding words or finishing thoughts; prompting may be required); **OR**
- Individual is **moderately impaired** in **daily decision** making (i.e., decisions are consistently poor or unsafe; cues or supervision is

required at all times), **AND** the individual is **sometimes understood** (i.e., ability is limited to making concrete requests); **OR**

- Individual is **moderately impaired** in daily decision making (i.e., decisions are consistently poor or unsafe; cues or supervision is required at all times), **AND** the individual is **rarely or never understood**; **OR**
- Individual is **minimally impaired** in **daily decision making** (i.e., has some difficulty in new situations or decisions are poor and requires cueing/supervision in specific situations only), **AND** the individual is **sometimes understood** (i.e., ability is limited to making concrete requests); **OR**
- Individual is **minimally impaired** in daily decision making (i.e., some difficulty in new situations or decisions are poor and requires cueing/supervision in specific situations only), **AND** the individual 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 his/her ability to care for him/herself.

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; **OR**

- Home health care plans documenting the diagnosis, treatments and conditions within the designated timeframes; **OR**
- The appropriate form designated by OAAS to document the individual's medical status and condition. This may include the Statement of Medical Status Form; **OR**
- Other supporting documentation may also include:
 - Hospital/nursing facility discharge plan, or physician's notes which document the diagnosis, treatments and conditions occurring during the designated time frame; **OR**
 - 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.).

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 a person's ability to care for him/herself. For a person to meet this pathway, the person 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 needed help with IADLs, ADLs, or restorative nursing care during this time; **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; **OR**
- Home healthcare plans documenting the diagnosis, treatment and conditions within the designated timeframes; **OR**
- The appropriate form designated by OAAS to document the individual's medical status and condition. This may include the Statement of Medical Status Form; **OR**
- Other supporting documentation may also include:
 - Hospital/nursing facility discharge plan, or physician's notes which document the diagnosis, treatments and conditions occurring during the designated time frame; **OR**
 - Provider/support coordinator service logs documenting conversations with medical professionals to verify the receipt of treatments or conditions; **OR**
 - The assessor's direct observation of the treatment or condition.

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 does not include 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; **OR**
- Home health care plan notes indicating the received/scheduled therapy; **OR**
- Progress notes indicating the physical, occupational, and/or speech therapy received or scheduled; **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. This may include the Statement of Medical Status Form; **OR**
- Other supporting documentation may also include:
 - Hospital/nursing facility discharge plan, or physician's notes which document the diagnosis, treatments and conditions occurring during the designated time frame; **OR**
 - Provider/support coordinator service logs documenting conversations with medical professionals to verify therapy received or scheduled, **OR**
 - The assessor's direct observation of the skilled rehabilitation/therapy.

5.6 Service Dependency Pathway

The intent of the pathway is to identify individuals who are currently in a nursing facility or receiving services through the Adult Day Health Care (ADHC) Waiver, the 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 aforementioned 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 approved for individuals currently receiving, OAAS waiver services, nursing facility services, Long Term-Personal Care Services (LT-PCS) and PACE as of December 1, 2018 who continue to meet only on this pathway.

An individual who continues to meet under the Behavior Pathway ONLY is considered “grandfathered”. An individual may lose “grandfather” status if:

- He/she is discharged from a Nursing Facility, OAAS waivers, LT-PCS or PACE after December 1, 2018.
- He/she 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).

NOTE: An individual does not lose “grandfather” status when moving between any OAAS programs where NFLOC is needed for eligibility.

For those that meet “grandfather” status, the intent of this pathway and criteria must remain the same as described below.

These individuals continue to experience repetitive behavioral challenges that have impacted their ability to function in the community during the specified screening/assessment look-back period.

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 Nursing Facility NFLOC eligibility criteria, as described in [Section 5.0](#), or via application of Degree of Difficulty Questions (DDQs) described in [Section 8.0](#) 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) Services Access contractor staff. This contractor serves as the single point of entry for all individuals calling for admission to certain OAAS operated 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 consumers with the opportunities, services, and resources available to help meet their particular needs;
- Consistent delivery of a streamlined NFLOC screening process that fosters a person centered approach, and facilitates appropriate access to care;
- Streamline consumers' transitions along the continuum of care; and
- 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 Degree of Difficulty Questions (DDQs) described below, 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 OAAS Participant Tracking System (OPTS) User Manual, as well as the LOCET form itself, include step-by-step instructions and stipulate 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.

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

The iHC is a scientifically-validated and reliability-tested comprehensive and standardized instrument for evaluating the needs, strengths, and preferences of elders and adults with disabilities. The iHC has 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** enables a home care provider to assess multiple key domains of function, health, social support, and service use. Particular assessment items also identify individuals who could benefit from further evaluation of specific problems and risks for functional decline. These items, known as “triggers,” link the assessment outcomes to a series of problem-oriented Clinical Assessment Protocols (CAPS).

- The **Clinical Assessment Protocols (CAPs)** Clinical Assessment Protocols (CAPs) provide a structured, problem-oriented approach to care planning. The interRAI’s assessment enables assessors to address

key factors in the person's life, including aspects of function, health, social support, service use and quality of life.

The iHC assessment tool is administered by OAAS trained and certified assessors in accordance with OAAS policies and procedures to verify that an individual meets the NFLOC eligibility criteria in at least one (1) of the NFLOC pathways described in [Section 5.0](#), or via application of Degree of Difficulty Questions (DDQs) described in [Section 8.0](#) of this manual.

Some of the primary functions of the iHC assessment process include:

- Verification of the presumptive LOCET screening results obtained by trained Long Term Care Access staff during the initial, telephone intake process, and;
- Verification that the individual continues to meet the required functional/medical NFLOC eligibility criteria upon subsequent re-assessments (e.g., annual, follow up, status change re-assessments, etc.).

All staff 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.

In the interest of 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 to systematically determine NFLOC based on an algorithm developed. The LOCET results are automatically generated in OPTS based on the answers provided to the various pathway questions.

In the event that OPTS is not readily available, OAAS and/or its designee must review the pathways in the same order as noted in OPTS.

7.1 LOCET and DDQs

The LOCET also takes into consideration the Degree of Difficulty (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 intake staff to ask

if the individual has difficulty in the completion of that particular ADL. If the individual's response is "Yes," an additional set of questions appear on the LOCET screen. An example of how this item appears as follows:

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 toilet?" If the staff selects a response of "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**

OAAS Participant Tracking System (OPTS) contains an enhanced version of the LOCET that enables this information to be used in the final NFLOC determination process as applicable. 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 NFLOC Review Process

The intent of this section of the manual is to provide a detailed overview of the process that must be utilized by all certified iHC assessors when determining if an applicant/participant meets the functional/medical Level of Care eligibility criteria on initial and redetermination iHC assessments.

8.1 Face-to-Face iHC

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.

Assessors must enter all iHC assessments into OPTS. OPTS generates NFLOC eligibility by using algorithms for each Level of Care pathway. OPTS will display each pathway and whether or not an individual meets the pathway.

In the event that OPTS is not working, OAAS and/or its designee must manually review the pathways in the same order as noted in OPTS.

8.2 iHC NFLOC Review

Assessors should review the pathways in the following order when conducting manually:

- Review the ADL pathway.

- Review the Degree of Difficulty Questions (DDQs) for ADLs in section 8.3 of the manual. DDQs are applicable ONLY for initial assessments when an individual being assessed does not have a paid caregiver (LT-PCS worker, Hospice worker, private pay caregiver, etc.) within the designated look-back period.

NOTE: DDQs are NOT reviewed for annual re-assessments, status changes, or follow-up assessments.

- Review the Cognitive Performance pathway criteria.
- Review the pathways Skilled Rehabilitation, Treatments and Conditions, and Physician Involvement.
- Review Service Dependency pathway. Assessors should utilize all LDH and contractor systems available. Assessors may require the assistance of OAAS Regional Office or State Office staff if he/she cannot verify that the individual was receiving services in a Medicaid nursing facility, or a HCBS program prior to 12/01/2006 with no break in services up to the present time.
- Review Behavior pathway for those determined to have “grandfather” status. Assessors will have to manually review the “grandfather” list and if an individual continues to meet the criteria for Behavior pathway **ONLY**.
- Determine NFLOC. Assessors should reflect the NFLOC time periods and information outlined in the NFLOC rule and OAAS policy and not necessarily the information outlined in the assessment tool alone.
- Care plan if applicable.

8.3 DDQ Process for Initial iHC Assessments

For late-loss ADLs where a “0” was coded on the iHC, while conducting the face-to-face assessment, ask the participant, “Do you have trouble with _____?” Fill in the ADL activity noted below:

- Positioning yourself in bed (**Bed mobility**): (including moving to and from lying position, turning from side to side, and positioning body while in bed);
- **Eating**: (including taking in food by any method, including tube feeding - how person actually consumes food - excludes meal preparation);

- **Transferring:** from one surface to another (including moving to and between surfaces – to/from bed, chair wheelchair, standing position – excludes to/from bath/toilet); and
- Using the toilet (**Toileting**): (including using the toilet or commode, bedpan, urinal, **transferring on/off the toilet**, cleaning self after toilet use or incontinent episode, changing pad, managing special devices required (ostomy or catheter), and adjusting clothes.

If the participant responds “yes” to having trouble with any of the items above, ask the participant if he/she has:

- **A little difficulty?**
- **A lot of difficulty?**

A response of – “**I have a lot of difficulty,**” will indicate the person meets the NFLOC ADL pathway via application of the DDQs.

Examples of “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.

Some examples are as follows:

- “I use the bathroom by myself OK, but sometimes I have a hard time getting up to a standing position again afterwards. However, I manage OK.”
- “I can use the bathroom OK, but I don’t quite make it sometimes.” A good follow up question: “Do you get your clothing wet or just damp?” If the response is “It’s damp”, code as “a little difficulty”.
- “I can sit up in bed by myself, but it takes me a little while to get my pillows just right to keep myself supported.”
- “I can turn myself in bed, but my hip hurts me a little if I move too fast.”
- “I can feed myself alright, but I drop food sometimes. “I’m just messy, I guess.” A good follow-up question: “Have you lost weight unintentionally in the last 6 months?” If the response is “No”, code “a little difficulty”.
- “I can get up from my chair OK, but I have to hold onto the arms of the chair for support because my legs don’t have the strength they used to.”

- “I can get up from my chair, but I have to rock myself back and forth a couple of times to get up because I don’t have a lot of strength in my legs.”
- “I can get out of bed OK, but I have to steady myself on the chair that’s beside the bed.”
- “When I go from my bed to a chair, it hurts a little when I bend my knees to sit on a low chair, so I try to use a straight back, higher chair to help me with this.”

Examples of “a lot of difficulty” would be scenarios where the individual is getting the ADL done, but with marked pain, or failure to complete all of the subtask in the particular ADL, or completion of the ADL in an extended period of time because of medical limitations (e.g., shortness of breath, moderate to extreme pain, exhaustion due to physical/medical limitations, etc.).

Some examples are as follows:

- “I use the bathroom by myself, but sometimes I cannot get up to a standing position again afterwards because of the pain. I end up waiting a long time between visits to the bathroom because of this.”
- “I can use the bathroom OK, but I don’t make it sometimes.” A good follow up question: Do you get your clothing wet or just damp? If the response is “It’s wet”, code as “a lot of difficulty”.
- “I can sit up in bed by myself, but it takes me a long time to move myself to do this. I just don’t have the strength anymore.”
- “I can sit up in bed by myself, but when I try to do it, I end up with a coughing spell. That happens when I exert myself.”
- “I can turn myself in bed if I do it really slowly because of the bad pain I get in my hip and back, especially when my pain medication has worn off.”
- “I feed myself, but my hands are so shaky now, it takes me twice as long as it used to because I continually drop food.” A good follow-up question: “Have you lost weight unintentionally in the last 6 months?” If the response is “Yes”, code as “a lot of difficulty”.
- “I can get up from my chair, but I am winded by the time I can finally stand up. I am really weak.”

- “I can get out of bed some of the time, but I have slipped and fallen before because I am unsteady and weak.”
- “It takes me several minutes or so to lower myself into my chair to watch TV. The arthritis in my back is just too painful.”

8.3.1 Documentation of DDQ Results

Documentation must be recorded in the iHC DDQ section of OPTS.

Documentation must include:

- The participant’s response as to whether they had trouble with the ADL.
- The participant’s level of difficulty with the ADL.
- Documentation and/or observations supporting the level of difficulty indicated by the participant.

NOTE: DO NOT CHANGE the original ADL score of “0”, Independent, for the late-loss ADLs where DDQs are applied. OPTS will automatically trigger if the person has met NFLOC on the ADL pathway via application of the DDQ process. However, if done manually the assessment should include a statement indicating the client has met NFLOC eligibility criteria on the ADL pathway via the application of DDQs.

9.0 NFLOC when Transitioning Between Programs

This section describes general NFLOC policies governing transitioning between HCBS programs, from nursing facilities to HCBS and from hospitals to HCBS. Specific program requirements are not addressed in this manual, therefore, program manuals should be referenced as needed.

9.1 Transitioning Between HCBS Programs

If an individual transfers from one HCBS to another, then a new iHC assessment must be completed.

9.2 Transitioning Out of a Nursing Facility to HCBS

Individuals 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 is performed prior to the individual transitioning out of the nursing facility. The assessment is used as a means of assuring the individual meets NFLOC, to assure that he/she can safely transition to the HCBS of his/her choice, and for the development of an individualized Plan of Care (POC) that considers the individual's choices and preferences.

All program requirements must be met and the proper protocols must be followed to assure that the individual will continue to meet NFLOC once he/she transitions from the nursing facility to the community. (Refer to program policy manuals for specific procedures that are to be followed regarding verification of continued Medicaid financial eligibility post transition from nursing facility to the community.)

These individuals will be required to meet NFLOC upon initial assessment and re-assessment, as specified in state program 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 contracted LTC Services Access contractor and who wish to transition from the hospital setting to an ADHC Waiver may do so if:

- They have 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, and who wish to access LT-PCS must:

- Already be Medicaid eligible at the time of the initial LTC Services Access contact;
- Meet NFLOC eligibility on the LOCET screening tool;
- Be assessed via the iHC in their home environment (i.e. place of residence) once they exit the hospital setting;

- Meet NFLOC verification on the iHC; and
- Meet all LT-PCS specific program requirements that includes limited assistance in one (1) ADL and Initial Targeting Criteria (ITC).

9.4 Transitioning from a Hospital to a Nursing Facility

Individuals wishing 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 meet its requirements prior to being admitted in to the nursing facility; 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. In this instance, these individuals may be assessed for continued nursing facility stay if there has been a significant change in status and the following must occur:

- The nursing facility must contact OAAS Nursing Facility Admission (NFA) unit or the Level II authorities (OBH if the individual has a mental illness or OCDD if the individual has an intellectual/developmental disability) for a continued stay determination.

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

Individuals 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 individuals 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 his/her 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 community-based services 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.

When using OPTS, ITC questions will be automated in the system. In the event that OPTS is not working, ITC criteria determination must be done 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 ITC crosswalk 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 then 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 30 calendar days to return the form back 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.
- OAAS or its designee must also verify the primary care giver disability and age of the individual applying for services. In this instance, the individual has 30 calendar days in order to return this information. If this information is not received within this time period, then the individual is considered to not meet ITC and denied services.

10.2 PACE

Individuals wishing to access PACE services must initially meet NFLOC eligibility criteria in order to enroll in that program. If, upon annual reassessment, the individual fails to meet the NFLOC there is another eligibility option available **ONLY** to PACE participants. This process is referred to as “**Deeming Continued Eligibility**” and is based on criteria as follows:

- 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’s medical record and Plan of Care (POC) support deemed continued eligibility.

For additional information regarding PACE please refer to the [PACE Provider Manual](#).

10.3 OAAS Waiver Registries

Individuals must meet and continue to meet nursing facility level of care (LAC.50.II.10154) in order to have their names on the CCW and/or ADHC Waiver registries (LAC.50.XXI.Chapter 81.8101 & 8103-CCW Registry & LAC.50.XXI, Chapter 21.2103 & 2105—ADHC Waiver Registry).

For individuals that are currently receiving services in CCW, ADHC Waiver, LT-PCS, Nursing Facility, or PACE and no longer meet nursing facility level

of care through any subsequent iHC assessments, their names will be removed from the waiver registry(ies).

For individuals that are not receiving services but their names are on the waiver registry(ies), their names will be removed if they do not meet nursing facility level of care through any subsequent LOCET or iHC assessments.

Individuals' names may be placed back on the waiver registry(ies) if they meet nursing facility level of care on a subsequent assessment and request waiver services. The individual's waiver registry request date will be the date of the new assessment.

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 registered 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 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 go back to normal.

APPENDIX A
LAC 50: II (10154& 10156)



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0154-10156_NFLOC

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-M
DS-HC_Description c