

Completing the LOCET in OPTS

Completing the LOCET in OPTS

15 Completing the LOCET in OPTS

When a caller indicates an intention to apply for OAAS services, OPTS must be accessed to input the applicant's demographic information, contact information and Systems Entry Application. Info at time of Application must also be recorded on the appropriate screen. Without that basic information in OPTS, a LOCET will not function accurately. The quick-reference table below gives the user information on the appropriate sequence of actions which must take place for the LOCET functions to operate properly.

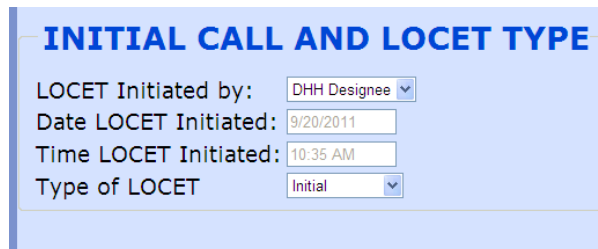
Sequence of Input for Completion of LOCET and Printing of Decision Letter in OPTS	
Condition	Actions
Participant located on search in OPTS	1. Check demographics and address for accuracy; edit if needed; save. 2. Input Systems Entry Application for Initial Request; save.
Participant not located on search in OPTS (must search on name, SSN and DOB)	1. Input demographics and physical address. 2. Copy physical address to mailing address if they are the same. Input mailing address if different from physical; save. 3. Input Systems Entry Application for Initial Request; save.
Systems Entry Application has been input.	1. Input Info at Time of Application. Top portion of screen, living arrangement, and lower portion of screen; save. 2. Add LOCET. 3. Complete LOCET, 4. Review results.
Results: ITC pending and participant requests LT-PCS	1. Print LOCET letter from LOCET Results screen. 2. Then click participant link on left navigation bar. 3. Select Authorization link. 4. Select Application summary line on Authorization screen. 5. Input the request of the Med Det form. 6. Mail blank Med Det form with printed LOCET Letter to participant.
Results: ITC approved and participant requests LT-PCS	1. Click participant link on left navigation bar. 2. Select Systems Entry Application; select the summary line for this LOCET 3. Open face to face appointment section of the screen; input the face to face appointment date/time; save. 4. Select LOCET, click on LOCET summary line, and select Results. 5. Print LOCET letter.
Results: LOCET denied or LT-PCS not involved	1. Print LOCET letter

Completing the LOCET in OPTS

The following sections instruct the user on how to complete the LOCET in OPTS.

15.1 Initial Call and LOCET Type:

Indicate whether the LOCET was initiated by LDH Designee, Applicant, or an Informant per these instructions:



LDH Designee: Make this selection when the LOCET is initiated by the LDH contractor because the original LOCET phone call made by the applicant/informant could not be taken at the time it was received and a call-back was made to complete the LOCET.

Applicant: Make this selection when the call requesting a LOCET is received from the applicant

him/herself.

Informant: Make this selection when the call requesting a LOCET is received from someone other than the applicant.

15.1.1 Record the type of LOCET per the following instructions:

Initial Determination: Code this selection in the following situations:

- No previous LOCET has been conducted for this applicant.
- There is a previous LOCET in the software system, but the previous LOCET is incomplete and this caller is calling after 2 business days have passed since the date shown on verification screen of the incomplete LOCET.
- There is a previous LOCET in the software system, but the LOCET status and / or Initial Targeting Criteria (ITC) status is not "Approved."
- There is a previous LOCET in the software system, and the date of the LOCET is more than one year from the current date.

Audit Review Determination: Code this selection **only if the LOCET is being done as a random Audit Review Determination as ordered by the OAAS State Office.**

Completing the LOCET in OPTS

15.2 Setting the Stage:

At the beginning of the LOCET interview, the information and referral specialist will explain several things to the informant, including:

- The purpose of the LOCET process;
- Importance of giving truthful answers to LOCET questions;
- Quality measures within the LOCET process;
- Possible recording of telephone interview;
- Random selection of LOCET cases to be interviewed on an in-person basis;
- That written results of the determination and appeal rights will be issued; and
- All program requirements must be met for any particular long term care program.

The informant will then be asked of his/her understanding of these factors. If the informant does not indicate understanding of this process, the call must be referred to a supervisor immediately. Item 3 must be completed to indicate the informant understands.

If a hardcopy LOCET is submitted in regard to a Nursing Facility admission, the informant must sign and date the hardcopy LOCET immediately after Setting the Stage in the space provided. The most appropriate person to sign the LOCET here is the actual informant, the person who is giving information for the LOCET. However, there are some instances where the applicant who is serving as the informant is not able to sign his/her own name, because of medical incapacitation.

In this instance, the nursing facility staff may sign the LOCET. The nursing facility staff will sign his/her own name here, indicating that the items in Setting the Stage were explained and understood by the informant.

SECTION A. SETTING THE STAGE

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

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

2. "The following issues have been explained to me:

a. The information I provide during the interview may be verified for quality improvement purposes. ☒ 1. Yes ☐ 0. No

b. The information I provide will be used to determine medical eligibility for long-term care services funded through the Louisiana Department of Health and Hospitals. ☒ 1. Yes ☐ 0. No

c. The results, will be provided in writing to the applicant. ☒ 1. Yes ☐ 0. No

d. I will receive one random sample of materials who ☒ 1. Yes ☐ 0. No

3. Informant indicates that eligibility determination process/waves have been adequately explained: ☒ 1. Yes ☐ 0. No

Signature of Applicant/Informant Sally White, LPN, Date

Completing the LOCET in OPTS

15.3 Information to collect at beginning of interview process

15.3.1 Informant Name

Information to Collect

4. Informant Name:

5. Relationship of informant to applicant (select only one):

☐ Self

☐ Spouse

☐ Child or Child-in-law

☐ Other Relative - Include any relative who is not a child or child-in-law, or a current spouse.

☐ Non-Relative Who is Not Captured in Above Categories.

☐ Other Health Care Professional - Social Worker or Case Manager who is not captured in above categories or other health professional.

☐ Qualified Hospital Representative - All calls from hospital representatives in which nursing facility placement is requested must be captured here.

☐ Qualified Nursing Facility Representative - All calls from nursing facility representatives in which nursing facility placement is requested must be captured here.

☐ Other person calling to request nursing facility placement for an applicant.

Informant Name must be completed on all LOCETs. It must reflect the first and last name of the person giving information during the interview. If the applicant himself is giving the information, his / her name must be typed in this field.

As stated earlier, the “informant” is the person who has placed the call or is being interviewed and is giving information regarding the applicant. Care shall be taken to determine the actual relationship between the informant (caller) and the applicant.

Remember, the answers that the information and referral specialist codes in the LOCET must be the specialist’s best judgment of the correct answer based on all available sources of information.

15.3.2 Relationship of Informant to Applicant:

Choose the selection which best describes the relationship of the informant to the applicant.

Self: Make this selection if an applicant is giving information for LOCET him/herself.

Spouse: Make this selection when a spouse is giving information about the applicant for the LOCET.

Child or child-in-law: Make this selection when a daughter, son, daughter-in-law or son-in-law is giving information about the applicant for the LOCET.

Other Relative: Make this selection when a relative who is not a child or child-in-law or a current spouse is giving information about the applicant for the LOCET.

Non-Relative who is not captured in above categories: Make this selection if the informant is not a relative of the applicant, but is also not a qualified hospital or nursing facility representative.

Other Health Care Professional: Make this selection if the informant for the applicant is a health care professional or social worker or case manager other than a hospital discharge planner or nursing home admissions staff.

Qualified Hospital Representative: Make this selection when the call is received from a hospital representative and nursing facility placement is requested for the applicant.

Completing the LOCET in OPTS

Qualified Nursing Facility Representative: Make this selection when a representative from a nursing facility is giving LOCET information about a nursing facility applicant.

Other person calling to request nursing facility placement for an applicant: Make this selection when an informant is calling to make a request for nursing facility placement for an applicant, and the informant is not a nursing facility or hospital representative.

15.3.3 Informant's information sources

Informant's information sources regarding the status/abilities of applicant: It is important to know the informant's sources of information regarding the status of the applicant. The informant referred to in this item is the informant who is identified in item 4 on the LOCET.

Recognizing that an informant may have more than one source of information regarding the applicant, multiple selections may be made in Item 5.

- **Direct observation of the applicant:**
 - Make this selection if the informant shown in Item 4 has seen the applicant.
- **From paid care providers:**
 - Make this selection if the informant shown in Item 4 has received information about the applicant's status and abilities from paid care providers.
- **From family or other informal caregivers:**
 - Make this selection if the informant shown in Item 4 has received information about the applicant's status and abilities from the applicant's family or any informal caregiver the applicant may have.
- **Review of agency records, care provider status reports, etc.:**

Make this selection if the informant shown in Item 4 has reviewed agency records or care provider written status reports to learn of the applicant's status and abilities.

15.3.4 Time since last direct observation

If the only source of information that the informant has about the applicant is from direct observation of the applicant, record here the informant's statement as to how recently he/she has observed the applicant.

If the **only** source of information about the applicant is direct observation, and that observation occurred more than one week prior to the date of the LOCET, another source of information must be used for the LOCET.

Completing the LOCET in OPTS

In other words, if Item 7 indicates longer than one week ago, the current LOCET must be terminated at this point. The informant who calls into a contracted call center must be told that we need to speak to someone who has recent observation of the applicant and who is aware of the applicant's abilities.

Completing the LOCET in OPTS

Determining Potential Functional Eligibility

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

15.4 Activities of Daily Living

The Activities of Daily Living (ADL) pathway criteria has been designed to identify those applicants with a significant loss of independent function.

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

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

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

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

Completing the LOCET in OPTS

15.4.1 ~~ Guidelines for ADL Performance ~~

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

Several coding examples are provided on the following page.

Completing the LOCET in OPTS

15.4.2 ~~~ADL CODINGEXAMPLES~~~

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

Completing the LOCET in OPTS

15.4.3 ~~~Careful Questioning Required~~~

The information and referral specialist must constantly be aware that the answer to one question may alert him/her to the need for more probing on another. For instance, the applicant is an elderly woman who is wheelchair bound. She is propelled throughout her environment by others. She is scored “Extensive Assistance” in Locomotion. This indicates she received extensive assistance (involving weight-bearing 3 or more times) with locomotion in the look-back period.

When the information and referral specialist reached the question about transferring from one surface to another, the informant told the information and referral specialist that the applicant did not receive any physical assistance in the look-back period with this activity. The information and referral specialist should pause here and ask the informant to carefully think about the activities during the last week. “Are you sure that Ms. Jones got in and out of her chair each time without assistance in the last week? Did she receive assistance when she got out of bed in the morning? What about going up and down steps? Did she receive help then?”

For this same applicant, more probing may be needed for the ADL of toileting. Someone who is wheelchair bound, elderly, and dependent upon others for movement once in the chair may be likely to have received help with toileting as well. As you will see, transferring on and off the toilet is scored in toileting, not in transferring. It is extremely important to code each Item appropriately.

15.4.4 ~~~Explanation of Degree of Difficulty Levels~~~

The Degree of Difficulty Questions (DDQs) have been incorporated into the OPTS LOCET, Level of Care determination process to capture those participants who may have scored “Independent” in ADLs because of the lack of a caregiver during the look-back period.

If a participant scores “Independent” in an ADL and must ask the DDQ (based on LOCET or MDS-HC protocol), the information and referral specialist must determine which of the following choices to make:

Do you have trouble with walking in your home? ☒ (Check if YES)
How hard is it for you to do?
☐ I have a little difficulty
☐ I have a lot of difficulty

- The participant has no difficulty completing the ADL;
- The participant has a little difficulty; or
- The participant has a lot of difficulty.

The information and referral specialist must choose the answer to the DDQ very carefully since the level of care determination can rest upon it.

Here are some examples of the differentiation between “a little difficulty” and “a lot of difficulty:”

Examples of “a little difficulty” would be scenarios where the person is getting the ADL done, may have some pain, weakness or must compensate by using furniture or assistive devices to steady himself.

Completing the LOCET in OPTS

- “I use the bathroom by myself ok, but sometimes I have a hard time getting up to a standing position again afterwards. But I manage OK.”
- “I can use the bathroom OK, but I don’t quite make it sometimes.” Good follow-up question: Do you get your clothing wet or just damp? “It’s damp.”
- “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 if I move too fast.”
- “I can feed myself alright, but I drop food sometimes. Just messy, I guess.” Good follow-up question: “Have you lost weight unintentionally in the last 6 months?”
- “I can get up from my chair, 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.”
- “Bending to sit on a low chair is painful for me so I sit on a straight back, higher chair.”

Examples of “**a lot of difficulty**” would be scenarios where the person is getting the ADL done **but with marked pain**, or failure to complete the ADL most of the time, or completion of the ADL in an extended period of time because of medical limitations or pain.

- “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.” Good follow-up question: Do you get your clothing wet or just damp? “It’s wet.”
- “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, especially if my pain medication has worn off.”

Completing the LOCET in OPTS

- “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.” Good follow-up question: “Have you lost weight unintentionally in the last 6 months?”
- “I can feed myself, if I drop something on the floor, it has to stay there unless I have just had my pain medication. Otherwise I can’t bend over to get it.”
- “I can get up from my chair, but I am winded when I finally can stand. 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 a minute or so to lower myself into my chair to watch TV. The arthritis in my back is very painful.”

15.4.4.1 *Locomotion*

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

Independent

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

If the applicant scores Independent for this item, the next question which must be answered is “Do you have trouble with walking in your home?” click the checkbox if the answer is “Yes.” Additional selections will be visible at that time: “I have a little difficulty,” and “I have a lot of difficulty.” Please see Chapter 15.4.4 for guidance on coding of this item.

Do you have trouble with walking in your home? ☒ (Check if YES)
How hard is it for you to do?
☐ I have a little difficulty
☐ I have a lot of difficulty

Supervision

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

Limited Assistance

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

Completing the LOCET in OPTS

Extensive Assistance

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

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

Total Dependence

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

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

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

Unknown to Informant

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

15.4.4.2 *Eating*

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

Independent

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

If the applicant scores Independent for this item, the next question which must be answered is "Do you have trouble with eating?" click the checkbox if the answer is "Yes." Additional selections will be visible at that time: "I have a little difficulty," and "I have a lot of difficulty." Please see Chapter 15.4.4 for guidance on coding of this item.

Do you have trouble **Eating?** ☒ (Check if YES)
How hard is it for you to do?
☐ I have a little difficulty
☐ I have a lot of difficulty

Supervision

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

Completing the LOCET in OPTS

Limited Assistance

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

Extensive Assistance

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

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

Total Dependence

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

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

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

Unknown to Informant

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

15.4.4.3 *Transfer*

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

Independent

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

If the applicant scores Independent for this item, the next question which must be answered is "Do you have trouble with transferring from surface to surface, get out of bed?" click the checkbox if the answer is "Yes." Additional selections will be visible at that time: "I have a little difficulty," and "I have a lot of difficulty." Please see Chapter 15.4.4 for guidance on coding of this item.

Do you have trouble with transferring? ☒ (Check if YES)
How hard is it for you to do?
☐ I have a little difficulty
☐ I have a lot of difficulty

Supervision

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

Completing the LOCET in OPTS

Limited Assistance

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

Extensive Assistance

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

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

Total Dependence

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

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

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

Unknown to Informant

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

15.4.4.4 *Bed Mobility*

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

Independent

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

If the applicant scores Independent for this item, the next question which must be answered is "Do you have trouble with repositioning yourself in bed?" click the checkbox if the answer is "Yes." Additional selections will be visible at that time: "I have a little difficulty," and "I have a lot of difficulty." Please see Chapter 15.4.4 for guidance on coding of this item.

Do you have trouble with **bed mobility?** ☒ (Check if YES)
How hard is it for you to do?
☐ I have a little difficulty
☐ I have a lot of difficulty

Supervision

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

Completing the LOCET in OPTS

Limited Assistance

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

Extensive Assistance

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

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

Total Dependence

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

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

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

Unknown to Informant

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

15.4.4.5 Toilet Use

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

Independent

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

If the applicant scores Independent for this item, the next question which must be answered is "Do you have trouble with using the toilet?" click the checkbox if the answer is "Yes." Additional selections will be visible at that time: "I have a little difficulty," and "I have a lot of difficulty." Please see Chapter 15.4.4 for guidance on coding of this item.

Do you have trouble with using the toilet? ☒ (Check if YES)

How hard is it for you to do?

☐ I have a little difficulty

☐ I have a lot of difficulty

Completing the LOCET in OPTS

Supervision

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

Limited Assistance

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

Extensive Assistance

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

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

Total Dependence

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

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

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

Unknown to Informant

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

15.4.4.6 Dressing

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

Independent

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

If the applicant scores Independent for this item, the next question which must be answered is "Do you have trouble with walking in your home?" click the checkbox if the answer is "Yes." Additional selections will be visible at that time: "I have a little difficulty," and "I have a lot of difficulty." Please see Chapter 15.4.4 for guidance on coding of this item.

Do you have trouble with **Dressing?** ☒ (Check if YES)

How hard is it for you to do?

☐ I have a little difficulty

☐ I have a lot of difficulty

Completing the LOCET in OPTS

Supervision

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

Limited Assistance

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

Extensive Assistance

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

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

Total Dependence

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

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

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

Unknown to Informant

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

15.4.4.7 *Personal Hygiene*

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

Independent

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

If the applicant scores Independent for this item, the next question which must be answered is "Do you have trouble with personal hygiene?" click the checkbox if the answer is "Yes." Additional selections will be visible at that time: "I have a little difficulty," and "I have a lot of difficulty." Please see Chapter 15.4.4 for guidance on coding of this item.

Do you have trouble with Personal Hygiene? ☒ (Check if YES)

How hard is it for you to do?

☐ I have a little difficulty

☐ I have a lot of difficulty

Completing the LOCET in OPTS

Supervision

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

Limited Assistance

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

Extensive Assistance

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

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

Total Dependence

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

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

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

Unknown to Informant

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

15.4.4.8 *Bathing*

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

Independent

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

If the applicant scores Independent for this item, the next question which must be answered is "Do you have trouble with bathing?" click the checkbox if the answer is "Yes." Additional selections will be visible at that time: "I have a little difficulty," and "I have a lot of difficulty." Please see Chapter 15.4.4 for guidance on coding of this item.

Do you have trouble with **bathing?** ☒ (Check if YES)
How hard is it for you to do?
☐ I have a little difficulty
☐ I have a lot of difficulty

Completing the LOCET in OPTS

Supervision

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

Limited Assistance

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

Extensive Assistance

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

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

Total Dependence

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

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

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

Unknown to Informant

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

Completing the LOCET in OPTS

15.5 Cognitive Performance

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

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

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

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

Remember:

Repetitiveness, inattention, rambling speech, defensiveness, or agitation may be challenging to deal with during an interview, but these behaviors also provide important information about cognitive function.

- Be open, supportive, and reassuring during your conversation with the applicant.

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

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

Completing the LOCET in OPTS

15.5.1 Short Term Memory

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

Memory OK

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

Memory problem

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

15.5.2 Cognitive Skills for Daily Decision Making

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

15.5.2.1 *Process*

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

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

15.5.2.2 *Examples of Decision Making*

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

Completing the LOCET in OPTS

- Knowing when to go out of the house
- Acknowledging the need to use a walker and using it faithfully

Independent

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

Minimally impaired

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

Moderately impaired

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

Severely Impaired

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

Unknown to Informant

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

15.5.3 Making Self Understood

The intent of this section is to document the applicant's ability to express or communicate requests, needs, opinions, urgent problems, and social conversation, whether in speech, writing, sign language or a combination of these (includes use of word board or keyboard). Observe and listen to the applicant's efforts to communicate with you.

Understood

Code if the applicant expresses ideas clearly and without difficulty.

Usually Understood

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

Sometimes Understood

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

Rarely/Never Understood

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

Unknown to Informant

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

Completing the LOCET in OPTS

15.6 Service Dependency

This section refers to applicants who are currently enrolled in and receiving services from either the waiver or State Plan Program, PACE program or a Medicaid reimbursed nursing facility, and who were receiving such services prior to 12/01/2006 with no break in service to the present day. The applicant qualifying in this manner is eligible for continued enrollment and delivery of services from these programs.

Service Dependency
1. Is the applicant currently receiving services from the EDA Waiver, Community Choices Waiver, ADHC Waiver, PACE, LT-PCS or is currently a resident of a Nursing Facility?
☒ Check for Yes

If the answer to the first question in Service Dependency is “yes,” click on the check box. At that point the second question will appear on the screen:

2. Has the applicant been receiving these services since before 12/01/2006 with no break in service and requires these services to maintain current functional status?
☒ Check for Yes

Click the “Yes” checkbox when:

The applicant has been served by waiver or State Plan, or PACE or by a Medicaid reimbursed nursing facility since prior to 12/01/2006 with no break in service to the present day **AND** requires ongoing services to maintain current functional status.

Completing the LOCET in OPTS

15.7 Acute or Unstable Medical or Rehabilitative Conditions

Physician Involvement, Treatments and Conditions, and Rehabilitative Therapies identify applicants who have acute or unstable medical or rehabilitative conditions which meet level of care requirements. Applicants who qualify in these sections are likely to have potential for improvement in their condition.

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

If an applicant chooses Nursing Facility services as the preferred long term care program, and has qualified on LOCET in any of the ways described in this section, Nursing Facility services will be approved for a time-limited stay, which will be a minimum of 30 days. At the conclusion of the initial period of approval, if the applicant has not been discharged, the Nursing Facility will submit documentation for request of an extension of stay. This documentation will be reviewed by the OAAS reviewer who will determine if an extension of stay is warranted.

Care planning for all nursing facility residents must include restorative nursing interventions.

15.7.1.1 *Physician Involvement*

Applicants who have significant clinical instability may be appropriate for long-term care programs. Physician Involvement records information concerning the frequency of health care practitioner examinations and order changes for the applicant. For this section, visits and orders from physician assistants, nurse practitioners, or clinical nurse specialists working in collaboration with the physician should be included.

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

15.7.1.2 *Physician visits*

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

Select the appropriate number from the drop down list.

- Do not count emergency room examinations.
- Do not count in-patient hospital examinations.
- Physician visits in the nursing facility may be counted.

Completing the LOCET in OPTS

15.7.1.3 *Physician Orders*

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

Select the appropriate number from the drop down list.

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

15.7.1.4 *Treatments and Conditions*

Certain treatments and conditions may be a predictor of potential frailty or increased health risk. These conditions require a physician diagnosis in the medical record. **Applicants will not qualify under Treatments and Conditions when the condition(s) have been resolved, or they no longer affect functioning or the need for care.** The individual look-back period for each item is based on the Eligibility Tool (LOCET) date.

15.7.1.4.1 *Treatments and Conditions – Coding Definitions:*

For each of the conditions and treatments listed, check the checkbox for “Yes,” **based on the following definitions:**

Check for “Yes” if the condition continues to be an on-going, active condition which affects his or her functioning or need for care.

Check for “Yes” if the treatment has occurred within the individual item's look-back period.

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

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

Completing the LOCET in OPTS

15.7.1.4.2 Stage 3-4 Pressure Sores

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

15.7.1.4.3 IV (Parenteral) Feedings

Code, per above definitions, if the applicant received intravenous (parenteral) feedings in the last 7 days. This does NOT include feedings given through a feeding tube into the esophagus or the stomach or the intestine.

15.7.1.4.4 Intravenous Medications

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

15.7.1.4.5 Daily Tracheostomy Care, Daily Respirator/Ventilator Usage, Daily Suctioning

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

15.7.1.4.6 Pneumonia within the last 14 days

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

15.7.1.4.7 Daily Respiratory Therapy

Code, per above definitions, if the applicant received daily respiratory therapy, i.e., “Includes use of inhalers, heated nebulizers, postural drainage, deep breathing, aerosol treatments, and mechanical ventilation, etc., which must be provided by a **qualified professional**. Does not include hand held medication dispensers.”¹

15.7.1.4.8 Daily Insulin with two order changes in the last 14 days

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

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

15.7.1.4.9 Peritoneal or Hemodialysis

Code, per above definitions, if the applicant received peritoneal dialysis or hemodialysis in the last 14 days. “Hemodialysis is a method for removing unwanted byproducts from the blood of clients with renal insufficiency or renal failure through the use of a machine (dialyzer). Peritoneal

¹ Morris JN, Fries BE, Bernabei R, et al. p.118.

Completing the LOCET in OPTS

dialysis (CAPD) is a method of removing unwanted byproducts from the body through the instillation of dialysate into the peritoneal cavity and using the abdominal wall as a filter.”²

15.7.2 Skilled Rehabilitation Therapies

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

15.7.2.1 Speech Therapy

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

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

Enter “0” if no Speech Therapy was received.

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

If the informant is not aware of the number of minutes of Speech Therapy the applicant has had in the last 7 days, click the checkbox for “Unknown.”

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

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

Enter “0” if no Speech Therapy is scheduled.

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

If the informant is not aware of the number of minutes the applicant is scheduled for Speech Therapy within the next 7 days, click the checkbox for “Unknown.”

15.7.2.2 Occupational Therapy

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

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

Enter “0” if no Occupational Therapy was received.

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

If the informant is not aware of the number of minutes of Occupational Therapy the applicant has had in the last 7 days, click the checkbox for “Unknown.”

²*Ibid.*

Completing the LOCET in OPTS

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

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

Enter “0” if no Occupational Therapy is scheduled.

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

If the informant is not aware of the number of minutes the applicant is scheduled for Occupational Therapy within the next 7 days, click the checkbox for “Unknown.”

15.7.2.3 *Physical Therapy*

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

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

Enter “0” if no Physical Therapy was received.

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

If the informant is not aware of the number of minutes of Physical Therapy the applicant has had in the last 7 days, click the checkbox for “Unknown.”

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

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

Enter “0” if no Physical Therapy is scheduled.

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

If the informant is not aware of the number of minutes the applicant is scheduled for Physical Therapy within the next 7 days, click the checkbox for “Unknown.”

Completing the LOCET in OPTS

15.8 Initial Targeting Criteria (ITC)

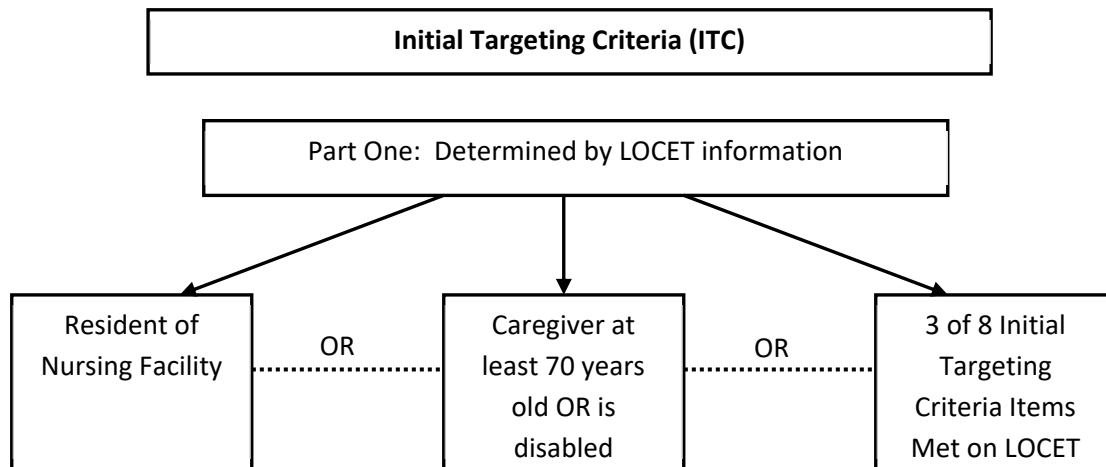
Some programs which OAAS administers require a determination of ITC of Nursing Facility Placement prior to final eligibility for the programs. Consult the specific program chapter to determine if ITC of Nursing Facility Placement is required for a particular program.

In addition to the presumptive determination of nursing facility level of care, information gathered on the LOCET will also help to determine if the individual has met ITC criteria.

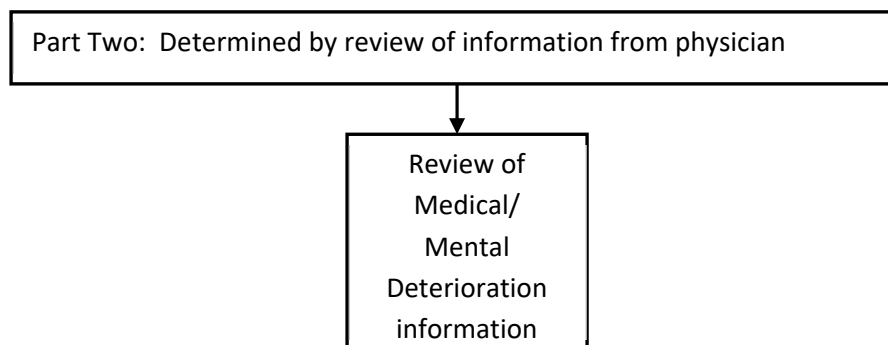
The instructions which follow here indicate the LOCET System user's responsibilities in interpreting the ITC result and further input for ITC which may be required.

15.8.1 Schematic for ITC Determination Process

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



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



Completing the LOCET in OPTS

15.8.2 ITC -- Part One:

Part One of ITC is determined by the information gathered during a LOCET interview. Certain items within the LOCET must be triggered in order to meet ITC on Part One. If these items are met, the LOCET Result screen will state “Initial Targeting Criteria Met.”

If “Initial Targeting Criteria Met” is shown on the LOCET Result screen, ITC was met in Part One of the ITC determination process.

15.8.2.1 ITC, Part One: Caregiver Status Requires Verification:

As shown below, Caregiver Age of 70 and older or Caregiver Disability may trigger the ITC determination alone, without the presence of any other ITC item.

Single ITC Trigger Items:
Caregiver age of 70 or older
Caregiver disability

If either of these caregiver items is noted within the LOCET, ITC will be determined as “Pending” UNLESS the participant also meets the 3 of 8 ITC items shown in the next table.

An ITC determination of “Pending” requires documentation to be submitted for verification. The documents to be submitted are specified to the participant in a letter sent at the time of LOCET completion.

Upon receipt of ITC documentation, review the information and access the LOCET to input the decision of the review. The Authorization screen must also be accessed to upload the documentation to the OPTS system.

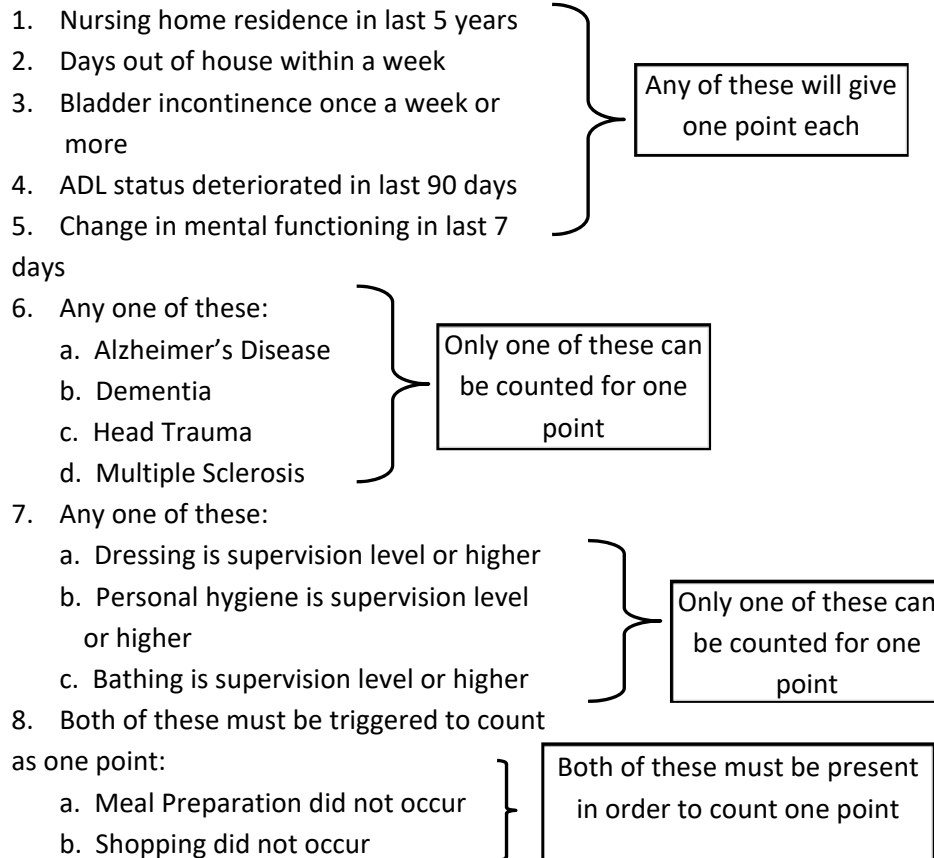
15.8.2.2 Initial Targeting Criteria (ITC), Part One: Three of Eight Institutional Risk Items Required:

The ITC algorithm recognizes that three of eight LOCET items are needed to trigger as noted in the diagram on the following page.

Completing the LOCET in OPTS

15.8.2.3 *Diagram of Three of Eight ITC Items on the LOCET*

Three of Eight ITC Items:



This diagram shows the calculation which the OPTS LOCET makes in determining if ITC is met. If three points are scored on these items, ITC will show as "Met" on the LOCET Results page.

Note: If a participant has indicated triggering item(s) for caregiver status (Chapter 15.9.2.1), AND has triggered 3 of the 8 ITC items, no verification of caregiver status is needed. ITC was met by having the 3 of 8 items, regardless of caregiver status.

Completing the LOCET in OPTS

15.8.2.4 *Applicant's informal caregiver:*

15.8.2.4.1 Informal Caregiver Defined

Item 2 asks for the name of the caregiver to the applicant. This caregiver is usually the unpaid helper for the individual who is applying for services. If a caregiver spends any of his/her time giving care as an unpaid, informal caregiver, this person should be considered an “informal” caregiver. Item 2 on the LOCET should refer to him/her. This means that if the individual has a caregiver who gives care to him for part of the day as a paid worker, and part of the day as an unpaid helper, that caregiver would be considered to be an informal caregiver and would be referred to in Item 2.

The caregiver's name shown in Item 2 must never be that of a paid assistant, neither a staff member of a nursing facility, nor a paid direct service worker for the individual, nor any other paid worker UNLESS THAT CAREGIVER ALSO PROVIDES UNPAID CARE TO THE APPLICANT.

15.8.2.5 *Caregiver's Date of Birth:*

The information and referral specialist will use the caregiver's name (recorded in Item 2) to ask the informant of the caregiver's date of birth. It will be recorded in Item 2 a. If the date of birth is not known, this item will be left blank. If the date of birth is recorded here, the information and referral specialist will skip to Item 2 d.

15.8.2.6 *Caregiver's Age:*

The information and referral specialist will use the caregiver's name (recorded in Item 2) to ask the informant of the caregiver's age when the date of birth is not known (Item 2 b).

15.8.2.7 *Caregiver Disability:*

The information and referral specialist will use the caregiver's name (recorded in Item 2) to ask the informant of the caregiver's disability status.

15.8.3 Bladder Continence

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

Continent Make this selection if applicant has complete control and no device used.

Continent with catheter Make this selection if applicant has complete urinary bladder control with any type of catheter used.

Usually continent Make this selection if applicant has urinary incontinent episodes once a week or less, with or without a catheter.

Incontinent Make this selection if applicant has urinary incontinent episodes at least two times a week or more, with or without a catheter.

Unknown to Informant Make this selection when the informant (caller) is not aware of how the applicant maintained urinary continence during the last 7 days.

Completing the LOCET in OPTS

15.8.4 Meal Preparation

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

Independent Make this selection if applicant prepared all meals without assistance.

Some Help Make this selection if applicant received help with meal preparation some of the time in the last 7 days.

Full Help Make this selection if applicant's meal preparation was performed with help of others all of the time in the last 7 days.

By Others Make this selection if applicant's meal preparation was performed by others all of the time in the last 7 days.

Did not occur Make this selection if there was no meal preparation performed for the applicant in the last 7 days.

Unknown to Informant Make this selection when the informant (caller) is not aware of how the applicant's meals were prepared in the last 7 days.

15.8.5 Shopping

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

Independent Make this selection if applicant managed his/her food and household item shopping without assistance.

Some Help Make this selection if applicant received help with food and household item shopping some of the time in the last 7 days.

Full Help Make this selection if applicant's food and household item shopping was performed with help of others all of the time in the last 7 days.

By Others Make this selection if applicant's food and household item shopping was performed by others all of the time in the last 7 days.

Did not occur Make this selection if there was no food and household shopping performed for the applicant in the last 7 days.

Completing the LOCET in OPTS

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

15.8.6 Going out of the home

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

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

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

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

No days Make this selection if the applicant did not leave his/her place of residence (house or building) on any of the last 7 days.

Unknown to Informant Make this selection when the informant (caller) is not aware of how often the applicant left his/her home in the last 7 days.

15.8.7 Activity of Daily Living Self-Performance Change

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

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

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

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

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

15.8.8 Change in Mental Functioning in Last Seven Days

Completing the LOCET in OPTS

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

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

No - Make this selection when there has been no sudden or new onset or change in mental functioning in the 7 days prior to the LOCET.

Yes - Make this selection when there been a sudden or new onset or change in mental functioning in the 7 days prior to the LOCET. This can include the ability to pay attention, awareness of surroundings, and coherency. These symptoms can present themselves with unpredictable variation over the course of the day.

Unknown to Informant - Make this selection when the informant is unaware of whether or not there has been such a change in mental functioning for the applicant within the 7 days prior to the date of the LOCET.

15.8.9 Neurological Conditions- Coding Definitions:

For each of the diseases or conditions listed, code with no, yes or unknown, **based on the following definitions:**

No - Make this selection if the applicant does not have the disease or condition.
Make this selection if the applicant has the disease or condition, but has not required treatment of symptom management in the last 90 days.

Yes - Make this selection if a doctor has indicated that the disease or condition is present AND it affects the applicant's status.
Make this selection if the applicant has required treatment of symptom management in the last 90 days.

Unknown to Informant - Make this selection if the informant does not know if the applicant has any of the listed diseases or conditions as defined here:

Alzheimer's disease -

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

Dementia other than Alzheimer's disease -

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

Head trauma -

Completing the LOCET in OPTS

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

Multiple Sclerosis -

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

15.8.10 ITC -- Part Two:

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

15.8.10.1 Medical Deterioration Risk Determination and Input:

The OAAS-designee will input the determination into OPTS by accessing the Verification screen of the LOCET.

A screenshot of a software interface with a light blue background. At the top, there are two radio buttons: 'Accept ITC Documentation' (which is selected) and 'Reject ITC Documentation'. Below the radio buttons is a dropdown menu. The dropdown is open, showing four options: 'Med Det Review meets OAAS criteria' (highlighted in blue), 'Caregiver Age 70 over verified', and 'Caregiver Disability verified'. There is an empty text input field to the right of the dropdown menu.

The user will select "Accept ITC Documentation" if the documentation supports OAAS criteria for approval, or will select "Reject ITC Documentation" if the documentation does not support OAAS criteria for approval. The reason must also be selected from the appropriate dropdown menu.

A screenshot of a software interface with a light blue background. At the top, there are two radio buttons: 'Accept ITC Documentation' and 'Reject ITC Documentation' (which is selected). Below the radio buttons is a dropdown menu. The dropdown is open, showing four options: 'Med Det Review DOES NOT MEET OAAS criteria' (highlighted in blue), 'Med Det Review DOES NOT MEET OAAS criteria', 'Caregiver Age 70 over NOT VERIFIED', and 'Caregiver Disability NOT VERIFIED'.

Regardless of the decision, the Authorization screen will then be accessed to upload the documentation which was reviewed.

15.9 Interrupted LOCET Calls

If a caller who is completing a LOCET must end the call, the information and referral specialist must inform the caller that in order to complete the LOCET already started, he/she must call back within 2 business days. Otherwise, a new LOCET must be started and completed in its entirety.

Completing the LOCET in OPTS

The information and referral specialist should try to complete the screen in progress because data on a partial screen will be lost. The specialist must mark the LOCET as Incomplete on the Verification screen.

☒ Complete ☐ Incomplete

BHSFDOMAINJSTangel 3/8/2011 2:39:13 PM

This action will cause the LOCET to remain in “Open” status.

If the caller calls back within 2 business days from the date shown in the date block, the LOCET may be completed. If the caller calls later, a new LOCET must be started.

Administrative action is required to close open LOCETs.

Appendix A

Appendix A contains information which may help users troubleshoot problems which may be encountered with OPTS.

Common Problems which may be encountered:

Problem	Solution	Cause / Notes
Problem: There is no text on the screen to the right of the navigation bar, just a light blue screen	Solution: Scroll down and look for text below where it normally appears on the screen.	Sometimes a resolution setting temporarily causes the text to be placed lower than usual on the screen.
Problem: LOCET screen will not advance	Solution: Scroll down on the current screen and look for a red error message. Correct the error. Select "Next". Answer warning message "OK". Next page will appear.	Complete scrolling the entire page to locate any more errors

Instructions for Requesting Deletion of a LOCET

If a user notes that a LOCET was generated in error, it must be deleted by a LOCET System Administrator. The request for deletion should be sent to the LOCET System Administrator via email and should contain the following information:

- System-generated Participant ID number
- System-generated LOCET ID number
- Applicant's first and last initials
- Reason for requesting deletion of LOCET. For example: added "new LOCET on incorrect applicant."

LOCET					
Participant Id	Last Name	First Name	Middle Name	Date of Birth	Social Security Number
171	Angola	Janet	S.	09/18/1973	999-00-3152

Locet Id: 604

Activities of Daily Living

1. **Locomotion** Describe how the applicant moves between locations inside his/her place of residence. If the applicant uses a wheelchair, code self-sufficiency once in

Search Participants
Participant
LOCET

Appendix B

Appendix B contains information regarding good interview techniques for information and referral specialists.

Good Interview Techniques for LOCET Telephone Specialists

Avoid Leading Questions

Information and referral specialists must always be aware of the manner in which they are asking the questions to the applicant. The questions should be asked in an objective manner. That is, they should be worded so as not to lean toward an answer.

For instance: “Did you have help preparing your supper last night?” is a question which is phrased in an objective manner. The listener is not swayed by anything in the wording which might cause him to want to answer one way or the other. The listener is left to answer any way he wants, and therefore, is more likely to give accurate information than when answering a leading question.

An example of the same question, phrased in a leading manner would be: “You didn’t have any help preparing supper last night, did you?” In this example, the questioner added a predisposition to the question and alerted the listener that he did not expect the answer to be “yes.” A listener who is easily swayed in conversation might answer “yes” to this leading question more easily than to argue with the questioner.

Leading questions must be avoided in an effort to obtain full, complete and accurate information during the LOCET interview.

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

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

Use Best Judgment

The information and referral specialist will occasionally encounter situations where the applicant states one answer in obvious contrast to observed information to the contrary. When this occurs, the information and referral specialist must probe further, either with others who are available to ask, or from chart records which might be available to give information relative to the look-back period.

An example of a situation where this might be needed is this: An elderly applicant states that he received physical assistance with ambulation four times in the last seven days. When the interviewer asks about the activity of toileting, the applicant states, "No, I did that by myself." Additional probing would be warranted here in order to ensure that the activity of toileting is coded correctly in light of the need for assistance with ambulation. If, during the probing the information and referral specialist learns that the applicant did indeed receive assistance from someone with toileting during the look-back period, the LOCET answer should reflect that level of assistance received, even though the applicant denies it. The information and referral specialist must use his or her best judgment in determining which source of information is more accurate.

The answers that the Information and referral specialist codes in the LOCET must be the Telephone Specialist's best judgment of the correct answer based on all available sources of information.