

Louisiana DHH Nursing Facility Level of Care Eligibility Tool

LOCET

Mailing Address if Different From Primary Address

l. Name: _____
 m. Address 1: _____
 n. Address 2: _____
 o. City: _____ p. State: _____ q. Zip: _____

SECTION A. SETTING THE STAGE

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

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

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

A. the information I provide during this interview may be tape-recorded or monitored for quality improvement purposes.

0. No 1. Yes

B. the information I provide will be used to determine medical eligibility for long-term care services funded through the Louisiana Department of Health and Hospitals.

0. No 1. Yes

C. the results of this interview, and information about how to appeal the results, will be provided in writing to the applicant.

0. No 1. Yes

D. the Louisiana Department of Health and Hospitals will conduct in-person interviews on a random sample of individuals who have applied to assess the accuracy of the information provided.

0. No 1. Yes

E. all program requirements must be met for eligibility to any particular program."

0. No 1. Yes

3. Informant indicates that eligibility determination process/issues have been explained:

0. No 1. Yes

SECTION AA. IDENTIFICATION INFORMATION

1. Applicant's Name

a. (First) _____ b. (Middle) _____ c. (Last) _____ d. (Jr/Sr) _____

2. Gender

1. Male 2. Female

3. Birthdate

- -
 Year Month Day

4. Marital Status

1. Never Married 4. Separated
 2. Married 5. Divorced
 3. Widowed 6. Other

5. Applicant Primary Address and Contact Information

a. Address 1: _____
 b. Address 2: _____
 c. City: _____ d. State: _____ e. Zip: _____
 f. Home Tel: _____ g. Work Tel: _____
 h. Cell Tel: _____ i. Fax Tel: _____
 j. E-Mail: _____
 k. Directions: _____

6. Numeric Identifiers

a. Social Security Number:

- -

b. Medicaid Number ("1" if pending, "0" if not a Medicaid recipient):

c. Private Insurance Number and Name

d. Veterans Administration Number

e. Medicare number (or comparable railroad insurance number):

- -

f. CCN

SECTION BB. EVACUEE DETERMINATION

1. Evacuee Status

Is the applicant an evacuee of a catastrophic event which occurred within the last 12 months?

0. No (Skip to Section CC) 1. Yes

2. Choice of Destination

Was the applicant given a choice regarding where he / she wanted to evacuate?

0. No 1. Yes

3. Out of State

Is the applicant currently living out of state due to a recent catastrophic event within his / her usual living area?

0. No 1. Yes

4. Living Arrangement Satisfaction

Is the applicant satisfied with his / her current living arrangements?

0. No 1. Yes

5. Preferred Living Arrangements

1. Private home/apartment 4. Nursing Home
 2. Hospital 5. Other
 3. Adult Residential Center/board and care

6. Living Arrangements Prior to Evacuation

1. Private home/apartment 4. Nursing Home
 2. Hospital 5. Other
 3. Adult Residential Center/board and care

7. Extent of Residence Damage

0. None 3. Extensive - Uninhabitable
 1. Minor - inhabitable 4. Unknown
 2. Extensive - inhabitable

8. Support at Home

If the applicant were to return home, who will be his/her main caregiver or helper upon his/her return?

- 0. No one
- 1. Spouse
- 2. Adult Child
- 3. Sibling
- 4. Parent
- 5. Friend/Neighbor
- 6. Other

SECTION CC. PERSONAL REPRESENTATIVE INFORMATION

1. Does the Applicant have a Personal Representative ?

- 0. No (Skip to Section DD)
- 1. Yes
- 2. Unknown to informant

2. Personal Representative Primary Address and Contact Information

- a. Name: _____
- b. Address 1: _____
- c. Address 2: _____
- d. City: _____ e. State: _____ f. Zip: _____
- g. Home Tel: _____ h. Work Tel: _____
- i. Cell Tel: _____ j. Fax Tel: _____
- k. E-mail: _____

Mailing Address if Different From Primary Address

- l. Name: _____
- m. Address 1: _____
- n. Address 2: _____
- o. City: _____ p. State: _____ q. Zip: _____

SECTION DD. PRIMARY PHYSICIAN IDENTIFICATION

1. Primary Physician Identification

- a. Name: _____
- b. Address 1: _____
- c. Address 2: _____
- d. City: _____ e. State: _____ f. Zip: _____
- g. Work Tel: _____ h. Fax Tel: _____
- i. E-mail: _____

SECTION EE. INITIAL CALL AND LOCET TYPE

1. LOCET Initiated by:

- 0. DHH Designee
- 1. Applicant
- 2. Informant

2. Date / Time LOCET Initiated:

Year				Month		Day	
Hours		Minutes		(Military time)			

3. Type of LOCET:

- 1. Initial Determination
- 2. Audit Review Determination
- 3. Follow-up after Incomplete
- 4. Annual Reassessment

SECTION FF. PROGRAM CHOICE

1. Indicate the applicant's choice of Long Term Care Program:

- 0. No
- 1. Yes
- a. Program Choice Not Declared at this time
- b. Adult Day Health Care Waiver Services (ADHC)
- c. Elderly and Disabled Adult Waiver Services (EDA)
- d. Long Term Personal Care Services (LT-PCS)
- e. PAS
- f. PACE
- g. Adult Residential Care Program
- h. Nursing Facility Admission

SECTION GG. PRIMARY AND SECONDARY DISEASE

	Diagnoses	ICD-9 Code
Primary Diagnosis a.		
Secondary Diagnosis b.		

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

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

- 0. Self (Skip to Item B7)
- 1. Spouse
- 2. Child or child-in-law
- 3. Other relative
- 4. Friend/neighbor
- 5. Hospital discharge planner
- 6. Nursing home admissions staff
- 7. Other health care professional. Please specify
- 8. Other, Please specify

5. Informant's information sources regarding the status/abilities of applicant (select all that apply):

- 0. No
 - 1. Yes
 - a. Direct observation of the applicant
 - b. From paid care providers
 - c. From family or other informal caregivers
 - d. Review of agency records, care provider status reports, etc.
 - e. Other
- (Other, please specify)

6. If information source is from direct observation of applicant, indicate how recently observation occurred:

- 1. within last three days
- 2. within last week
- 3. within last month
- 4. more than one month ago

7. Current location of applicant (select only one):

- 0. Private home/apartment
- 1. Hospital
- 2. Adult Residential Center (Assisted Living)/board and care
- 3. Nursing Home
- 4. ICF/DD
- 5. Shelter (for homeless, disaster-related or otherwise)
- 6. Other, please specify

8. Does the applicant currently have safe and accessible housing in his/her community outside of an institutional setting?

- 0. No
- 1. Yes
- 2. Unknown to informant

9. Has the applicant been a resident of a nursing home at any time during the last five years?

- 0. No
- 1. Yes
- 2. Unknown to informant

10. Thinking of the person who usually helps or gives care for the applicant, please answer the following :

Caregiver's Name:

(This name will be used in questions 10A, 10B and 10C.)

10A. Care Giver's Date of Birth:

(Skip to Item 10C if Date of Birth given)

Year				—	Month		—	Day	

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

10C. Does the care giver have a disability?

- 0. No
- 1. Yes
- 2. Unknown to informant

11A. Memory Exercise (Skip if not speaking with applicant.)

I will name three items for you to remember. You may not write them down but must remember them from hearing the spoken words. I will ask you to tell me what these three items are in five minutes.

The Items to remember are:

- a. Item 1: _____
- b. Item 2: _____
- c. Item 3: _____

After entering and reciting the three items to the applicant, say:
"Repeat these items for me now so I am sure you understand them."

SECTION C. PATHWAY 1. Activities of Daily Living

12A. 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 chair.)

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

- a. **Independent**
No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days
- b. **Supervision**
Oversight, encouragement or cueing provided 3 or more times during last 7 days, --OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days
- c. **Limited assistance**
Applicant highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times --OR-- More help provided only 1 or 2 times during last 7 days
- d. **Extensive assistance**
While applicant performed part of activity over last 7-day period, help of following type provided 3 or more times:
- Weight bearing support
- Full performance by another during part (but not all) of last 7 days
- e. **Total dependence**
Full performance by another during all of last 7 days
- f. **Activity did not occur**
During entire 7 days (regardless of ability)
- g. **Unknown to informant**

12B. Eating

Describe how the applicant eats and drinks (regardless of skill). (Includes intake of nourishment by other means, e.g., tube feeding...)

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

- a. **Independent**
No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days
- b. **Supervision**
Oversight, encouragement or cueing provided 3 or more times during last 7 days, --OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days
- c. **Limited assistance**
Applicant received physical help in guided maneuvering of limbs or other assistance 3 or more times --OR-- More help provided only 1 or 2 times during last 7 days
- d. **Extensive assistance**
While applicant performed part of activity over last 7-day period, help of following type provided 3 or more times:
- Full performance by another during part (but not all) of last 7 days
- e. **Total dependence**
Full performance by another during all of last 7 days
- f. **Activity did not occur**
During entire 7 days (regardless of ability)
- g. **Unknown to informant**

12C. Transfer

Describe how the applicant moves to and from surfaces, e.g., bed, chair, wheelchair, standing position. (EXCLUDE transferring to/from bath/toilet.)

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

- a. **Independent**
No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days
- b. **Supervision**
Oversight, encouragement or cueing provided 3 or more times during last 7 days, --OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days
- c. **Limited assistance**
Applicant highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times --OR-- More help provided only 1 or 2 times during last 7 days
- d. **Extensive assistance**
While applicant performed part of activity over last 7-day period, help of following type provided 3 or more times:
- Weight bearing support
- Full performance by another during part (but not all) of last 7 days
- e. **Total Dependence**
Full performance by another during all of last 7 days
- f. **Activity did not occur**
During entire 7 days (regardless of ability).
- g. **Unknown to informant**

12D. Bed Mobility

Describe how the applicant moves to and from a lying position, turns side to side, and positions body while in bed.

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

- a. **Independent**
No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days
- b. **Supervision**
Oversight, encouragement or cueing provided 3 or more times during last 7 days, --OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days
- c. **Limited assistance**
Applicant highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times --OR-- More help provided only 1 or 2 times during last 7 days
- d. **Extensive assistance**
While applicant performed part of activity over last 7-day period, help of following type provided 3 or more times:
 - Weight bearing support
 - Full performance by another during part (but not all) of last 7 days
- e. **Total Dependence**
Full performance by another during all of last 7 days
- f. **Activity did not occur**
During entire 7 days (regardless of ability)
- g. **Unknown to informant**

12E. Toilet Use

Describe how the applicant uses the toilet (or commode, bedpan, urinal). (Includes transfer on/off toilet, cleaning self, changing pad, managing ostomy or catheter, adjusting clothes.)

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

- a. **Independent**
No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days
- b. **Supervision**
Oversight, encouragement or cueing provided 3 or more times during last 7 days, --OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days
- c. **Limited assistance**
Applicant highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times --OR-- More help provided only 1 or 2 times during last 7 days
- d. **Extensive assistance**
While applicant performed part of activity over last 7-day period, help of following type provided 3 or more times:
 - Weight bearing support
 - Full performance by another during part (but not all) of last 7 days
- e. **Total Dependence**
Full performance by another during all of last 7 days
- f. **Activity did not occur**
during entire 7 days (regardless of ability)
- g. **Unknown to informant**

12F. Dressing

Describe how the applicant dresses and undresses him/herself, including prostheses, orthotics, fasteners, belts, shoes, and underwear.

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

- a. **Independent**
No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days
- b. **Supervision**
Oversight, encouragement or cueing provided 3 or more times during last 7 days, --OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days
- c. **Limited assistance**
Applicant highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times --OR-- More help provided only 1 or 2 times during last 7 days
- d. **Extensive assistance**
While applicant performed part of activity over last 7-day period, help of following type provided 3 or more times:
 - Weight bearing support
 - Full performance by another during part (but not all) of last 7 days
- e. **Total Dependence**
Full performance by another during all of last 7 days
- f. **Activity did not occur**
during entire 7 days (regardless of ability)
- g. **Unknown to informant**

12G. Personal Hygiene

Describe how the applicant grooms him/herself, including combing hair, brushing teeth, washing/drying face/hands, shaving. (EXCLUDE baths and showers.)

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

- a. **Independent**
No help or oversight --OR-- Help/oversight provided only 1 or 2 times during last 7 days
- b. **Supervision**
Oversight, encouragement or cueing provided 3 or more times during last 7 days, --OR-- Supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days
- c. **Limited assistance**
Applicant highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times --OR-- More help provided only 1 or 2 times during last 7 days.
- d. **Extensive assistance**
While applicant performed part of activity over last 7-day period, help of following type provided 3 or more times:
 - Weight bearing support
 - Full performance by another during part (but not all) of last 7 days
- e. **Total Dependence**
Full performance by another during all of last 7 days
- f. **Activity did not occur**
During entire 7 days (regardless of ability)
- g. **Unknown to informant**

12H. Bathing

Describe how the applicant takes a full-body bath/shower or sponge bath (excluding hair or washing back).

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

- a. Independent
b. Supervision
c. Limited assistance
d. Extensive assistance
e. Total Dependence
f. Activity did not occur
g. Unknown to informant

[]

12I. Bladder Continence

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

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

- a. Continent - complete control; no device used
b. Continent with catheter - complete control with use of any type of catheter
c. Usually continent - incontinent episodes once a week or less
d. Incontinent - incontinent episodes at least 2 times a week or more
e. Unknown to informant

[]

12J. Medication Management

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

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

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

[]

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

- a. Meal Preparation --
b. Shopping --

[]

[]

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

- a. every day
b. 2 - 6 days a week
c. 1 day a week
d. no days
e. Unknown to informant

[]

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

- a. No change
b. Improved
c. Deteriorated
d. Unknown to informant

[]

SECTION D. PATHWAY 2. Cognitive Performance

13A. Short-term Memory

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

- 0. Memory OK
1. Memory problem
2. Unknown to informant

[]

13B. Memory Exercise Question

Please recall for me the three items we mentioned earlier in this interview

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

[]

13C. Cognitive Skills for Daily Decision-making

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

- a. Independent - decisions consistent/reasonable
b. Minimally impaired - some difficulty in new situations or decisions poor and requires cueing/supervision in specific situations only
c. Moderately impaired - decisions consistently poor or unsafe; cues or supervision required at all times
d. Severely impaired - never/rarely makes decisions
e. Unknown to informant

[]

13D. Making Self Understood

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

- a. Understood - expresses ideas without difficulty
b. Usually understood - difficulty finding words or finishing thoughts; prompting may be required
c. Sometimes understood - ability is limited to making concrete requests
d. Rarely/never understood
e. Unknown to informant

[]

13E. Has there been a sudden or new onset or change in mental functioning in the last 7 days, including ability to pay attention, awareness of surroundings, being coherent; unpredictable variation over course of the day?

- 0. No
1. Yes
2. Unknown to informant

[]

SECTION E. PATHWAY 3. Physician Involvement

14A. Physician visits

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

[] []

14B. Physician orders

In the last 14 days, how many times has a physician (or authorized assistant or practitioner) changed the applicant's orders? (Do not include order renewals without change; do not count hospital in-patient order changes.)

[] []

SECTION F. PATHWAY 4. Treatments and Conditions

- 15A.** Has the applicant received any of the following health treatments, or been diagnosed with any of the following health conditions?
0. No
1. Yes
2. Unknown to informant
- a. Stage 3-4 pressure sores in the last 14 days
 - b. Intravenous or parenteral feedings in the last 7 days
 - c. Intravenous medications in the last 14 days
 - d. Tracheostomy care, ventilator/respirator, suctioning in the last 14 days
 - e. Pneumonia in the last 14 days
 - f. Daily respiratory therapy in the last 14 days
 - g. Daily insulin injections with 2 or more order changes in the last 14 days
 - h. Peritoneal or hemodialysis in the last 14 days
- 15B.** Does the applicant have one of the following diseases/conditions that a doctor has indicated is present AND affects applicant's status, OR has required treatment or symptom management in the last 90 days?
0. No
1. Yes
2. Unknown to informant
- a. Alzheimer's disease
 - b. Dementia other than Alzheimer's disease
 - c. Head trauma
 - d. Multiple sclerosis

SECTION G. PATHWAY 5. Skilled Rehabilitation Therapies

- 16A.** Record the total minutes each of the following therapies was administered or scheduled (for at least 15 minutes a day).
Enter "0" if none or less than 15 minutes daily.
Enter "999" if unknown to informant
- a. Total number of minutes provided in last 7 days
 - b. Total number of minutes scheduled for next 7 days but not yet administered
- | | (A) | | | (B) | | |
|-------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1. Speech Therapy | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. Occupational Therapy | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. Physical Therapy | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION H. PATHWAY 6. Behavior

- 17A. Wandering**
- In the last seven days, did the applicant wander, that is, move around with no rational purpose, seemingly oblivious to his/her needs or safety?
- Code for behavior symptom frequency in last 7 days:
- a. Behavior not exhibited in last 7 days
 - b. Behavior of this type occurred 1 to 3 days in last 7 days
 - c. Behavior of this type occurred 4 to 6 days, but less than daily
 - d. Behavior of this type occurred daily
 - e. Unknown to informant

- 17B. Verbally abusive behavior**
- In the last seven days, did the applicant threaten or scream at others?
- Code for behavior symptom frequency in last 7 days:
- a. Behavior not exhibited in last 7 days
 - b. Behavior of this type occurred 1 to 3 days in last 7 days
 - c. Behavior of this type occurred 4 to 6 days, but less than daily
 - d. Behavior of this type occurred daily
 - e. Unknown to informant

- 17C. Physically abusive behavior**
- In the last seven days, did the applicant hit, shove, scratch, or otherwise act physically abusive or sexually abusive toward other people?
- Code for behavior symptom frequency in last 7 days:
- a. Behavior not exhibited in last 7 days
 - b. Behavior of this type occurred 1 to 3 days in last 7 days
 - c. Behavior of this type occurred 4 to 6 days, but less than daily
 - d. Behavior of this type occurred daily
 - e. Unknown to informant

- 17D. Socially inappropriate/disruptive behavior**
- In the last seven days, did the applicant make noise, engage in self-abusive acts, disrobe in public, hoard items, or rummage through others' belongings?
- Code for behavior symptom frequency in last 7 days:
- a. Behavior not exhibited in last 7 days
 - b. Behavior of this type occurred 1 to 3 days in last 7 days
 - c. Behavior of this type occurred 4 to 6 days, but less than daily
 - d. Behavior of this type occurred daily
 - e. Unknown to informant

- 17E. Mental Health Problem / Condition**
- Applicants who need long term care may experience delusions and hallucinations that impact the applicant's ability to live independently in the community**
- If present at any point in last 7 days, code:
- 0. NO The applicant DID NOT experience delusions or hallucinations which impacted his/her ability to function in the community within the last 7 days.
 - 1. YES The applicant DID experience delusions or hallucinations which impacted his/her ability to function in the community within the last 7 days
 - 2. UNKNOWN TO INFORMANT
- a. Delusions
 - b. Hallucinations

SECTION I. PATHWAY 7. Service Dependency

- 18.** Code if the applicant is currently being served by EDA Waiver, ADHC Waiver, LT PCS or is currently in a nursing home:
- a. Not approved for or receiving these services before 12/01/2006.
 - b. Was approved for these services prior to 12/01/2006 and requires ongoing services to maintain current functional status.

SECTION J. SIGNATURES AND COMPLETION DATES

- 19A. How many minutes did this contact and interview take?**
- | | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

- 19B. Date LOCET completed**
- | | | | | |
|----------------------|---|----------------------|---|----------------------|
| <input type="text"/> | — | <input type="text"/> | — | <input type="text"/> |
| Year | | Month | | Day |

- 19C. Signature of Intake Analyst – Date**
- a. Signature (sign above line) _____
 - b. Date Signed
- | | | | | |
|----------------------|---|----------------------|---|----------------------|
| <input type="text"/> | — | <input type="text"/> | — | <input type="text"/> |
| Year | | Month | | Day |
- c. LOCET Intake Analyst Registration Number

19D. Signature of Approval by Override -- Date

- a. Signature (sign above line)
- b. Date Signed

— —
 Year Month Day

19E. Signature of Reviewer -- Accepted -- Date

- a. Signature (sign above line)
- b. Date Signed

— —
 Year Month Day

19F. Signature of Reviewer -- Rejected -- Date

- a. Signature (sign above line)
- b. Date Signed

— —
 Year Month Day

19G. Event Log

- 1. Date Form (SMS) sent to applicant
- 2. Date Form (SMS) received from applicant
- 3. Date of Audit Review Completion
- 4. Date Denial Notice Sent
- 5. Date Completed Packet Received
- 6. Date Appeal Request Received
- 7. Date Appeal Decision Received
- 8. Date Level II PASARR screening requested
- 9. Date Level II PASARR screening completed
- 0. Denied
- 1. Approved
- 10. Date Program Choice/Approval sent to applicant
- 11. Date Program Choice received from applicant
- 12. Date call ended due to unformed caller

— —
 Year Month Day

— —
 Year Month Day

— —
 Year Month Day

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 Year Month Day

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 Year Month Day

— —
 Year Month Day

— —
 Year Month Day

— —
 Year Month Day

— —
 Year Month Day

— —
 Year Month Day

— —
 Year Month Day

13. Registry Date / Time

— —
 Year Month Day
 — (Military time)
 Hours Minutes

14. Effective date of service

— —
 Year Month Day

15. Admit date

— —
 Year Month Day

19H. Signature of Pending Imminent Risk Reviewer -- Accepted -- Date

- a. Signature (sign above line)
- b. Date Signed

— —
 Month Day Year

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

- a. Signature (sign above line)
- b. Date Signed

— —
 Month Day Year

SECTION K. LOCET INDICATOR CODES

Code	Description
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	