

## LOCET Questions

**Note:** This document is intended to assist in preparation for calling in a LOCET on behalf of an individual. It presents the questions as they will be asked of the informant. It is possible that not all questions will be asked for any particular individual.

### Homelessness

In the past 12 months, has the applicant had to stay in a place not meant for human habitation, stay in a homeless shelter, or live “doubled” up with family or friends because the individual didn’t have housing?

- a. Was the applicant’s homelessness the result of a natural disaster?
- b. What natural disaster resulted in the applicant’s homelessness?

### Skilled Rehabilitation Therapies

How many days and minutes were the following active therapies administered in the last 7 days or scheduled for the next 7 days? (This does not include evaluations/assessments)

- a. Speech Therapy
- b. Occupational Therapy
- c. Physical Therapy

### Treatments and Conditions

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

- a. Stage 3-4 pressure sores in the last 14 days
- b. Intravenous feedings in the last 7 days
- c. Intravenous medications in the last 14 days
- d. Daily tracheostomy care, daily ventilator/respirator usage, daily 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

### Physician Involvement

- a. 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.)
- b. 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.)

### Activities of Daily Living

- a. Describe how the applicant moves between locations inside his/her place of residence.
- b. Describe how the applicant eats and drinks (regardless of skill). (Includes intake of nourishment by other means, e.g., tube feeding).
- c. Describe how the applicant moves to and from surfaces, e.g., bed, chair, wheelchair, standing position. (EXCLUDE transferring to/from bath/toilet.)
- d. Describe how the applicant moves to and from a lying position, turns side to side, and positions body while in bed.
- e. Describe how the applicant uses the toilet (or commode, bedpan, urinal). Include transfer on/off toilet, cleaning self, changing pad, managing ostomy or catheter, adjusting clothes.
- f. Describe how the applicant dresses and undresses him/herself, including prostheses, orthotics, fasteners, belts, shoes, and underwear.

- g. Describe how the applicant grooms him/herself, including combing hair, brushing teeth, washing/drying face/hands, shaving. (EXCLUDE baths and showers.)
- h. Describe how the applicant takes a full-body bath/shower or sponge bath (excluding washing hair or back).

### **Cognitive performance**

- a. Does the applicant appear to recall recent events, for instance, when the applicant ate his/her last meal and what he/she ate?
- b. 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?
- c. How clearly is the applicant able to express or communicate his/her needs/requests? (Includes speech, writing, sign language, or word boards.)

### **Service Dependency**

- a. Is the applicant currently receiving services from the Community Choices Waiver, ADHC Waiver, PACE, LT-PCS or is currently a resident of a Nursing Facility?
- b. 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?