Michigan Medicaid Nursing Facility Level of Care Determination Telephone Intake Guidelines

The Michigan Medicaid Nursing Facility Level of Care Determination Telephone Intake Guidelines are optional for Program of All-Inclusive Care for the Elderly (PACE), Nursing Facilities, and Hospitals.

APPLICANT INFORMATION

Date: _____

Applicant's Date of Birth:	Applicant's Sex:
	☐ Female ☐ Male

Applicant's Name: _____

Person Answering Questions (If different): _____

Relationship to Applicant: _____

Contact Phone Number: _____

DOOR 1

1. In the last 7 days, has the applicant needed hands-on assistance in moving around in bed, transferring from bed to chair or wheelchair, or standing, toileting or eating?

   ☐ Yes*, the applicant needed assistance with at least one of these activities.

   ☐ No, the applicant did not need assistance with any of these activities.

   *If "Yes," the applicant qualifies for a face-to-face assessment.

DOOR 2

1. In the last 7 days, has the applicant had any difficulty remembering things significant to daily life, or difficulty remembering to take scheduled medications?

   ☐ Yes*

   ☐ No

   *If "Yes," the applicant qualifies for a face-to-face assessment.

2. In the last 7 days, has the applicant had any difficulty making decisions regarding tasks of daily life, i.e., their decisions were poor or they relied on someone else to make decisions for them?

   ☐ Yes*, decisions were difficult or poor; or the applicant did not make their own decisions.

   ☐ No, decisions were not difficult. Decisions were made that consistently maintained the applicant's safety and quality of life.

   *If "Yes," the applicant qualifies for a face-to-face assessment.

DOOR 3

1. In the last 14 days, has the applicant been examined by a physician, practitioner or authorized assistant which resulted in at least 1 physician visit and 4 physician order changes, or 2 physician visits and at least 2 physician order changes? (This does not include a routine health maintenance visit.)

   ☐ Yes*

   ☐ No

   *If "Yes," the applicant qualifies for a face-to-face assessment.

DOOR 4

1. Is the applicant currently being treated for any of the following conditions?

Condition	Yes*	No
Diabetes (2 insulin order changes in last 14 days)	☐	☐
Stage 3-4 pressure sores	☐	☐
Intravenous or parenteral feedings	☐	☐
Intravenous medications	☐	☐
End-of-Life Care (life expectancy less than 6 months)	☐	☐
Daily tracheostomy care, daily respiratory care, daily suctioning	☐	☐
Pneumonia (within the last 14 days)	☐	☐
Daily oxygen therapy	☐	☐
Peritoneal Dialysis or Hemodialysis	☐	☐

*If "yes," the applicant qualifies for a face-to-face assessment.

DOOR 5

1. Has the applicant been scheduled to receive or is receiving Speech, Occupational, or Physical therapy AND continues to require skilled rehabilitation therapy?

   ☐ Yes*****

   ☐ No

   * If the applicant is receiving or is scheduled to receive Speech, Occupational, or Physical therapy, and continues to require skilled rehabilitation therapy, the applicant qualifies for a face-to-face assessment.

DOOR 6

1. Has the applicant had any problems with any of these behaviors in the last 7 days?

Behavior	Yes*	No
Wandering	☐	☐
Verbal or physical abuse	☐	☐
Socially inappropriate behavior	☐	☐
Resists care	☐	☐
Hallucinations	☐	☐
Delusions	☐	☐

* If "Yes," the applicant qualifies for a face-to-face assessment.

DETERMINATION

☐ Probably Eligible ☐ Probably Ineligible

_____ _____

Health Care Provider Signature Date