

The Michigan Medicaid Nursing Facility Level of Care Determination

User Manual

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Introduction

The Michigan Medicaid Nursing Facility Level of Care (LOCD) User Manual provides instructions on how to register in Michigan's web portal and subscribe to the online LOCD. The web portal, known as Single Sign-on, is available to Michigan's health care professionals for the purpose of transmitting confidential medical information to the state. The portal is a secure internet site. The integrity of the site is maintained by authorizing access only to clinical staff registering in the system under their provider's National Provider Identification number (NPI), which has previously been approved through the state's provider enrollment process.

The LOCD User Manual is not intended, nor should it be used, as a source of Medicaid policy. Medicaid policy is located in the Medicaid Provider Manual located at www.Michigan.gov/MDCH. Providers are responsible for keeping current on all updates and clarifications to policy as written in the Medicaid Provider Manual.

Michigan Medicaid Nursing Facility Level of Care Determination

The Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) is the State Medicaid Agency's medical/functional assessment utilized by providers to determine a Medicaid beneficiary's nursing facility level of care. In order for a Medicaid beneficiary to receive Medicaid reimbursed services in a Medicaid certified nursing facility, or from the Program of All Inclusive Care for the Elderly (PACE) or MI Choice Home and Community Based Waiver, the beneficiary must meet the nursing facility level of care. The LOCD is applicable not only Medicaid eligible beneficiaries, but to Medicaid pending applicants and dually-eligible beneficiaries as well. It must be conducted in accordance with the time frames outlined in Medicaid policy.

Please note that the online LOCD may not be conducted for private-pay individuals. Doing so compromises the privacy of that private pay individual's personal and health information (i.e., HIPAA rules).

LOCD Resources

On page 2 is a list of additional LOCD resource documents. These documents are available on MDCH's LOCD website located at [MDCH - Prior Authorization](#).

The document titled LOCD Field Definition Guidelines provides essential information on the application of the LOCD, the criteria and the specific look-back periods unique to each of the LOCD's seven doors. The policies that define when and to whom the LOCD is applied are located in the [Medicaid Provider Manual](#). Depending on your program, please reference the Nursing Facility Coverages Chapter, the PACE Chapter, or the MI Choice Chapter for policy guidelines.



ONLINE RESOURCES:

- [LOCD User Manual](#)
- [LOCD Tips](#)
- [LOCD Field Definition Guidelines](#)
- [Medicaid Provider Manual link](#)
- [Hardcopy of the LOCD](#)
- [Hardcopy of the Freedom of Choice Form](#)
- [Nursing Facility Level of Care Exception Process Criteria](#) (review conducted by the peer review organization)
- [Nursing Facility Adequate Notices](#): Does Not meet LOCD
- [Nursing Facility Advance Notice](#): No Longer Meets LOCD
- [MI Choice Adequate Notice](#): Does Not meet LOCD
- [MI Choice Advance Notice, Termination of Services](#): No Longer Meets LOCD
- [LOCD Process Guidelines](#)
- [Access Guidelines to State Services for Persons with Long Term Care Needs](#)
- [Telephone Intake Guidelines](#) (MI Choice only)
- [Request for Hearing](#)
- [Michigan Administrative Hearing System for the Department of Community Health](#)

The State of Michigan Web Portal

The Single Sign-on System

The Single Sign-on system (SSO) is Michigan's secure Internet website located on the State of Michigan's web Portal (<https://sso.state.mi.us/>). SSO is utilized by health professionals throughout the state to gain access to numerous online applications, including the LOCD. These applications permit the registered user to submit confidential data to the state.

Access to online applications requires a health care professional's approved registration in SSO. The registration process ensures that only authorized individuals may enter, view and submit data through SSO. The secure nature of the system stipulates that

- Each SSO user must create his or her unique User ID and password when registering (even if an email account is shared) and register under their own name. If a registered user is using the system incorrectly, identification of that user is made via his or her User ID.
- If a SSO registered user will no longer require access to the LOCD (no longer employed, change in job position), he or she must be removed from the registry. The facility or

agency is required to call Michigan's client service center at 517-241-9700 and request the removal of the user from the SSO system.

Software Requirements

Online access to the LOCD via SSO is through either of the two Internet Browsers:

- Internet Explorer, version 5.5 or greater
- Netscape, version 6 or greater.

Earlier versions of Internet Explorer or Netscape may be updated through your current Internet Explorer or Netscape browser. Please note that access to the LOCD via Mozilla Firefox is not compatible with the state's system.

Internet Explorer: <http://www.internetexplorer.com>

Netscape: <http://channels.netscape.com/ns/browsers/default.jsp>

Registering in Single Sign-On: Step One

Single Sign-on (SSO) is a secure web portal, as indicated by the 's' located after 'http.' No 'www' precedes the web address. <https://sso.state.mi.us/>. Registering in SSO consists of a two-step process.

Step 1:

- ✓ Access Michigan's Single Sign-on Web Portal
- ✓ Register Personal Information
- ✓ Create a Unique User ID

Access Michigan's Single Sign-On Web Portal

Direct your Internet browser to the State of Michigan Web Portal: <https://sso.state.mi.us/>.

From the menu box on the right, select **Register**.

Register Personal Information



The screenshot shows the 'REGISTRATION- Step 1' form. It includes fields for 'First Name *', 'Middle Initial', 'Last Name *', and 'Email Address *'. A note states: 'NOTE: Users who have been assigned a State of Michigan email address must use this address to register.' There are 'Continue' and 'Clear' buttons at the bottom.

Enter your first name, last name and email address.

These two fields are mandatory; your middle initial is optional.

Review the information before continuing, especially your email address since this will be used to contact you to complete the second step of the registration process.



The screenshot shows the 'State of Michigan Single Sign-On' interface. It has two main sections: 'Login' with fields for 'User ID:' and 'Password:', and 'Sign-Up' with a 'Register' button. There are also links for 'Forgot Password?' and 'Need Password?'.

State of Michigan employees *must* use their [@michigan.gov](mailto:) email address when registering.

If you want to clear all fields and re-enter your information, select **Clear**. Once the correct information is entered, select **Continue**.

Create A Unique User ID

A portion of your User ID is automatically created during the registration process: it consists of your last name, first initial. The remainder of your User ID is made up of four numbers following your name (i.e., DoeM1234)

State of Michigan Single Sign On
REGISTRATION- Step 1

Enter a 4 Digit Number

Please Enter a four digit number to create a unique UserID :DoeM [Why should I enter this number?](#)

(OR)
Please generate a random four digit number for me : Yes No

Enter the number as it is shown in the box below *

86253

After you've entered your four numbers, select **No** next to 'Please generate a random four-digit number for me.' If you select **Yes**, the system will create a random four-digit number for you. At the bottom of this screen is a five-digit number located inside a blue box. Enter this number into the empty box directly above it. Select **Continue**; the **User Registration Confirmation** screen will open.

State of Michigan Single Sign On
REGISTRATION- Step 1

USER REGISTRATION CONFIRMATION

Please review the following information. Click Submit

First Name : Mary
Initial : A
Last Name : Doe
Email Address : DoeM@youremail.com
Your User Id will be : DoeM1234

Please review all of your information. If there are corrections to be made, select the **Back** button and re-enter your information. If the information is correct, select **Submit**. A new screen will open informing you that your registration request is being processed. Within 24 hours your temporary password will be emailed to the email address you provided; typically it's received much sooner.

Close this screen and your Internet Browser. Step 1 of the registration process is complete. You may continue with Step 2 of after you receive your temporary password via an email from SSO.

State of Michigan Single Sign On

Your request to be registered to the Michigan Web Site is being processed. You will receive an Email within 24 hours with your User Id and password.

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Registering in Single Sign-On: Step Two

- ✔ Email Confirmation of Registration
- ✔ Change Temporary Password
- ✔ Answer Challenge/Response Questions
- ✔ Subscribe to LOCD
- ✔ Enrollment Confirmation



Email Confirmation of Registration

If your registration is confirmed, you'll receive a confirmation via the email address you provided. The email will include a link to Single Sign-on's **Change Password** screen. Select this link to change your **temporary** password. You must change your temporary password and you may use this temporary password ONE time only. If you do not intend to complete registration at this time, do not select this link. You may log in at another time to <https://sso.state.mi.us/> and complete the registration process using your 'one time' temporary password.

Passwords are case sensitive. Remember the upper case and lower case portions of your password, or, use all upper case or all lower case.

Change Temporary Password

To continue the registration process, select the SSO link in your confirmation email (<https://sso.state.mi.us/>). Enter your User ID and temporary (old) password to open the **Change Password** screen. Again, please note that your temporary password may be used only *one* time. After it's used once, it will expire and you will not be able to change your password.

After selecting **Change Password**, a screen will open, allowing you to change your temporary (old) password:

1. Enter Old (temporary) Password (passwords are case sensitive)
2. Enter New Password that is at least eight characters in length and includes at least one letter and one number (passwords are case sensitive)
3. Confirm New Password by re-entering (passwords are case sensitive)
4. Select **Change Password**

State of Michigan Single Sign On

User DoeM1234 password has expired

Input old password :

Input new password :

Confirm new password :

Changes to password rules:

Password rules are changing because of increased security. Please note new password rules below.

Password rules are:

- Minimum password length is 8
- Password must contain at least one letter and one number
- Passwords are case sensitive
- Maximum number of repeated characters is 2
- Password cannot be same as userid or user name
- New password cannot be same as old password

Answer Challenge/Response Questions

Select [Change Password](#). A new screen containing password reminder questions (Challenge/Response) will open. If you forget your password, these challenge/responses are developed to ask questions that only you would know the answers to, thus maintaining the confidentiality of your password and the security of the SSO system. You may not bypass these Challenge/Response questions. Answers to Challenge/Response questions are case sensitive



The screenshot shows the 'State of Michigan Single Sign On' interface. At the top, it displays 'User ID: DoeM1234' and a 'Sign Off' link. The main heading is 'Change Challenge/Response Answers'. Below this, there is a sub-heading: 'Change your answers and click OK. You must provide an answer to each challenge. Answers are not case sensitive.' The form contains four questions, each with an 'Answer:' field and a 'Confirm Answer:' field:

- What is your mothers maiden name?
- What is the name of the city in which you were born?
- What are the last four (4) digits of your social security number?
- What is your fathers middle name?

At the bottom of the form, there are 'OK' and 'Cancel' buttons.

Enter your answer to each question in the blank **Answer** field located below each question. To the right of each **Answer** field is a **Confirm Answer** field. Re-enter your answer to each question. Again, please remember that answers are case sensitive.

If you want to change your responses to the questions, select **Cancel** and re-enter your answers. To submit your **Challenge/Responses**, select **OK**. You will receive an email notification that your answers and confirmed answers match (or don't match). If your answers do not match, you will be asked to re-enter your answers.

Selecting **OK** will open an **Account Maintenance** screen. Select **Done**.

Forgotten Password

If you forget your password, select [I forgot my Password](#) from the SSO Log In screen. Enter your User ID. You will be asked to respond to two of your Challenge/Response questions. Correct responses will trigger SSO to send you an email containing a new temporary password. Log in using your temporary password and follow the prompts in the Change Password process.



The screenshot shows the 'State of Michigan Single Sign On' interface. At the top, it displays 'User ID: DoeM1234' and a 'Sign Off' link. The main heading is 'Account Maintenance'. Below this, there is a list of options:

- [Change My Personal Information](#)
- [Change My Password](#)
- [Change My Challenge/Response Answers](#)

At the bottom of the screen, there is a 'Done' button.

Subscribe to the LOCD

Requesting the LOC Determination Subscription

Once you've completed your **Challenge/Response** and **Password Update**, you will be directed to the Michigan Department of Community Health (SOM-DCH) Application Portal screen.

Select **Subscribe** to Applications.

A Subscription screen will open. Select **Department of Community Health** from the drop down list. From the drop-down arrow in the field on the right, select **LOC Determination**.

Select **Next**.



The **Subscription For: LOC Determination** screen will open. Enter your work telephone number, including your area code. Your email address will appear automatically.

State of Michigan employees will be asked for their Supervisor/Security Administration email address. Non- State employees do not enter this information.

Select **Continue**, or select **Reset** to re-enter your telephone number.

Selecting **Continue** will open the User **Enrollment Confirmation** For: LOC Determination screen. Review your information before selecting **Submit**. If you need to correct data, select **Back** and edit the information. If the data entered are correct, select **Submit**.



Selecting **Submit** will open a **Confirmation** screen. This screen informs you that your subscription request has been submitted successfully. **Close** this screen.

Next, you'll receive an email notifying you of whether or not your application has been approved. If approved, you may log into Michigan's Single Sign-on system with access rights to the Michigan Medicaid Nursing Facility Level of Care Determination.

LOCD User Permission

When first logging in to the LOCD subscription, the **User Permission** screen will open. *This occurs only once.* Enter your name and your provider's **ten-digit NPI** in the appropriate fields. **DO NOT** enter a provider ID or provider type. Those fields are utilized by state employees.

Once you enter your User Permission information (your name and NPI), all LOCDs conducted by you will automatically be created under the NPI you entered in this screen. If no NPI was entered, or the wrong NPI was entered, your claims will reject.

- All registrants must enter their First Name, Last Name (not the provider's name or the administrator's name or a same name used by all staff; this is prohibited.)
- All providers must enter their ten-digit **National Provider ID (NPI)**. **Providers do not enter a Provider ID or a Provider Type; doing so will cause claims to reject.**

To clear all fields and start again, select **Reset**. When done, select **Submit**.

If you submit the **User Permission** screen and realize you've entered incorrect data, when you next log in, select [Account Maintenance](#), and select [Change My Personal Information](#).

Implementation of the Michigan Medicaid Nursing Facility Level of Care Determination

The Centers for Medicare and Medicaid permit State Medicaid Agencies to establish their own definition of nursing facility level of care. Advocates, stakeholders and clinical professionals worked with the state in the developmental stages of nursing facility level of care criteria. The criteria were submitted to CMS in July 2004 and approved with an effective date of October. On November 1, 2004, it was implemented as statewide policy in Bulletin MSA 04-15 and subsequently incorporated into the Medicaid Provider Manual.

Medicaid pending or Medicaid eligible beneficiaries, as well as persons dually eligible for Medicare and Medicaid, who are seeking nursing facility level of care services from a Medicaid-certified nursing facility, the MI Choice Home and Community Based Program or the Program of All Inclusive Care for the Elderly (PACE) must meet the LOCD criteria in order for those services to be rendered. Current nursing facility residents who have applied for Medicaid as the payer for those services must also meet the LOCD criteria.

Please refer to the Medicaid Provider Manual for comprehensive LOCD policy guidelines. The online manual is located at [MDCH - Medicaid Provider Manual](#) (<http://www.Michigan.gov/MDCH> > Providers > Providers > Medicaid > Policy and Forms > Medicaid Provider Manual).

Accessing the LOCD in Single Sign-On

The LOCD is accessible through Michigan's Single Sign-on system, an Internet based website described on page 2 of this manual.

1. Direct your web browser to <https://sso.state.mi.us/>.
2. Enter your User ID and password, select **Login**.
3. If you are not registered with Single Sign-on, you must first register. Registration instructions begin on 3.



The online LOCD is available Monday through Friday, between the hours of 7:00 A.M. and 7:00 P.M., and the second Saturday of each month.

The online LOCD is not available on State of Michigan holidays. Holidays are posted in advance at the top of the LOCD's Welcome screen

The LOCD Welcome Screen

After selecting the **LOC Determination**, the **MDCH Systems use Notification** screen will require that you Acknowledge/Agree to abide by all governing privacy and security terms, condition, policies and restrictions.

After agreeing to these terms, the **LOCD Welcome** screen will open. At the top of this screen is a 'News Box' which is periodically updated with helpful reminders of LOCD policy, LOCD tips, and notices of upcoming state holidays (the LOCD is not available on state holidays). The **Welcome** screen provides dates and times of when the LOCD is available.

This screen also lists contact information for providers who have LOCD claims issues or questions. As referenced on the **Welcome** screen, providers may contact the Provider Support Hotline at 1.800.292.2550, Monday through Friday, between 8:00 A.M. and 5:00 P.M. Faxed inquiries are accepted at 517.241.8968 and email inquiries may be sent to ProviderSupport@michigan.gov

In the upper right hand corner of this screen is a link ([Help/Forms/FAQ](#)) to the LOCD Prior Authorization website that contains documents related to beneficiary eligibility, as well as LOCD policy requirements.

MDCH Systems Use Notification

The Michigan Department of Community Health's (MDCH) computer information systems (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business.

Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDCH. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDCH systems for commercial or partisan political purposes.

Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type.

All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution.

By accessing information provided by the Michigan Department of Community Health computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms, conditions, policies and restrictions for each authorized application.

LOCD Data Entry Links

At the bottom of the **Welcome** screen are six links that allow the user to perform different functions within the LOCD database. Three of the six links are used to enter data.

LOC Determination

Welcome to Michigan's Medicaid Nursing Facility Level of Care Determination

The LOCD will be offline January 21st and February 18th in recognition of State Holidays.

Michigan's nursing facility level of care determination form is a web-based tool that determines an applicant's medical/functional eligibility for Michigan's Medicaid-covered nursing facilities, Michigan's Home and Community Based Waiver for Elderly and Disabled (MI Choice Program) and the Program of All Inclusive Care for the Elderly (PACE). The form was developed for use by health care professionals representing the program provider.

The system is available Monday through Friday between the hours of 7:00 A.M. and 7:00 P.M. and the second Saturday of the month.

The form consists of seven doors of possible eligibility, or entry. Once an applicant has entered through any one of the seven doors, the program will forward the provider to the next step in the process. Therefore, not all questions to every door will be asked of the applicant.

Information necessary for accurate completion of the screen must be obtained through direct observation and communication with the consumer and designated representatives. Additional sources of information may be reviewed to determine eligibility, such as physician or hospital records.

Prior to billing Medicaid for services rendered by an eligible applicant in a Medicaid nursing facility, MI Choice Program or PACE, the provider must submit a completed on-line determination form to the Michigan Department of Community Health (MDCH).

Requests for exception can be made by telephoning Michigan Peer Review Organization at 800-727-7223 between the hours of 8:00 and 5:00, Monday through Friday. Select LTC Care exception criteria from the phone menu.

Michigan's Medicaid Nursing Facility Level of Care Determination meets HIPAA compliance.

The Social Security Act, Sections 1919a, 1915c, and 1934 forms the legal authority for states to develop an individual definition for Medicaid nursing facility level of care. This electronic tool identifies Michigan's eligibility criteria.

For technical support and utilization of the LOC Determination, please contact the Provider Support Hotline at 1-800-292-2550, Monday through Friday, 8:00 A.M. till 5:00 P.M. You may contact them by email at ProviderSupport@michigan.gov

Version 2.2.2

1. Continue to LOC Determination
2. Add Beneficiary ID
3. Emergency/Involuntary Transfer

The remaining three links allow the user to exit the LOCD (**Exit Application**), to print a hard copy of the LOCD (**Print Blank Application**), and to look up existing LOCDs created under the provider's NPI (**Participant Inquiry**).

Conducting the Online LOCD

Continue to LOC Determination

To conduct an online LOCD, select [Continue to LOC Determination](#). Enter the beneficiary and current provider information in the appropriate fields (please note that online LOCDs are conducted only for current nursing facility residents who are Medicaid, Medicaid pending, or dually-eligible, and for MI Choice applicants only after enrollment). The program will automatically enter the NPI you registered under and the date you conducted the LOCD. Below is the required beneficiary and provider information:

- Enter the Beneficiary's ten-digit Beneficiary ID - if the ID is shorter than ten digits, add two zeros in front of the ID (0012345678)
- Enter the Beneficiary's First Name, Middle Name (optional) and Last Name
- Enter the Beneficiary's Date of Birth (mm/dd/yyyy) (no hyphens)
- Enter the First and Last Name of the Provider contact person (not the physician or spouse)
- Enter the Provider's Day-Time Phone number (no hyphen)

If the Beneficiary ID is not available at the time you're conducting the online LOCD, enter it as soon as you receive it. You may submit a claim only when the Beneficiary ID is added to the online LOCD. Claims submitted with no Beneficiary ID will reject.

There are seven domains through which a beneficiary may be determined eligible. Each domain is addressed in specific 'door.' If an applicant qualifies through any one of the seven Doors, the program will skip the remaining Doors and open the Freedom of Choice form. Completion of the Freedom of Choice form is described on page 18. Door 1 of the LOCD assesses the beneficiary's self-ability to perform the following Activities of Daily Living (ADLs):

Door 1: Activities of Daily Living

- A. Bed Mobility
- B. Transfers
- C. Toileting
- D. Eating

The look-back period to determine the beneficiary's ADL self-ability is 7 calendar days. Please refer to the [LOCD Field Definition Guidelines](#) for additional information.

For each ADL, select one of the following levels of ability that represent the beneficiary's ability to perform that activity: **Independent, Supervision, Limited Assistance, Extensive Assistance, Total Dependence or Activity did not occur.**

After selecting the level of ability for each ADL, select **Submit**. If the beneficiary qualifies through any one of the ADLs listed in Door 1, the program will bypass all remaining doors and open the Freedom of Choice form. If the beneficiary does not qualify through Door 1, Door 2 will open.

Door 2: Cognitive Performance

Door 2 addresses three topics related to cognitive performance:

- A. Short-term memory
- B. Cognitive skills for daily decision-making
- C. Making self understood

The look-back period to determine the beneficiary's cognitive performance is 7 calendar days. Please refer to the [LOCD Field Definition Guidelines](#) for additional information.

- A. Short-term Memory:
Select one of two options: **Memory Okay, Memory Problem**. Select **Submit**.
- B. Cognitive skills for daily decision-making:
Select one of four options: **Independent, Modified Independent, Moderately Impaired, Severely Impaired**. Select **Submit**.
- C. Making self understood:
Select one of four options: **Understood, Usually Understood, Sometimes Understood, Rarely/Never Understood**. Select **Submit**.

Door 2 : Cognitive Performance (Does the applicant have any problems with memory or making decisions?)

A. Short-term memory okay (Seems/appears to recall after 5 minutes.)
 Memory Okay Memory Problem

B. Cognitive skills for daily decision-making (made decisions regarding tasks of daily life in last 7 days.)

Door 2 : Cognitive Performance (Does the applicant have any problems with memory or making decisions?)

C. Making self understood (expressing information content, however able.)

Understood
The applicant expresses ideas clearly, 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 required.

Sometimes Understood
The applicant has limited ability, but is able to express concrete requests regarding at least basic needs (e.g., food, drink, sleep, toilet).

Rarely/Never Understood
At best, understanding is limited to interpretation of highly individual, applicant-specific sounds or body language (e.g., indicated presence of pain or need to toilet).

If the beneficiary qualifies through Door 2, the Freedom of Choice form will open. If the beneficiary does not qualify through Door 2, Door 3 will open.

Door 3: Physician Involvement

Door 3 : Physician Involvement (Is the applicant under the care of a physician for treatment of an unstable medical condition?)

A. Physician Visits: In the last 14 days, how many days has the physician, or authorized assistant or practitioner, examined the applicant? Do not count emergency room exams. Enter zero if none.

B. Physician Orders: In the last 14 days, how many days has the physician, or authorized assistant or practitioner, changed the applicant's orders? Do not include physician order changes in the emergency room. Do not include drug or treatment order renewals without change. Enter zero if none.

Door 3 has two topics related to physician involvement:

- A. Physician Visits
- B. Physician Orders

The look-back period to determine a beneficiary's physician involvement is 14 calendar days. Do not count days in which visits or orders occurred prior to the last 14 calendar days. Please refer to the [LOCD Process Guidelines](#) and the [LOCD Field Definition Guidelines](#) for additional information regarding Door 3.

A. Physician Visits:

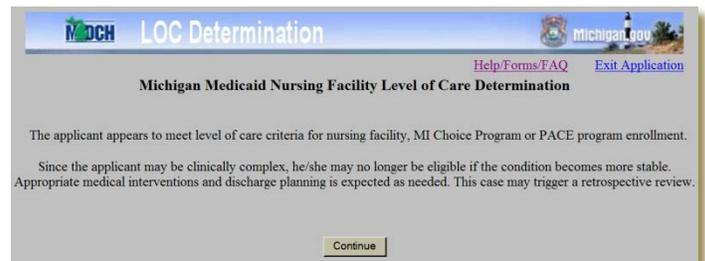
Enter the number of days the physician examined the beneficiary, not the number of visits/exams. For example, if three physicians visited/examined the beneficiary on one of the last 14 days, enter 'one' under Physician Visits. If in the last 14 days two physicians visited/examined the beneficiary on the same day, and three physicians visited/examined the beneficiary on another day, enter two, since there were two days within the last 14 days physicians visited/examined the beneficiary. Do not count emergency room visits.

B. Physician Orders:

Enter the number of days the physician changed the beneficiary's orders, not the number of orders changed. For example, if there were four orders changed on one of the last 14 days, enter one. You may count emergency room physician orders. You may not count drug or treatment order renewals *without change*; do not count sliding scale dosage orders.

Select [Submit](#).

If the beneficiary qualifies through Doors 3, the provider will receive notice that the beneficiary's stay may be short term. The provider must have evidenced in the medical record/file appropriate rehabilitation and discharge planning. Eligibility through these doors may also trigger a Retrospective Review by the state's designated peer review organization.



Select [Continue](#)

If the beneficiary qualifies through Door 3, the Freedom of Choice form will open. If the beneficiary does not qualify through Door 3, Door 4 will open.

Door 4: Treatments and Conditions

Door 4 lists nine physician-documented treatments and conditions. If the treatment or condition is a physician-documented diagnosis within the beneficiary's medical record AND the treatment or condition continues to affect functioning or the need for care, select **Yes** next to that treatment/condition.

If the beneficiary does not have the condition, or is not under treatment, or if there is no physician-documented diagnosis within their medical record, select **No** for that treatment/condition.

- A. Stage 3-4 pressure sores
- B. Intravenous or parenteral feedings
- C. Intravenous medications
- D. End-stage care
- E. Daily tracheostomy care, daily respiratory care, daily suctioning
- F. Pneumonia within the last 14 days
- G. Daily oxygen therapy
- H. Daily insulin with two order changes in last 14 days
- I. Peritoneal or hemodialysis

The look-back period to determine a beneficiary's treatments and conditions is 14 calendar days. Please refer to the [LOCD Process Guidelines](#) and the [LOCD Field Definition Guidelines](#) for additional information regarding Door 4. You must select Yes or No for each treatment or condition.

The screenshot shows the 'Michigan Medicaid Nursing Facility Level of Care Determination' form. At the top, it displays 'NPI: 1234567890' and 'Beneficiary ID: 0'. Below that, it shows 'Applicant's First Name: GHKJ Middle Name: GHK Last Name: GHKJ' and 'Date of Birth: 12-12-1926'. The main section is titled 'Door 4 : Treatments and Conditions (Has the applicant in the last 14 days received any of the following health treatments, or demonstrate any of the following health conditions?) Complete each item below either Yes or No.' It lists items A through I, each with 'Yes' and 'No' radio button options. At the bottom, there are 'Submit' and 'Reset' buttons.

You must select **Yes** or **No** for each treatment or condition. Select **Submit**.

If the beneficiary qualifies through Door 4, the Freedom of Choice form will open. If the beneficiary does not qualify through Door 4, the screen for Door 5 will open.

If the beneficiary qualifies through Doors 4, the provider will receive notice that the beneficiary's stay may be short term. The provider must have evidenced in the medical record/file appropriate rehabilitation and discharge planning. Eligibility through Door 4 may also trigger a Retrospective Review by the state's designated peer review organization.

Door 5: Skilled Rehabilitation Services

Door 5 contains three areas specific to skilled rehabilitation services:

- 1. Speech Therapy
- 2. Occupational Therapy
- 3. Physical Therapy

The screenshot shows the 'Michigan Medicaid Nursing Facility Level of Care Determination' form, Door 5 section. It displays the same header information as Door 4. The main section is titled 'Door 5 : Skilled Rehabilitation Therapies - (Is the person currently receiving any skilled rehabilitation therapies?) Record the total minutes each of the following therapies were administered or scheduled (for at least 15 minutes a day) in the last 7 calendar days. Enter zero if none or less than 15 minutes daily.' Below this, it defines 'A = Total number of minutes provided in last 7 days' and 'B = Total number of minutes scheduled but not yet administered'. There is a table with three rows for '1. Speech Therapy', '2. Occupational Therapy', and '3. Physical Therapy', each with columns for 'A' and 'B'. At the bottom, there are 'Submit' and 'Reset' buttons.

The look-back period to determine a beneficiary's skilled rehabilitation services is 7 calendar days. Please refer to the [LOCD Process Guidelines](#) and the [LOCD Field Definition Guidelines](#) for additional information regarding Door 5.

Column A: For each therapy, enter the total number of minutes therapy was provided in the last 7 days. Enter zero if no minutes were provided or if less than 15 minutes were provided. You may not count evaluation minutes.

Column B: For each therapy, enter the total number of minutes therapy was scheduled but not yet administered. Enter zero if no minutes were scheduled or if less than 15 minutes were scheduled.

Select [Submit](#).

If the beneficiary qualifies through Door 5, the Freedom of Choice form will open. If the beneficiary does not qualify through Door 5, the screen for Door 6 will open.

If the beneficiary qualifies through Doors 5, the provider will receive notice that the beneficiary's stay may be short term. The provider must have evidenced in the medical record/file appropriate rehabilitation and discharge planning. Eligibility through Door 5 may also trigger a Retrospective Review by the state's designated peer review organization.

Door 6: Behavior

Door 6 is specific to repetitive behavioral symptoms and problem conditions. Applicants who qualify at this door must also meet the PASARR requirements for nursing facility admission if they choose a residential setting for care.

The look-back period to determine a beneficiary's Behavior is 7 calendar days. Please refer to the [LOCD Field Definition Guidelines](#) for qualifications of behavioral symptoms and problem conditions. Please see the guidelines when assessing 'Resists Care' to insure it's coded accurately.

Behavioral Symptoms include:	1	=	Occurred 1 - 3 days in the last 7 days
A. Wandering	2	=	Occurred 4 - 6 days in the last 7 days
B. Verbally Abusive	3	=	Occurred daily
C. Physically Abusive			Problem conditions include:
D. Socially Inappropriate/Disruptive			A. Delusions (supported by PASARR)
E. Resists Care			B. Hallucinations (supported by PASARR)

Select 0, 1, 2 or 3, depending on how frequently the beneficiary displayed a behavioral symptom:

0 = Did not occur in the last 7 days

Select 'Yes' or 'No' as to whether or not a problem condition presented itself in the last seven calendar days. When this screen is completed, select [Submit](#).

If the beneficiary qualifies through Door 6, the Freedom of Choice form will open. If the beneficiary does not qualify through Door 6, the screen for Door 7 will open.

The screenshot shows the 'LOC Determination' form for Door 6: Behavioral. It includes fields for NPI (1234567890), Applicant's First Name (M), Middle Name (M), Date of Birth (01-01-1901), and Beneficiary ID (0). The form asks if the applicant displayed any challenging behaviors in the last 7 days and provides a scale from 0 to 3. Below this, there are sections for Behavior Symptoms (Wandering, Verbally Abusive, Physically Abusive, Socially Inappropriate/Disruptive, Resists Care) and Problem Conditions (Delusions, Hallucinations), each with radio button options for Yes or No.

Door 7: Service Dependency

To be determined eligible under Door 7, the beneficiary must meet all three criteria:

1. Program participant for at least one year (you can add consecutive time across Medicaid-certified nursing facilities, MI Choice and PACE, but there must be no break in service) AND
2. Requires on going services to maintain current functional status AND
3. No other community, residential or informal services are available to meet the beneficiary's needs (i.e., only the setting/program is able to provide the services)

Please refer to the [LOCD Field Definition Guidelines](#), and the [Access Guidelines for Persons with Long Term Care Needs](#) regarding service dependency.

If the beneficiary has not been a program participant for at least one year, select the radial dial "NOT a Program participant for at least one year."

Select **Submit**.

If all three criteria are met, select this option

If all three criteria are **NOT** met, select this option.

The screenshot shows the 'LOC Determination' form for Door 7: Service Dependency. It includes fields for NPI (1234567890), Applicant's First Name (G), Middle Name (G), Date of Birth (01-01-1901), and Beneficiary ID (0). The form asks if the applicant is currently being served by either MI Choice Program, PACE or Medicaid reimbursed nursing facility. Below this, there are two radio button options: 'Program participant for at least one year and requires ongoing services to maintain current functional status. No other community, residential or informal services are available to meet the applicant's needs.' and 'NOT a program participant for at least one year.'

If the beneficiary qualifies through Door 7, the Freedom of Choice form will open and Door 7 will be listed as the qualifying door. If the beneficiary does not qualify thorough Door 7, the Freedom of Choice form will open and checkmark that the beneficiary 'Does Not' meet eligibility.

Freedom of Choice Form

Section I: Beneficiary and Provider Information

When the LOCD is completed, the Freedom of Choice form will open. The system will auto-populate the following fields in Section I:

- Applicant's Name followed by their ten digit Beneficiary ID, if the ID was entered
- Date of Birth
- Representative, if any
- Provider's ten digit NPI
- Date the LOCD was conducted online
- Eligibility: check-marked 'Does meet' and the Door through which the beneficiary qualified, OR check-marked 'Does Not' meet

If the beneficiary did not qualify through any of the seven Doors, an Eligibility Option button will appear on the form in Section I. Providers have the option of selecting the Eligibility Option to request an Exception Review from the Michigan Peer review organization designee. Please see page 22 regarding the Exception Review.

If the Eligibility Option button is not selected, print a copy of the Freedom of Choice form and complete Section III - Appeals. The form must be signed and dated by all parties. Give the completed form to the beneficiary and place a copy in the beneficiary's medical record.

FREEDOM OF CHOICE

Applicant's Name: Mary J Doe 0012345678 Date of Birth: 09/21/1936

Representative (if any): David J Doe 1234567890

SECTION I – FUNCTIONAL/MEDICAL ELIGIBILITY

Based on an assessment of functional abilities and needs conducted on 06/20/2013, the applicant indicated above. (date)

Does meet the functional/medical eligibility criteria for Medicaid LTC programs by scoring in Door 2.

Does Not meet the functional/medical eligibility criteria for Medicaid NF Level of Care (please proceed to Section III) [Other Eligibility Options](#)

Signature of professional completing assessment Title Date

SECTION II - FREEDOM OF CHOICE

I have been advised that I meet functional/medical eligibility and choose to receive services and supports under the following program:

MI Choice Program. I have received local referral information.

Local Referrals: _____

Nursing facility care. I have received information about nursing facilities in my area.

PACE Program. I have received information about the PACE program.

Signature of applicant Signature of applicant's representative Date

SECTION III - APPEAL RIGHTS

I have received a copy of a denial of service based on this determination and understand my right to appeal.

Signature of applicant Signature of applicant's representative Date

04/27/10

Provide information on the program the beneficiary is interested in. This may not be the program the beneficiary is currently receiving services from.

The form must be signed and dated in the appropriate Section, depending on the eligibility determination. If the beneficiary or their authorized representative chooses not to sign the form, make a note of it and attach it to the copy of the form, then place it in the beneficiary's file.

Section II: Eligible Beneficiary

Section II of the Freedom of Choice form lists the eligible beneficiary's program options: MI Choice Program, nursing facility care and PACE. Print the form and ask the beneficiary to select, in writing, which program they're interested in receiving services from. The provider must then provide local contact information for that program. The completed, signed and dated Freedom of Choice form is given to the beneficiary and a copy is placed in the beneficiary's medical record or medical file, even if the beneficiary was determined ineligible.

Section III: Ineligible Beneficiary

If the Eligibility Option button is not selected, complete Section III of the Freedom of Choice form. Provide a copy of the form to the beneficiary and maintain a copy in the beneficiary's medical record. Please refer to the [LOCD Process Guidelines](#) regarding informed choice

The Freedom of Choice form is designed to print on one page. If it's printing to a second page or beyond the margins, adjust the margin settings and font size as follows: Select **View** from your internet browser, select **Text size**, and select Medium or Smaller. To adjust margins, select **File**, select **Page Setup**, and specify the margins at 0.25.

Eligibility Option

Providers have the option of selecting the Eligibility Option link for ineligible beneficiaries. Select one of the two options:

Request Exception Review

Issue Adverse Notice

Adding the Beneficiary ID to an Online LOCD

Add Beneficiary ID

If the beneficiary has a Beneficiary ID when the LOCD is conducted online, enter it on the LOCD. If the online LOCD is conducted for a Medicaid pending beneficiary who has yet to have a Beneficiary ID, enter the ID once it's received. The LOCD will not be sent to CHAMPS for claims purposes until the Beneficiary ID is added. A claim submitted against an LOCD with no Beneficiary ID will be denied.

Enter the Beneficiary ID as follows:

Select the [Add Beneficiary ID](#) link.

Enter your **ten-digit NPI**, and select Submit. A list of the LOCDs created under your NPI that do not have a Medicaid ID will be created in alphabetical order, of last name.

Select [Update](#) next to the beneficiary's name and enter their Medicaid ID.

If you try to search for the beneficiary by name, rather than your NPI, and the name was spelled incorrectly or entered backward on the LOCD, you will not find that person's LOCD.

Search for a Participant

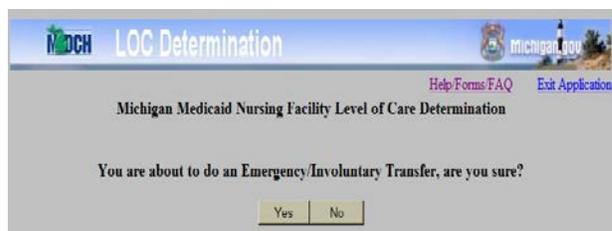
	First Name	Middle Name	Last Name	Date of Birth	Created On
Update	A	A	A	01-01-1901	12-19-2012
Update	A	B	AB	01-01-1901	03-28-2013
Update	A	AC	AC	01-01-1901	03-28-2013

If you want to print a list of the LOCDs under your NPI that do not have a Beneficiary ID (and cannot be billed for until the ID is added) move your cursor anywhere over the screen, right click and select [Print](#).

Emergency or Involuntary Transfer LOCD

Emergency/Involuntary Transfer

The **Emergency/Involuntary Transfer** link is selected when the State Survey Agency has closed a facility involuntarily, or has closed the facility due to an emergency. This type of LOCD must be conducted by the admitting providers. After selecting this link a screen will open asking if this is the appropriate LOCD you intended to conduct (emergency/involuntary).



The Emergency/Involuntary Transfer LOCD is a shortened version of the original LOCD. It allows the provider, under extraordinary circumstances, to immediately link the beneficiary via their Medicaid ID to the new Provider in CHAMPS. However, once the beneficiary is admitted by the new Provider, the beneficiary must meet the LOCD criteria on an ongoing basis.

Enter the beneficiary's ID, name, date of birth, Provider contact name and Provider contact number. You must also select whether the shortened LOCD was completed based on Emergency Transfer or an Involuntary Transfer. Select [Submit](#).

Searching for an Online LOCD

Participant Inquiry

Registered providers may conduct a **Participant Inquiry** to search for an LOCD that was conducted under their respective NPI. The provider can view only the LOCDs linked to the NPI under which they registered.

To search the database for a beneficiary's LOCD, select the [Participant Inquiry](#) link. This will open the **Participant Inquiry Search** screen. Enter your ten-digit NPI and select [Submit](#). A list of all LOCDs conducted under your NPI will be generated in alphabetical order by the beneficiaries' last name.



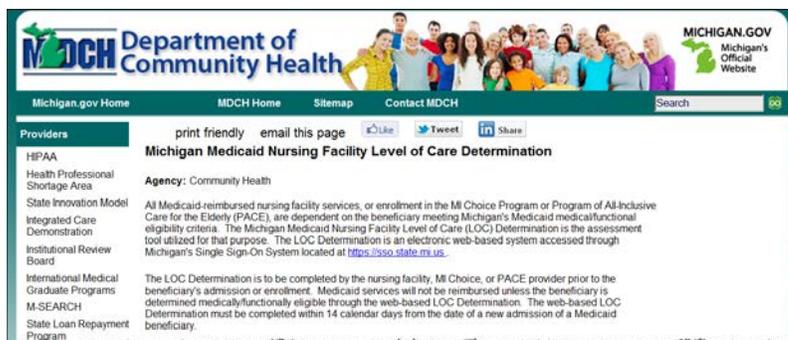
To view the LOCD, select [Inquire](#) next to the beneficiary's name; this will open their LOCD. To print the LOCD, select Print [This Page](#) at the top of the screen. If you want to print the entire list of LOCDs, right click anywhere on the screen and a menu will appear. Select [Print](#) from the menu.

You can conduct an individual LOCD search by name only, but if the name is spelled incorrectly, or entered backward on the LOCD, you will not find that LOCD. If you want to shorten the query, enter your NPI and the first letter of the last name. A list will be created of all beneficiaries under that NPI whose name starts with that letter.

Printing a Hard Copy LOCD

Print Blank Application

The [Print Blank Application](#) link will redirect your browser to the LOCD website on the MDCH portal. From this website you may print a blank LOCD form by clicking on the [LOC Determination Form](#) link.



[LOC Determination Form](#)

Providers may utilize a hard copy of the LOC Determination to gather information. However, the online LOC Determination must be completed as indicated in the policy* in order for reimbursement to be made.

Exit the LOCD

Exit Application

Selecting [Exit Application](#) displays the MDCH Application Portal screen. From here users may 'Sign Off' to close out of the LOC Determination.

This screen also allows Providers to access Account Maintenance. The Account Maintenance allows users to change their personal information such as their name and email address, or change their Password and Challenge/Response Answers, which are questions designed to remind a user of their existing password.



Nursing Facility Level of Care Exception Review

The Nursing Facility Level of Care Exception Review process (Exception review) is another medical/functional review conducted by the state's peer review vendor. Please note that it is not an appeal. The role of the vendor is to determine whether or not an LOCD ineligible Medicaid beneficiary meets the state's frailty criteria. The review is available only to Medicaid beneficiaries who had a valid online LOCD conducted by their current provider (valid LOCD = conducted in accordance with policy). The review is initiated by the provider as follows:

1. The Provider determined the beneficiary LOCD ineligible based on the online LOCD
2. The Provider does not issue the beneficiary an adverse notice, but telephones the peer review organization on the same date they conducted the beneficiary's online LOCD
3. The peer review organization asks the provider specific medical questions about the beneficiary (i.e., applies the frailty criteria)
4. The peer review organization will inform the provider of their Exception Review determination within 24 hours of the date the provider contacted the peer review organization
5. If the peer review organization determines the beneficiary as eligible based on the Exception review criteria, they will change the online LOCD from ineligible to eligible
6. If the peer review organization determines the beneficiary ineligible, they will issue an adverse notice to the beneficiary, informing them of their right to a Medicaid Fair Hearing

Nursing Facility Level of Care Immediate Review

The Nursing Facility Level of Care Immediate Review utilizes the same criteria as the Exception Review. The differences between the Immediate and Exception review are three: who may request it, the review process, and the amount of time the peer review organization is permitted to determine eligibility.

The beneficiary or their representative must request an Immediate Review by noon of the first business day following receipt of the adverse notice that was issued based on an online LOCD which determined the beneficiary ineligible. Again, beneficiaries receiving an adverse notice based on a reduction in services, program capacity or wait list do not have the right to an Immediate Review or an Exception Review). The review is of the beneficiary's medical/case record, which the peer review organization will request from the provider. Once the record is received, the peer review organization has three business days to determine eligibility; eligibility will be based on documentation within the medical/case record.

The Immediate review is not available to beneficiaries who had an Exception Review. It's available only to Medicaid beneficiaries who were determined ineligible based on a valid online LOCD.

Adequate and Advance Adverse Notices

If the provider does not request the Exception Review on behalf of the ineligible beneficiary, the provider must issue the beneficiary an adverse notice on the date of the adverse action, which is the date the LOCD was conducted online. Please note, issuance of an adverse action is a federal and state requirement.

There are two types of adverse notices, Adequate and Advance. The Adequate notice is issued to beneficiaries who were determined LOCD ineligible based on their initial online LOCD conducted by their current provider. The Adequate notice must inform the Medicaid beneficiary of their right to a Medicaid Fair Hearing. Beneficiaries who were determined LOCD ineligible based on an online LOCD must also be informed of their right to an 'Immediate Review' by contacting the state's peer review organization (described in next section). Medicaid will not pay for services rendered when the beneficiary does not meet their initial online LOCD.

The Advance adverse notice is issued to current beneficiaries who no longer meet the LOCD criteria, as well as to current MI Choice participants whose services are being reduced. The notice is issued in advance of their discharge or disenrollment or reduction in service(s). Participants who had a reduction in MI Choice services are not eligible for an Exception or an Immediate review, each of which address only LOCD denials. Advance notices are more commonly issued to beneficiaries who had a significant change in condition (i.e., improvement in medical/functional status) and no longer meet the LOCD. Beneficiaries who initially qualified through one of the three probable short-term stay doors, 3, 4 and 5, may likely trigger the requirement for a subsequent online LOCD based on a significant change in condition. These beneficiaries would be issued an Advance action notice.

Samples of adverse notices are located on the LOCD web site in the MDCH web portal at [MDCH - Michigan Medicaid Nursing Facility Level of Care Determination](#)

Appeal Rights

A Medicaid Fair Hearing is available to **Medicaid** beneficiaries who received an adverse notice from a Medicaid-certified nursing facility, the MI Choice Home and Community Based Waiver or PACE. The notice must include the contact information for the Michigan Department of Community Health, Michigan Administrative Hearing System.

Individuals who have been denied financial Medicaid eligibility may appeal to the Michigan Department of Human Services.