

**Bulletin Number:** MSA 14-27

**Distribution:** Medicaid Home and Community Based Services Waiver for the Elderly and Persons with a Disability (MI Choice), Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Hospital Swing Beds, Ventilator Dependent Care Units, Centers for Independent Living, Program of All-inclusive Care for the Elderly (PACE) Providers

**Issued:** July 1, 2014

**Subject:** New MI Choice Intake Guidelines

**Effective:** August 1, 2014

**Programs Affected:** Medicaid

The purpose of this bulletin is to notify MI Choice providers of a new Telephonic Intake Guidelines (TIG) document for use by the MI Choice program. The April 1, 2006 Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) TIG is not changing and continues to be available for use by nursing facilities, PACE and hospitals.

## Background

The LOCD TIG, initiated in 2004, consists of a list of questions designed to evaluate applicants for potential Nursing Facility Level of Care eligibility. It was used by MI Choice waiver agencies to evaluate MI Choice applicants for potential eligibility, and to indicate the need for further assessment. A study was conducted from July 2009 through March 2011 to compare the current LOCD TIG with other proposed formats. Findings from the evaluation proved a modified LOCD TIG to be more efficient for use in the MI Choice program without causing an increase in requests for reconsideration or appeals.

## New MI Choice Intake Guidelines

The Michigan Department of Community Health (MDCH) specifically formulated a more accurate telephonic evaluation for MI Choice applicants to determine potential program eligibility and waiting list placement. The new telephonic evaluation, named the MI Choice Intake Guidelines, is for use by the MI Choice program only. The MI Choice Intake Guidelines document does not, in itself, establish program eligibility. It is not intended to be used for any other purpose within the MI Choice program, nor for any other Medicaid program. A properly completed MI Choice Intake Guidelines document is required prior to placement on the MI Choice waiting list.

MI Choice waiver agencies must collect MI Choice Intake Guidelines data electronically using COMPASS, which is an online program developed by the Center for Information Management. Additional questions not included in the MI Choice Intake Guidelines may be asked for clarification. The online MI Choice Intake Guidelines is the only approved format and is only accessible to MI Choice waiver agencies. The LOCD TIG is no longer acceptable for use by the MI Choice program in determining potential program eligibility or waiting list placement. Any hard copy LOCD TIG performed before the effective date of this bulletin must be retained for the minimum period of six years.

The premise for completing the MI Choice Intake Guidelines online is that it is scored using a complex algorithm that is most efficiently applied with the COMPASS program. Individuals who score as Level C, Level D, Level D1 or Level E are those applicants determined potentially eligible for program enrollment and will be placed on the MI Choice waiting list.

Beginning August 1, 2014, the MI Choice Intake Guidelines will be available for download at [www.michigan.gov/providers](http://www.michigan.gov/providers) >> Providers >> Other Health Care Programs >> MI Choice. The LOCD TIG remains available for use by nursing facilities, PACE and hospitals and continues to be available for download at [www.michigan.gov/MedicaidProviders](http://www.michigan.gov/MedicaidProviders) >> Prior Authorization >> The Medicaid Nursing Facility Level of Care Determination.

### **Manual Maintenance**

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

### **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

### **Approved**



Stephen Fitton, Director  
Medical Services Administration

Michigan Department of Community Health

## MI Choice Intake Guidelines

### Interviewer Instructions

*Note: Text in Italics indicates interviewer instructions*

*The following dialogue may be used when conducting this screen:  
(Scoring will be assigned using the MI Choice Scoring Algorithm to Determine Waiting List Priority)*

I would like to have a conversation with you to find out how you do everyday tasks and to learn more about your health. This will take about fifteen minutes. It is important that you tell me how things really are going for you, as accurately as possible, so I can make sure you get the kind of assistance that will best meet your needs.

#### **Part I**

First I would like to understand more about your ability to do some everyday tasks. I am interested in your **ability** to do these tasks, not whether you actually did them.

*Based on the information given, score each answer below using the following response options:*

- 0. Independent—no help, set-up, or supervision
- 1. Set-up help only
- 2. Supervision—oversight, cueing
- 3. More assistance needed

1. **In the last three days, were you able to go shopping, including selecting items to buy and paying for them?** (Exclude transportation)

RESPONSE: \_\_\_\_\_

2. **In the last three days, were you able to prepare meals?**

RESPONSE: \_\_\_\_\_

3. **In the last three days, were you able to drive yourself, get in or out of a car, or use public transportation?**

RESPONSE: \_\_\_\_\_

4. **In the last three days, were you able to do work around the house, like doing dishes, making the bed, doing laundry, or tidying up?**

RESPONSE: \_\_\_\_\_

5. **In the last three days, were you able to manage your medications?** (Includes remembering when to take your pills, opening the bottles, and taking the right dosages)

RESPONSE: \_\_\_\_\_

6. **In the last three days, were you able to manage your finances, like paying bills, balancing your checkbook, or checking your credit card balance?**

RESPONSE: \_\_\_\_\_

Now I would like you to tell me about what you have done recently. I want to know what you have **actually done by yourself, or others have done for you**, not whether you are able to do these activities.

*Based on the information given, score each answer below using the following response options:*

- 0. More than 2 hours
- 1. Not performed or performed 2 hours or less

**7. In the last three days, how much have you engaged in any physical activity, such as walking, cleaning the house, or exercising?**

**RESPONSE:** \_\_\_\_\_

*Based on the information given, score each answer below using the following response options:*

- 0. No
- 1. Yes
- 2. Activity did not occur

**8. In the last three days, has your condition required that meals be prepared FULLY by others?**

**RESPONSE:** \_\_\_\_\_

*Based on the information given, score each answer below using the following response options:*

- 0. No assistive devices
- 1. Cane or walker
- 2. Wheelchair or scooter
- 3. Activity did not occur

**9. In the last three days, what assistive devices have you used to move around indoors?**

**RESPONSE:** \_\_\_\_\_

*Based on the information given, score each answer below using the following response options:*

- 0. Independent—no help, set-up, or supervision
- 1. Set-up help only
- 2. Supervision—oversight, cueing
- 3. More assistance needed
- 4. Activity did not occur

**10. In the last three days, what kind of help did you get to move around indoors?** (Note: if person used a wheelchair, rate for self-sufficiency once in wheelchair)

**RESPONSE:** \_\_\_\_\_

**11. In the last three days, what kind of help did you get to dress yourself?**

**RESPONSE:** \_\_\_\_\_

**12. In the last three days, did you use any help to move around in bed?** (Includes moving to and from a lying position, turning from side to side, and positioning body while in bed)

**RESPONSE:**\_\_\_\_\_

**13. In the last three days, did you use any help to bathe, shower, or take a sponge bath?**

**RESPONSE:**\_\_\_\_\_

**14. In the last three days did you use any help to transfer from one position to another?** (Includes moving from bed to chair or wheelchair, or rising out of a chair to a standing position)

**RESPONSE:**\_\_\_\_\_

**15. In the last three days did you use any help to eat?** (Includes taking in food by any method, including tube feeding)

**RESPONSE:**\_\_\_\_\_

Next, I would like to learn more about your living arrangements.

*Based on the information given, score each answer below using the following response options:*

- 0. No
- 1. Yes

**16. Are there any hazards that make it difficult for you to enter, move around in, or leave your home?**

**RESPONSE:**\_\_\_\_\_

**17. In the last 90 days, have you moved in with others, or have others moved in with you?**

**RESPONSE:**\_\_\_\_\_

*Based on the information given, score each answer below using the following response options:*

- 0. No—person is never or hardly ever left alone
- 1. Yes—person is left alone, even if only for about one hour

**18. In the last three days, have you been left alone in the morning or afternoon?**

**RESPONSE:**\_\_\_\_\_

*Based on the information given, score each answer below using the following response options:*

- 0. No
- 1. Yes

**19. Do you, or does your main helper, if any, believe that you would be better off elsewhere?**

**RESPONSE:**\_\_\_\_\_

Now I would like to ask you a few questions about your health.

**20. In the last three days, have you had a flare-up of a recurrent or chronic health problem?**

**RESPONSE:**\_\_\_\_\_

**21. In the last three days, have you had any troubling skin conditions, such as burns, tears, open lesions, bruises, or rashes?**

**RESPONSE:**\_\_\_\_\_

**22. In the last three days, have you received any of the following care:**

a. Care of a wound or pressure ulcer, or moving/turning to prevent skin breakdown

**RESPONSE:**\_\_\_\_\_

b. Home care aid

**RESPONSE:**\_\_\_\_\_

c. Physical therapy

**RESPONSE:**\_\_\_\_\_

d. Monitoring by a nurse

**RESPONSE:**\_\_\_\_\_

e. Treatment with IV (intravenous) medication

**RESPONSE:**\_\_\_\_\_

*For question 23 (a), based on the information given, score each answer using the following response options:*

- 0. Behavior not present
- 1. Behavior present, consistent with usual functioning
- 2. Behavior present, appears different from usual functioning (e.g., new onset or worsening)

*For question 23 (b), based on the information given, score each answer using the following response options:*

- 0. Behavior not present
- 1. Behavior present

**23. In the past three days, have you had any of the following problems?**

a. Been easily distracted, had trouble paying attention, become sidetracked

**RESPONSE:**\_\_\_\_\_

b. Threatened, cursed, or screamed at others

**RESPONSE:**\_\_\_\_\_

Score the following items based on your conversation with the individual. If interviewing a third party, ask as questions.

Based on the information given, score each answer using the following response options:

- 0. Person is understood even if s/he has difficulty finding words or finishing thoughts
- 1. Person is limited to making concrete requests or is rarely or never understood

**24. In the last three days, how well has the person been able to make themselves understood?**

**RESPONSE:** \_\_\_\_\_

Based on the information given, score each answer using the following response options:

- 0. Person made decisions independently
- 1. Person made decisions, but with difficulty, or decisions were poor and required supervision
- 2. Person rarely or never made decisions

**25. In the last three days, how well did the person make decisions about organizing the day, for example, when to get up or have meals, what clothes to wear, what to do?**

**RESPONSE:** \_\_\_\_\_

Based on the information given, score each answer using the following response options:

- 0. Behavior not present
- 1. Behavior present, consistent with usual functioning
- 2. Behavior present, appears different from usual functioning (e.g., new onset or worsening)

**26. In the last three days, did the person have disorganized speech, ramble from subject to subject, or lose their train of thought?**

**RESPONSE:** \_\_\_\_\_

## Part II

### Financial Questions

The following questions are **optional**. Please note that the Department of Human Services makes the final determination for Medicaid financial eligibility.

For question 1 select a response using the following information given:

- 0. No (proceed to next question regarding current income)
- 1. Yes (enter Medicaid ID located in Participant node, other items do not have to be answered)

**1. Is the individual currently enrolled in Medicaid?**

For questions 2-3 select a response using the following information given:

- 0. No
- 1. Yes

**2. Is the individual's total monthly/gross income below the official dollar amount for Medicaid eligibility?** (Just for person being referred. Click Help button to determine the amounts; use the most recent annual amount available for your response).

**3. What is the amount of the individual's assets from all sources? Click help button to determine appropriate amounts for most recent year.**

**a. Less than \$2,000?**

**RESPONSE:**\_\_\_\_\_

**b. If NO, more than \$10,000?**

**RESPONSE:**\_\_\_\_\_

**c. If married, click Help button to determine appropriate amount for most recent year.**

*Enter any comments you may have in the comment box at the end of this section.*

**Part III**

**Quality Assessment Questions**

*The following questions are **optional**.*

*For question 1, enter the number of minutes it took to complete this screening.*

**1. How many minutes did this screening take?**

*For question 2 select a response using the following information given:*

- 0. Caller accurately estimated the individual's condition
- 1. Caller under-estimated the individual's condition
- 2. Caller over-estimated the individual's condition
- 3. Caller was otherwise inaccurate (did not appear to know the person's condition, gave conflicting information, etc.)

**2. What was your overall impression of the caller's accuracy in answering the screening questions?**

*For question 3, enter the number of the question and any issues or concerns you may have regarding the question.*

**3. Indicate any issues or concerns you have regarding specific screening questions, by number.**

*For question 4, enter the waiver agency code, the name of the person who performed the screen, and the date the screen was conducted.*

**4. Entering Information**

- 1. Agency
- 2. User
- 3. Date

Michigan Department of Community Health

## **MI Choice Intake Guidelines Scoring Algorithm to Determine Waiting List Priority**

*Note: Level indicators are determined in the order of this document; once a person is eligible for a level, the remaining tests are ignored.*

Time period for all items is three days unless otherwise noted.

### **Level E – Indicator of Nursing Facility**

Seven or more of the following thirteen characteristics:

- Severely impaired decision-making or coma
- New onset of being easily distracted or having disorganized speech
- Sometimes/rarely makes self understood
- Verbal abuse
- Left alone less than one hour during day
- Supervision or assistance in bed mobility
- Supervision or assistance in dressing
- Supervision or assistance in bathing or showering
- Uses wheelchair or does not ambulate
- Flare-up of recurrent or chronic problem
- Wound care or turning/repositioning
- Intravenous (IV) medication
- In last 90 days, moved in with others or others moved in with you (counts as two)

### **Level A – Indicator of Information and Referral**

Four or more of the following five characteristics:

- Independent in decision-making
- Independent or set-up help only required for housework
- Independent or set-up help only required for bathing or showering
- More than two hours of physical activity in the last three days
- No troubling skin conditions (burns, tears, open lesions, bruises or rashes)

AND both of these characteristics:

- No activities of daily living (ADLs) impairment (in bed mobility, transferring, and eating)
- No Cognitive Performance Scale impairment (independent decision making and able to make self understood)

### **Level D1 – Waiting List Priority/Indicator of Risk of Nursing Facility Entry**

Six of the thirteen characteristics in the Level E list

### **Level D – Indicator of Home Care**

Either:

- Home nurse visit within last three days

Or

- Meal preparation by others

AND

- Not independent in locomotion in home

**Level C – Indicator of Intermittent Personal Care**

One of these two sets of conditions:

Difficulty in five or more of the following six instrumental activities of daily living (IADLs)/ADLs:

- Meal preparation
- Ordinary housework
- Managing medications
- Shopping
- Transportation
- Supervision or assistance in bathing or showering

Or – Two or more of the following four characteristics:

- Current use of home care aide
- Current use of physical therapist
- Personal/relative feels person better off elsewhere
- Limited access to home or rooms in home

**Level B—Indicator of Homemaker Services**

All persons not otherwise categorized.