“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations
Agenda

- Level of Care Determination Tool system changes
- LOCD Search Function
- LOCD View from admission roster list page
- Provider Resources
Level of Care Determination
(LOCD)

Overview of CHAMPS system changes to the LOCD tool as part of the June 22, 2018 update.
Overview of LOCD System Changes

- As outlined in **L-Letter 17-61** the Michigan Department of Health and Human Services (MDHHS) will be making changes to the Level of Care Determination (LOCD) tool.
- The following system changes will take place in CHAMPS as part of the June 22, 2018 update:
  - LOCD screen will have a new search by NPI feature.
  - Completed LOCD’s will have an end date of 365 days from the conducted-on date.
  - Conducted on date will be a visible field in the LOCD tool screen.
  - Ability to view the LOCD from the admission screen.
- Please note this is a multi phase project and additional changes will be forthcoming at a later date.
Overview cont.

- Licensed Professional
  - Credentials of the Licensed Professional conducting the LOCD will be required
- Application ID number
  - Tracking purposes
- FOC Form Changes
Review the assessment information
Click Proceed
- Enter the Medicaid ID number and the patient demographic information will populate
  - Or enter the patient’s name, DOB, SSN
- Type, Provider conducting, LOCD entered in CHAMPS by and LOCD Created Date will all prepopulate.
Door 1 - Activities of Daily Living

Bed Mobility

How the applicant moves to and from lying position, turns side to side, and positions body while in bed (sleeping surface).

- **Independent**
  - No help or oversight, OR help or oversight provided only 1 or 2 times during last 7 days.

- **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.

- **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.

- **Extensive Assistance**
  - While the applicant performed part of activity over last 7-day period, help of following types(s) provided 3 or more times:
    - Weight-bearing support
    - Full performance by another during part, but not all, of last 7 days

- **Total Dependence**
  - Full performance of activity by another during entire 7 days.

- **Activity did not occur**
  - Activity did not occur during entire 7 days (regardless of ability).

Transfers

How the applicant moves between surfaces, to/from bed (sleeping surface), chair, wheelchair, standing position (exclude to/from bath/toilet).

- **Independent**
  - No help or oversight, OR help or oversight provided only 1 or 2 times during last 7 days.

- **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.

- **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.

- **Extensive Assistance**
  - While the applicant performed part of activity over last 7-day period, help of following types(s) provided 3 or more times:
    - Weight-bearing support
    - Full performance by another during part, but not all, of last 7 days

- **Total Dependence**
  - Full performance of activity by another during entire 7 days.

- **Activity did not occur**
  - Activity did not occur during entire 7 days (regardless of ability).
Door 1 - Activities of Daily Living

**Toilet Use**

- **Independent**
  - No help or oversight, OR help or oversight provided only 1 or 2 times during last 7 days.
- **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.
- **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.
- **Extensive Assistance**
  - While the applicant performed part of activity over last 7-day period, help of following type(s) provided 3 or more times:
    - Weight-bearing support
    - Full performance by another during part, but not all, of last 7 days
- **Total Dependence**
  - Full performance of activity by another during entire 7 days.
- **Activity did not occur**
  - Activity did not occur during entire 7 days (regardless of ability).

**Eating**

- **Independent**
  - No help or oversight, OR help or oversight provided only 1 or 2 times during last 7 days.
- **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.
- **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.
- **Extensive Assistance**
  - While the applicant performed part of activity over last 7-day period, help of following type(s) provided 3 or more times:
    - Weight-bearing support
    - Full performance by another during part, but not all, of last 7 days
- **Total Dependence**
  - Full performance of activity by another during entire 7 days.
- **Activity did not occur**
  - Activity did not occur during entire 7 days (regardless of ability).
Based on the information selected will determine which Door the beneficiary qualifies through

Click ok on the pop-up message
- Verify all the information is correct
- Click submit
After clicking submit this message will pop-up, again ensure all information is correct.

Once the LOCD is submitted it cannot be edited by the provider.
Once the LOCD tool has successfully been submitted you will receive this pop-up message.
Click Print FOC to have the beneficiary sign and retain in the providers records
The following slide shows the PDF version of the FOC that will print
MICHIGAN MEDICAID NURSING FACILITY LEVEL OF CARE DETERMINATION (LOCD)

Provider's Name: ____________________________
Provider's ID/NPI: ____________________________
Applicant's Name: DONALD DUCK
Date of Birth: ____________________________
LOCD Created-on Date: 05/30/2018
Representative (if any): ____________________________

SECTION I - MEDICAL/FUNCTIONAL ELIGIBILITY

Based on an LOCD medical/functional assessment of LTC needs conducted on 05/15/2018, the applicant indicated above:

☐ Does meet the LOCD medical/functional criteria for Medicaid NF Level of Care by scoring in Domain 1.
☐ Does Not meet the LOCD medical/functional criteria for Medicaid NF Level of Care (please proceed to Section III)

Signature of healthcare professional completing or adopting LOCD ____________________________
Healthcare profession title ____________________________
Date ____________________________

SECTION II - FREEDOM OF CHOICE

I have been advised that I meet LOCD medical/functional criteria and I am eligible for any of the LTC programs listed below. I have received information about all LTC programs available in my area. I choose to receive services and supports from:

☐ MI Choice Waiver Program.
☐ Nursing Facility.
☐ PACE program.
☐ MI Health Link.

Other service option(s) and local referral(s) that do not require Nursing Facility Level of Care:

Signature of applicant ____________________________
Signature of applicant's representative ____________________________
Date ____________________________

SECTION III - APPEAL RIGHTS

I have received a copy of a denial of Medicaid NF Level of Care service based on the LOCD and understand my right to appeal.

Signature of applicant ____________________________
Signature of applicant's representative ____________________________
Date ____________________________
LOCD Search Function
The LOCD list page allows multiple search by options listed at the top of the page. Notice the ‘LOCD Conducted Date’ is a column display on the list page.
Application ID is now a filter by option. Please note: The system will not display any records if the filter by combinations match to more than one member.
LOCD in Admission Screen

Viewing an LOCD from the Admission Roster List screen
Within the Roster List page click the action dropdown selection
- Select View LOCD
  - Please Note: The View LOCD only works for an admission record for a beneficiary who has MA eligibility.
The screen will then go to the LOCD list page

Click on the Application ID to view the LOCD for the beneficiary

- Please Note: There maybe many LOCD tools that display for the beneficiary, you will want to ensure you are verifying there is a completed LOCD on file for your admission dates.
Provider Resources

- **MDHHS website:** [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders)

- **We continue to update our Provider Resources, just click on the links below:**
  - Listserv Instructions
  - Medicaid Alerts & Resources
  - Quick Reference Guides
  - Medicaid Provider Training Sessions

- **Provider Support:**
  - [ProviderSupport@Michigan.gov](mailto:ProviderSupport@Michigan.gov) or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program.