



Virtual Presentation

- Welcome to MDHHS Virtual Presentation
- The presentation will begin momentarily
- You may download documents, including this presentation along with the Adobe user guide, from the File Pod located in the upper right hand corner of the webpage
- Within the Web Link Pod you will find the Provider Relations Training Evaluation
- A Q&A will be held at the end of the presentation for questions

Please note: Audio is via your computer speakers.



Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Level of Care Determination Process Improvements

“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

- Health Care Professionals
- Face-to-Face Requirements
- LOCD Assessments for applications without Medicaid Eligibility
- LOCD Follows the person
- Freedom of Choice
- LOCD Start and End dates
- LOCD Payment Rules
- Program Responsibility and Ongoing Functional Eligibility
- LOCD Payment for Door 0

MSA Policy

- MSA 18-39 *APPROVED*
 - Policy issued October 1,2018
 - Effective November 1,2018

- MSA-18-42 *PROPOSED*
 - Public Comment until November 26
 - Proposed Effective Date January 1, 2019

THEN

- LOCD associated to provider/program
- LOCD must be conducted on Medicaid eligible beneficiary(or pending applicant)

NOW

- LOCD associated to the beneficiary
- LOCD can be conducted on applicants without Medicaid eligibility

Health Care Professionals

Health Care Professionals

- The assessment must be completed by a qualified and licensed health professional.
- Non-Clinical staff can enter into system

☰ LOCD Information

LOCD Created Date:

*LOCD Entered in CHAMPS by:

*Name (Licensed Professional who Conducted Assessment):

*Phone (Licensed Professional):

*License Type (Licensed Professional who Conducted Assessment):
--SELECT--

*LOCD Conducted Date:

--SELECT--
MD
DO
PA
NP
RN
LBSW
LMSW
LLBSW
LLMSW
OT
PT
ST

Next

Health Care Professionals cont.

- MD, DO
- PA
- NP
- RN, LPN
- LBSW
- LMSW
- LLBSW
- LLMSW
- LP, LLP
- OT, PT, ST , RT

LOCD assessments

LOCD Assessments

- Providers may conduct LOCD's for applicants without Medicaid eligibility and enter the LOCD into CHAMPS prior to eligibility being established.
 - Note Medicaid reimbursement and capitated payments for services are made when both financial and functional eligibility have been established, and the applicant meets other program-specific eligibility criteria

Face-to-Face Requirement

Face-to-Face

- All LOCDs must be conducted face-to-face by a qualified health professional and entered into CHAMPS within 14 days from conducted on date.
 - If *compliant* your LOCD start date will read conducted on date, with an end date of 365 days from conducted on date
 - If *non compliant* (entered into CHAMPS after 14 days) the start date will be the date entered in CHAMPS with an end date 365 days from the conducted on date.
- LOCD assessment findings for all LOCD's including door zero (beneficiary found ineligible) must be entered in CHAMPS

LOCD follows the person

LOCD Follows the person

- The LOCD will now be associated to the beneficiary, not the facility/program.
- If a beneficiary is seeking admission or enrollment in a program and has a current LOCD in CHAMPS the provider/program may use that LOCD for functional eligibility if they agree with the current door of eligibility
- The provider/program that the beneficiary is enrolled with or admitted to is responsible for monitoring the LOCD end date
- Provider/program is responsible for conducting a new LOCD when there is a significant change in condition, and before the current LOCD expires.

LOCD Follows the person cont.

- Provider is also responsible for ensuring ongoing functional eligibility, so if there is question as to the accuracy of the existing LOCD, the provider should conduct a new LOCD.

Freedom of Choice

Freedom of Choice (FOC)

- The FOC must be completed each time the beneficiary changes providers or programs, regardless of whether a new LOCD is conducted or not.
- If the provider ADOPTS an existing LOCD, the computer generated FOC for that LOCD record must be completed by the provider.
 - Signed and dated by provider and beneficiary (or representative)



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: (date)

- Does meet the LOCD medical/functional criteria for Medicaid NF Level of Care by scoring in Door 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



Freedom of Choice cont.

- The intent of the FOC is to make certain that all applicants are informed of all programs that they qualify for and have the option of making an informed choice.
- It's critical the applicants understand their options and have ongoing access to resources related to different Long Term Care programs and settings.
- These options must be explained in a manor using language the applicant understands.

Freedom of Choice cont.

- FOC must be printed Hard Copy and the applicant must choose and note on the form the program they choose. This election must be completed prior to initiating services. They must acknowledge that they have been informed of their program choice by signing the FOC form (or legal representative), along with provider. This must be retained in applicants records.

If an applicant does not qualify for LTC services via the LOCD the provider must provide the applicant information about other programs that do not require a LOCD.

LOCD Start and End Dates

LOCD Start and End dates

- The applicants start date of functional eligibility is calculated based on when the qualified health professional conducted the in person LOCD
- Functional eligibility is valid for 365 days from the conducted on date (if entered into CHAMPS within 14 days). If after 14 days, the start date is the date the LOCD is entered into the system, the end date is 365 days from the conducted date
 - This 365 days of functional eligibility is good unless the beneficiary has a significant change of condition

LOCD List

Filter By Filter By And

Application ID	Member ID	First Name	Last Name	Completed By Entity ID	Completed By Entity Name	LOCD Conducted Date	LOCD Created On Date	Modified Date	Qualifying Door	LOCD Start Date	LOCD End Date	Review Type	LOCD Method	Program Type	Created By User	LOCD Application Status	Operational Status
<input type="checkbox"/>						10/16/2018	10/16/2018	10/16/2018	1	10/02/2018	10/16/2019	LOCD	Face To Face Review				
<input type="checkbox"/>																	
<input type="checkbox"/>						06/01/2018	10/03/2018	10/03/2018	1	10/03/2018	06/01/2019	LOCD	Face To Face Review				

LOCD Payment Rules

LOCD payment rules

- The LOCD is valid and payable only when entered online in CHAMPS.
- The LOCD expires 365 days from LOCD conducted on date, an expired LOCD is not valid.
- CHAMPS will no longer back date to accommodate retro eligibility.
 - Provider Support and MDHHS Program Areas have the ability to process change of LOCD records if warranted.

Program Responsibilities

Program Responsibilities

- It's the responsibility of all Medicaid programs to ensure that beneficiaries continue to meet all eligibility requirements on an ongoing basis to be reimbursed by Medicaid.
 - LOCD is the functional eligibility assessment which is one of the eligibility requirements.

Change of Ownership (CHOW)

Change of Ownership (CHOW)

- Provider must conduct a Hard Copy LOCD while undergoing the CHOW.
- Once the NPI is issued, the provider will enter the Hard Copy LOCD's into CHAMPS
 - The conducted on date must be the date the Hard Copy LOCD was conducted.
- CHAMPS will check if the conducted on date and enrollment date of the new NPI.
- If they are within the last six months, the LOCD conducted on date will be the LOCD start date

Payment for Door Zero

Payment for Door Zero

- In the June 2018 CHAMPS release all Door Zero LOCD's were made non-payable records. Therefore, a provider can no longer receive Fee-for-Service claims payments when a Door 0 LOCD is active for the claim dates of service. LOCD policy has completed the process for providers to follow when requesting payment.
- *Pursuant to 42 CFR 431.230, the state cannot reduce or terminate services, and must maintain services, if a request for a hearing is made before the effective date of the adverse action. Per 42 CFR 431.221, an individual has no more than 90 days to appeal an adverse action.*

Door Zero cont.

Individual does not meet LOCD:

- The beneficiary is currently receiving Medicaid-reimbursable services.
- Action notice is provided by the Nursing Facility to include information about immediate review process and information for requesting a hearing through MAHS.
- The effective date of the adverse action should be 90 days from the notice date of the action letter. This is the date that Medicaid will no longer pay for services.

Door Zero cont.

If the individual does NOT request an appeal

- The individual has 90 days from the adverse action notice to request an appeal through the Michigan Administrative Hearing System (MAHS). On day 91, if the individual has not appealed the adverse action, the provider may request payment for the allowable appeal timeframe (up to 90 days).
- Claims must be submitted for the dates covered only under the Door 0 LOCD, for up to a 90 days period. Do not included dates of services where there is a qualifying door (1-8). Claims must be submitted for the provider to receive reimbursement.

Door Zero cont.

- To request payment, the provider must email Provider Support with the following information;
 - Subject Line labeled **LOCD Door Zero 90 day payment**
 - Beneficiary Name and Medicaid ID number
 - Billing NPI number
 - Door Zero LOCD application ID number with conducted on date
 - TCN's provider is requesting payment on.
- Once information is reviewed, a gross adjustment will be issued if applicable.

Door Zero cont.

If the individual Requests an Appeal

- If the individual appeals and adverse action, Medicaid will reimburse for services until a final determination is reached or the effective date of the adverse action whichever is later.
- Provider must submit claims for the dates covered only under the Door 0 LOCD. Do not included dates of service where there is a qualifying door (1-8). Claims must be submitted for the provider to receive reimbursement.
- Once a determination is made, the provider must email provider support for payment with the same information, additionally a copy of the decision order must be attached.

Door Zero cont.

- NOTE: If the Decision and Order is unfavorable to the individual, they are allowed 30 days to request an appeal in Circuit Court or request a rehearing/reconsideration from MAHS. Therefore, the provider should wait 30 days following the Decision and Order to request payment

Questions



Provider Resources

- **MDHHS website:**
www.michigan.gov/medicaidproviders
- **We continue to update our Provider Resources, just click on the links below:**
 - [Listserv Instructions](#)
 - [Medicaid Provider Alerts and Resources](#)
 - [Provider Enrollment Website](#)
 - [CHAMPS Website](#)
 - [MDHHS File Transfer](#)
- **Provider Support:**
 - ProviderSupport@michigan.gov or 1-800-292-2550
 - Electronic Billing Automatedbilling@Michigan.gov