LOCD Passive Redetermination Q&A

This is a compilation of all questions received during each LOCD Passive Redetermination webinar session conducted on March 17, 19, 24, and 26 of 2020.

Any item seen in blue is a hyperlink and can be clicked to access more information.

**Question:** Can you provide clarity on what passive door means?

**Answer(s):** Passive door means an LOCD record in CHAMPS that was generated from the Passive Redetermination process. MDHHS views LOCDs generated by Face to Face and LOCDs generated by Passive Redetermination as different LOCD methods. So, a LOCD created by the Passive process is sometimes referred to as a Passive Door or Passive LOCD.

**Question:** What is IHC?

**Answer(s):** The inter RAI Home Care assessment system (iHC) is an assessment used by Waiver agencies, Integrated Care Organizations and PACE. It performs a similar function to what the Minimum Data Set (MDS) 3.0 provides to Nursing Facilities in assessing their residents.

**Question:** What is the definition of Passive Redetermination? When would I use it? What is Door 87?

**Answer(s):** Passive Redetermination is terminology for using Minimum Data Set (MDS) 3.0 or iHC data to determine whether a resident qualifies for Long Term Care Services in Michigan Medicaid. There is no physical task the provider must complete to utilize Passive Redetermination. An algorithm will be run to crosswalk the answers of the MDS or iHC to answers on the Level of Care Determination (LOCD) tool. If the algorithm can calculate eligibility, it will create a new LOCD record for that beneficiary. Door 87 is assigned when the information from the MDS or iHC cannot crosswalk the answers to a qualifying door in the Level of Care Determination tool. This door is temporarily payable for no more than 45 days. During this period, it is the provider’s responsibility to conduct a new Face to Face assessment. The Face to Face assessment must then be entered into CHAMPS within 14 days. Providers should be monitoring their LOCD end dates in CHAMPS as Passive Redetermination is done as a courtesy to providers and is not considered a guarantee.

**Question:** Can you further explain the partial for the iHC for door 6?

**Answer(s):** Refer to the Michigan Medicaid Provider manual for available details.
Question: To Verify, once we are through the cross over period, a passive redetermination, if approved, will replace the need for the 365-day face to face LOCD

Answer(s): It can, but the Passive Redetermination process is not a guarantee. Providers are urged to continue to check their LOCD end dates within the CHAMPS online system frequently.

Question: With the end of section G anticipated with the 10/1/2020 changes, how will this work?

Answer(s): Those changes have been delayed by Centers for Medicare and Medicaid Services (CMS). More information will be forthcoming as guidance is provided from CMS in the future.

Question: If we are doing the iHC that has to be sent to CMS? How is that done?

Answer(s): The iHC is not sent to CMS.

Question: As an Integrated Care Organizations (ICO) will or will we not have to do Nursing Facility (NF) LOCD's for our members? Currently doing with our annual reviews.

Answer(s): Passive Redetermination process is not a guarantee. ICOs are urged to continue to check their LOCD end dates within the CHAMPS online system frequently.

Question: With the October changes coming to the Minimum Data Set (MDS) with Section G being removed from OBRA assessments (A0310A) will you be using Section GG? Will the LOCD be updated to that language?

Answer(s): Those changes have been delayed by CMS. More information will be forthcoming as guidance is provided from CMS in the future.

Question: When section G of the MDS is removed-how will door 1 be calculated?

Answer(s): Those changes have been delayed by CMS. More information will be forthcoming as guidance is provided from CMS in the future.

Question: Will we be given a notification on those that will require a face to face LOCD? Such as those with MDS null, Zero, 99, LOCD 4, 7 and 8.

Answer(s): The provider will not be notified of those beneficiaries who do not have a Passive Redetermination file run. Providers’ notification on doors 4, 7, and 8 will continue to be the 15, 30, and 45 day from end date notifications within your CHAMPS inbox screen.

Question: Will LOCD’s for 2020 need to continue to be conducted as usual until passive redetermination takes place?

Answer(s): Passive Redetermination is only a courtesy provided by MDHHS. It will still be the provider’s responsibility to monitor the LOCD end dates for their residents within CHAMPS. A Face to Face should be conducted prior to the LOCD’s end date within CHAMPS and should be entered into CHAMPS within 14 days of the date it is conducted. Face to Face LOCDs should still be conducted and entered in CHAMPS within 14 days if the beneficiary experiences a significant change in functionality.
**Question:** Will there be an identifier on the CHAMPS My Inbox alert page a message that pertains to a Door 87?

**Answer(s):** Yes, a notification will be placed within the CHAMPS My Inbox notification page that advises providers a Passive Redetermination was run and could not calculate eligibility. There was also a screen shot of the message within the presentation on slide 17.

**Question:** If CHAMPS can determine a passive redetermination then a face to face LOCD does not need to be done?

**Answer(s):** A Face to Face LOCD does not need to be done if a Passive Redetermination is run on the beneficiary and a qualifying door is established. However, if a Door 87 is established from the Passive Redetermination file, then the provider must do a Face to Face LOCD before the end date of the Door 87. *As a clarification point, if the LOCD end date in CHAMPS is coming up soon, the provider should conduct a new Face to Face and enter it into CHAMPS instead of expecting the Passive Redetermination process to extend out the LOCD automatically. MDHHS does not guarantee the extension of any LOCD record in CHAMPS via Passive Redetermination, it is only a courtesy.*

**Question:** We are doing an LOCD on all NF clients whether they have Medicaid coverage. What are the signature requirements for LOCDs?

**Answer(s):** If a Freedom of Choice is generated, and the facility does not obtain a signature within a reasonable period, the LOCD will not be considered valid. If the resident does not financially qualify for Medicaid service at the time of the assessment, then these options should still be provided in an attempt to give the resident time to communicate with potential programs they may eventually qualify for.

**Question:** If an LOCD was expiring 4/1/20, when would the passive LOCD happen?

**Answer(s):** A Face to Face LOCD should be conducted prior to the 04/01/2020 end date and entered CHAMPS within 14 days of the conducted-on date. Passive Redetermination is not a guarantee. Passive redetermination process is initiated by the submission of an MDS or iHC, and not by the LOCD record.

**Question:** If a resident meets LOCD criteria through Door 4-Dialysis which can be done outside the facility, but the resident has no home which is why they are at facility can you continue to get that resident through that door?

**Answer(s):** Door 4 requirements can be found in the Michigan Medicaid Provider Manual, Nursing Facility Level of Care Determination Chapter, and in the Field Definition Guidelines here.
Question: If there is an active LOCD that has not reached the end date would you do a passive redetermination that would override the previous LOCD?

Answer(s): A Passive Redetermination is only done when the MDS or IHC data is sent to the data warehouse at MDHHS. Because we cannot guarantee the time frames at which we will receive the data all providers are advised to continue to monitor their resident’s LOCD end dates within CHAMPS. If there is a LOCD that will end date soon, the provider should consider conducting a Face to Face LOCD and entering it into CHAMPS within 14 days of the date the qualified healthcare professional conducts it.

Question: When determining if LOCD criteria is met do we follow the same criteria we use for coding the MDS?

Answer(s): The LOCD and the MDS 3.0 are similar, but not exactly the same. If a LOCD is done Face to Face, it should be done within the manner MDHHS has formatted it which includes using any information they have at their disposal, including but not limited to the MDS.

Question: Am I understanding correctly that face to face LOCD’s will not be required anymore unless doors 4,7 and 8? Is this for new members only?

Answer(s): The individual must continue to have LOCD eligibility in CHAMPS for the provider to receive Medicaid payments. Passive Redetermination is a courtesy rather than a guarantee and may continue to re-establish LOCD eligibility for those already receiving services. The provider is still responsible for conducting a new LOCD if there is a significant change in the beneficiary’s condition. When a provider possesses information that a beneficiary may no longer meet eligibility, the provider must conduct a face-to-face LOCD reassessment. Providers should still be monitoring the end dates of their resident’s LOCDs in CHAMPS. If the end date is getting near, the provider should consider conducting a new face to face assessment and entering it into CHAMPS within 14 of the date it was conducted. MDHHS will not be utilizing “The Passive Redetermination process didn’t extend my LOCD” as an acceptable reason for why the provider allowed a LOCD to term without conducting a Face to Face assessment.

Question: How does the MDS information get to the CHAMPS system for the passive redetermination? Is there some sort of interfacing between CMS and CHAMPS or are providers expected to upload previously completed MDS assessments?

Answer(s): MDS information is transmitted to CMS by the providers. CMS then transmits that data to our data warehouse. When the MDS enters the data warehouse, an algorithm is run, and the results of that algorithm may be transmitted to CHAMPS if the data makes it through all designed drop out points in the data warehouse. Nothing additional is required from the provider.

Question: Is the provider responsible to print a new Freedom of Choice form when a passive redetermination is made?

Answer(s): There is no language in the Michigan Medicaid Provider Manual, Nursing Facility Level of Care Determination, Section 3.8 – Passive Redetermination of Functional Eligibility that requires a provider to obtain a beneficiary or their representative’s signature for a Passive Redetermination LOCD.
**Question:** Our SNF had active an LOCD – a MI Choice Waiver agency came to evaluate a resident for Home Care after discharge and created a LOCD prior to SNF discharge - SNF claim is being denied because of Senior Resource LOCD - How do we resolve LOCD issue so SNF claim can be processed?

**Answer(s):** Please e-mail Provider Support regarding situations like these for direction. Each case is unique and requires specific details.

**Question:** Once a passive redetermination is completed, does the facility then print that for signatures by the facility and responsibility for the Freedom of Choice?

**Answer(s):** There is no language in the Michigan Medicaid Provider Manual, Nursing Facility Level of Care Determination, Section 3.8 – Passive Redetermination of Functional Eligibility that requires a provider to obtain a beneficiary or their representative’s signature for a Passive Redetermination LOCD.

**Question:** The date for door 87 is confusing. Currently the LOCD end date is 365 days from conduction. If someone qualifies under door 4 and OBRA MDS is conducted quarterly, does the passive redetermination process look at the quarterly MDS and thus require a LOCD to be completed more often than annually?

**Answer(s):** If the beneficiary has a door 4, the Passive Redetermination process would not run on the beneficiary unless the new assessment qualified the beneficiary under a different door that the Passive Redetermination algorithm can calculate. The facility would have to conduct a new Face to Face assessment of the beneficiary before the end date of the Door 4 record, and then enter it into CHAMPS within 14 days of the assessment.

**Question:** If a passive determination is completed, will a FOC be generated, and if so, is the facility responsible for signature?

**Answer(s):** No, the Passive Redetermination process is a courtesy provided by MDHHS to assist providers in managing their LOCD end dates within the CHAMPS online system. Facilities are not responsible for obtaining a signature every time a Passive Redetermination is run on a beneficiary. The portion of the Nursing Facility Level of Care Determination chapter (Section 3.8 – Passive Redetermination of Functional Eligibility) in the Michigan Medicaid Provider Manual does not state that facilities must obtain a signed Freedom of Choice for Passive Redetermination records.

**Question:** This is effective as of 4/1/2020 but how are you getting the iHC data from PACE programs currently?

**Answer(s):** PACE providers are in the process of implementation. Specific questions regarding that process should be sent to that program area directly.

**Question:** How often does the passive redetermination process run?

**Answer(s):** When an assessment is received for a beneficiary, it is run through the passive redetermination process. The process runs in MDHHS systems daily.
Question: Do new admissions/enrollments coming in still require an initial LOCD?

Answer(s): A Face to Face assessment should be conducted on all new admissions/enrollments unless there is a LOCD in CHAMPS for a qualifying door that was conducted by another facility or program that you feel comfortable adopting.

Question: If we are monitoring our LOCD expiration dates that cannot be determined by passive redetermination. an iHC is conducted for a door 4 on 4/15. We know this is not eligible for passive redetermination, we enter our own LOCD in the system on 4/15/. Will the door 87 still be applied and end date our new LOCD we created?

Answer(s): No. Passive Redetermination will only be applied to an active 4,7, and 8 if it can establish eligibility through a door that can be calculated by the algorithm. A Door 87 would not be applied to any existing 4,7, or 8. The facility would need to conduct a new Face to Face LOCD prior to the end date of the Door 4,7, or 8.

Question: Is there reporting capability?

Answer(s): Not for providers currently.

Question: Can a SNF resident have a Passive Redetermination created by a different provider, such as a home care provider? If that can be done, who will get the Door 87 notice?

Answer(s): Door 87’s cannot be created unless the assessment that generated them is from the NPI the beneficiary is currently enrolled in.

Question: What does a partial door mean?

Answer(s): Partial means that we cannot utilize every answer on the MDS or iHC to calculate the door.

Question: When a Passive Redetermination LOCD ‘normal’ door, say Door 1 - is that Passive Redetermination LOCD good for one year?

Answer(s): Yes, Passive Redeterminations are good for 1 year from the Assessment date on the MDS or iHC that generated the LOCD.

Question: Also, what if we do not agree with what the MDS states based upon our assessment of the resident?

Answer(s): The provider can do a new Face to Face and enter it into CHAMPS within 14 days of the conducted-on date at any time.

Question: Do we no longer require the look back period documentation in the packet if we are using the passive redetermination?

Answer(s): Passive Redetermination is not a process that needs documentation. It is based off the MDS or iHC data transmitted to the warehouse.
Provider Relations

Question: What is the time frame for a Nursing Facility being notified that an assessment was not able to be passively renewed? Would it be within 14 days from the assessment date, so an LOCD can be manually entered from that assessment and forego another in-person visit to complete an LOCD?

Answer(s): Passive Redetermination is not instantaneous. The data for the MDS is sent to CMS. Then CMS utilizes it. Then they transmit it to us. It could take up to 180 days from the date you send an assessment to CMS before it is transmitted to us. Therefore, we advise providers to continue to monitor their LOCD end dates. If the end date of a LOCD is approaching, the facility should continue conducting a Face to Face assessment.

Question: Please give an example of assessment date not greater than 180 days from the CHAMPS date. We are only required to complete assessments annually per contract.

Answer(s): If MDHHS receives an assessment that was conducted on 6/1/2019 on 4/1/2020, it will not be run through the passive redetermination process. There are delays from assessments being completed with the beneficiary and when MDHHS receives the data. The 180-day timespan is to allow time for assessments to be submitted to MDHHS. Each program area may have a different requirement regarding frequency of required assessment being conducted and submission deadlines. Please contact the program area with specific questions.

Resources

- LOCD Passive Redetermination: Webinar and PDF
- CHAMPS webpage: www.Michigan.gov/MedicaidProviders >> CHAMPS or click here https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78460-00.html
- Provider Alerts webpage: www.Michigan.gov/MedicaidProviders >> Alerts or click here https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78458-00.html
- Provider Support
  - Email: ProviderSupport@Michigan.gov