



Level of Care Determination (LOCD) Changes

MSA 18-48

January 2019

“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

- LOCD Overview
- LOCD Follows the Person
- LOCD at Admission
- Adoption of a LOCD
- LOCD Start and End Dates
- Verification Review (LOCD-VR)
- LOCD Secondary Review
- Passive Redetermination
- PACE
- Freedom of Choice (FOC) form

LOCD Overview

LOCD Overview

- The LOCD tool is an eligibility tool used to determine functional eligibility for individuals seeking long-term care services in a Medicaid-certified nursing facility, MI Choice Waiver, PACE, and MI Health Link.
 - Medicaid Financial Eligibility
 - Functional Eligibility
 - Program Eligibility

LOCD Follows the Person

LOCD Follows the Person

- The LOCD is now associated with the individual, rather than the provider or program who conducted it.
- If the beneficiary is seeking admission or enrollment into a program and has a current LOCD in CHAMPS the provider may choose to adopt the existing LOCD.
- The provider may also choose to conduct a new LOCD.
- No longer dependent on Medicaid eligibility or pending eligibility.

LOCD at Admission

LOCD Day of Admission

- The LOCD must be conducted prior to or the day of an individual's admission to a nursing facility or enrollment in MI Choice Waiver Program, PACE, or MI Health Link Home and Community Based Services (HCBS) Waiver Program.
- LOCD is a point-in-time assessment
 - Look-Back Period versus Observation Period
 - Interview questions, supporting documentation, caretakers observation, etc.
 - LOCD Field Definition Guidelines.
 - https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448-103102--,00.html#Field_Define

- Welcome
- Welcome
- Basic Information
- Doors
- Freedom of Choice
- Helpful Links

Welcome

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

Sections 1919a, 1915c and 1934 of the Social Security Act provide legal authority for State Medicaid Agencies to develop their own definition of nursing facility level of care. The Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) is Michigan's medical/functional assessment that determines an applicant's eligibility to receive Medicaid reimbursed long term care (LTC) services. Applicants seeking LTC services from a Medicaid-certified nursing facility, MI Choice Home and Community Based Waiver for the Elderly and Disabled (MI Choice), the Program of All Inclusive Care for the Elderly (PACE) or MI Health Link must meet criteria outlined in the LOCD.

The LOCD is conducted face-to-face by a licensed healthcare professional on behalf of the State of Michigan for MI Choice, PACE, MI Health Link, and Nursing Facility applicants.

The LOCD consists of seven Doors of possible eligibility. Each Door addresses a specific set of criterion through which an applicant may be assessed.

Information necessary to conduct an accurate assessment of the applicant's medical/functional self-performance abilities must be obtained through direct observation and communication with the applicant and, if applicable, their designated representative(s). Additional medical documents such as physician or hospital records may be reviewed to assist in establishing whether or not the applicant meets LOCD criteria.

Medicaid-certified nursing facilities may contact the Michigan Peer Review Organization (MPRO) to request an NF-LOC Exception process review on behalf of an LOCD ineligible beneficiary. MPRO's toll free telephone number is 800-727-7223. MPRO may be contacted between the hours of 8:00 A.M. and 5:00 P.M., Monday through Friday. Select 'LTC Care exception criteria' from MPRO's phone menu.

The LOCD meets HIPAA compliance and is available seven days a week, 24 hours per day. Policy specific to the LOCD requirements and application is available in the Medicaid Provider Manual.

Proceed Close

Adoption of a LOCD

Adoption of a LOCD

- The LOCD is now associated to the individual, if that individual seeks admission to or enrollment in a program, and has a current LOCD in CHAMPS, that provider may adopt that LOCD.
- When adopting a LOCD the adopting provider must print out the Freedom Of Choice (FOC) form date, sign and retain in beneficiary file.
- The provider may also choose to conduct a new LOCD.
- A new LOCD must be conducted if the current LOCD is no longer an accurate representation of the beneficiary's current functional status.

LOCD Start and End Dates

LOCD Start and End Dates

- LOCD Conducted Date: The date the healthcare professional conducted the Face-to-Face assessment.
- LOCD Created Date: The date the LOCD was entered into the CHAMPS system.
- Compliant LOCD: LOCD entered into CHAMPS within 14 days of Conducted Date
 - End Date = *Conducted Date + 365 days*
- Non-compliant LOCD: LOCD entered into CHAMPS more than 14 days from Conducted Date
 - End Date = *Created Date + 365 days from Conducted Date*

LOCD List

Filter By Filter By And

Active

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 Start and End Dates cont.

- Providers are responsible for reassessing LOCD eligibility prior to the End Date of the current LOCD or when there is a significant change in condition.

Verification Review (LOCD – VR)

Verification Review (LOCD – VR)

- The purpose of the verification review (LOCD-VR) is to determine if the LOCD was conducted properly according to policy and resulted in the correct determination of eligibility.
- A randomly selected sample of LOCDs will be reviewed by MDHHS or its designee.
- CHAMPS will immediately notify the provider if the LOCD was selected for review through a real-time “pop-up” notification.
 - The LOCD verification status will be changed to “Selected”
- Documents must be uploaded electronically in CHAMPS within one business day of the LOCD being selected for verification review in CHAMPS.
 - Upload functionality in LOCD
- MDHHS or its designee will make determination within 2 business days of receipt of supporting documentation
 - Verification status will change depending on findings

- Welcome
- Basic Information
- Doors
- Freedom of Choice**
- Freedom of Choice
- Upload Documents
- Helpful Links

SECTION I - MEDICAL/FUNCTIONAL ELIGIBILITY

Based on an LOCD medical/functional assessment of LTC needs conducted on **02/11/2019**, the applicant indicated above:

- 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 criteria and I am functionally 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

LOCDING...


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

Message from webpage X

 **LOCD was submitted successfully and selected for verification review. Please upload the required supporting documents for this LOCD.**

OK

Basic Information

Application information

Doors

Freedom of Choice

Upload Documents

Helpful Links



Application Information

Beneficiary Information:

Medicaid ID:

*First Name:

*Date of Birth:

Middle Initial:

SSN (Last 4 Digits):

*Last Name:

Representative (If Applicable):

LOCD Information

*Provider Conducting LOCD:

*Phone (Licensed Professional):



- Basic Information
- Doors
- Freedom of Choice
- Upload Documents**

Upload Documents

File Name	Description	Uploaded Date	Actions
LOCD.doc	Documents Attached	10-12-2018 18:28:21	

Click "Choose File" to Upload File

File Name:

No file chosen

Description:

(Allowable file extensions - .doc,.docx,.xls,.xlsx,.jpg,.jpeg,.pdf,.tif,.tiff,.gif,.txt,.jpe)

Verification Review cont.

- LOCDs selected for Verification Review are not considered complete until MDHHS or its designee informs the provider of the result of the review in CHAMPS.
- When the individual is found not to meet LOCD criteria, an adequate action notice will be provided by MDHHS or its designee to the individual (or their legal representative) and the provider.

LOCD List Page

Actions	Application ID ▲▼	Member ID ▲▼	First Name ▲▼	Last Name ▲▼	Provider ID/NPI ▲▼	Provider Name ▲▼	Door ▲▼	Conducted Date ▲▼	Created Date ▲▼	Start Date ▲▼	End Date ▲▼	Created By ▲▼	Modified Date ▲▼	Program Type ▲▼	LOCD Method ▲▼	Review Type ▲▼	Application Status ▲▼	Verification Status ▲▼	Operational Status ▲▼
Action ▼	75986646						67	01/26/2019	01/30/2019	01/26/2019	01/26/2020		01/30/2019	PACE	Admin	LOCD	Completed	Not Selected	Active
Action ▼	75986650						1	01/30/2019	01/30/2019	01/30/2019	01/30/2020		01/30/2019	MICHOICE	Face To Face Review	LOCD	Completed	Selected	Active
Action ▼	75986648						1	01/29/2019	01/30/2019	01/29/2019	01/29/2019		01/30/2019	MICHOICE	Face To Face Review	Admin	Completed	Selected	Active
Action ▼	75986649						67	01/30/2019	01/30/2019	01/30/2019	01/30/2020		01/30/2019	PACE	Admin	LOCD	Completed	Not Selected	Active
Action ▼	75986628						0	01/24/2019	01/24/2019	01/24/2019	01/29/2019		01/30/2019	MICHOICE	Face To Face Review	Verification	Completed	Documents Not Available	Active
Action ▼	75986643						1	01/28/2019	01/28/2019	01/28/2019	01/28/2020		01/28/2019	MI Health Link	Face To Face Review	LOCD	Completed	Selected	Active
Action ▼	75986642						4	01/28/2019	01/28/2019	01/28/2019	01/28/2020		01/28/2019	Nursing Facility	Face To Face Review	Verification	Completed	Documents Not Available	Active
Action ▼	75986636						1	01/28/2019	01/28/2019	01/28/2019	01/28/2020		01/28/2019	MICHOICE	Face To Face Review	LOCD	Completed	Selected	Active
Action ▼	75986635						1	01/28/2019	01/28/2019	01/28/2019	01/28/2020		01/28/2019	MICHOICE	Face To Face Review	LOCD	Completed	Not Selected	Active
Action ▼	75986625						1	01/24/2019	01/24/2019	01/24/2019	01/24/2020		01/24/2019	MICHOICE	Face To Face Review	LOCD	Completed	Not Selected	Active

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LOCD Secondary Review

LOCD Secondary Review

- Secondary Review is available only when a LOCD is entered in CHAMPS and results in a Door 0, indicating ineligibility.
- Old Process: Exception/Immediate Review – Frailty Criteria
- New Process: Secondary Review
 - Provider or Beneficiary may request review
 - Review is for all Doors 1-8, not just door 8
 - Up to three business days to make request (following adverse action notice)
 - MDHHS or its Designee will contact provider to inform them to upload documentation.

LOCD Secondary Review cont.

- Determined eligible
 - MDHHS will notify the provider and the individual (or their legal representative)
 - MDHHS or its designee will enter the appropriate LOCD in CHAMPS following the Secondary Review
- Determined ineligible
 - MDHHS will notify all parties and issue an adverse action notice to the individual (or their legal representative)

Passive Redetermination

Passive Redetermination

- When assessment data is available, MDHHS will apply an algorithm that uses common assessment items to allow CHAMPS to generate a new LOCD for the beneficiary via Passive Redetermination.
- Where the data comes from:
 - MDS- Minimum Data Set
 - iHC – Inter RAI Home Care Assessment

Passive Redetermination cont.

In order for the Passive Redetermination process to occur, the beneficiary must have an active qualifying LOCD:

- A passive redetermination cannot find a beneficiary ineligible.

Passive Redetermination cont.

- A qualified licensed health professional is:
 - Physician,
 - Registered Nurse,
 - Licensed Practical Nurse,
 - Clinical Social Worker (Limited License Bachelor of Social Work, Limited License Master Social Worker, Licensed Bachelor Social Worker, or Licensed Master Social Worker),
 - Physician's Assistant, Nurse Practitioner,
 - Licensed and Limited Licensed Psychologist,
 - Physical Therapist,
 - Respiratory Therapist,
 - Occupational Therapist or Speech Therapist

Passive Redetermination - Conditions

- Assessment date cannot be greater than 180 days from the CHAMPS date
- Assessment date cannot be greater than current CHAMPS date
- Assessment type (MDS located in field A0310)
 - Will not include null, Zero, 99
- Existing active LOCD doors 4, 7 and 8
- Must have a current admission or enrollment
- Must have record in Enrollment File (beneficiaries who are member of Health Plans)

Passive Redetermination - Doors

- The correspondence between MDS and iHC assessment items and LOCD items is extensive but not complete.
- The algorithm used for the passive redetermination is not able to verify eligibility through all LOCD Doors.

Passive Redetermination - Doors cont.

- Door 1: Activities of Daily Living *Yes*
- Door 2: Cognitive Performance *Yes*
- Door 3: Physician Involvement
 - MDS *Yes*
 - iHC *No*
- Door 4: Treatments and Conditions *No*
- Door 5: Skilled Rehabilitation Therapy *Yes*
- Door 6: Behavior
 - MDS *Yes*
 - iHC *Partial*
- Door 7: Service Dependency *No*
- Door 8: Frailty *No*

Passive Redetermination – Doors cont.

- When a beneficiary is currently eligible through a door 4, 7, or 8 that the passive redetermination cannot confirm LOCD eligibility through a different door, the passive redetermination will be bypassed and the current door's (4, 7, or 8) end date will remain.

Passive Redetermination & Door 87

- When the passive redetermination process occurs but the process cannot confirm eligibility based on MDS or iHC data, CHAMPS will create a LOCD Door 87, with an End Date of 45 days later or the current LOCD End Date whichever is sooner.

To Search member's LOCD records, complete one of the following criteria:

- Application ID of the LOCD record, OR
- Member ID of the beneficiary, OR
- First Name, Last Name, and Last 4 digits of the SSN, OR
- First Name, Last Name, and DOB, OR
- First Name, DOB, and the Last 4 digits of the SSN, OR
- Last Name, DOB, and the Last 4 digits of the SSN, OR
- DOB and the Last 4 digits of the SSN

The System will not display any records if the filter by combinations match to more than one member.

LOCD List

Member ID Filter By Filter By And Active Go

Actions	Application ID	Member ID	First Name	Last Name	Provider ID/NPI	Provider Name	Conducted Door	Conducted Date	Created Date	Start Date	End Date	Created By	Modified Date	Program Type	LOCD Method	Review Type	Application Status	Verification Status	Operational Status
Action <input type="button" value="v"/>	75986874						87	02/11/2019	02/11/2019	02/11/2019	03/28/2019		02/11/2019		Passive Redetermination	LOCD	Completed	Not Selected	Active
Action <input type="button" value="v"/>							1												

View Page: 1 Page Count Viewing Page: 1

My Reminders

Filter By

Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/> Passive Redetermination Ineligibility	Passive Redetermination was not able to establish LOCD eligibility for Member [REDACTED] and a face to face LOCD must be conducted. See Member's LOCD List Page for more information.	02/11/2019	03/13/2019	N
<input type="checkbox"/> Passive Redetermination Ineligibility	Passive Redetermination was not able to establish LOCD eligibility for Member [REDACTED] and a face to face LOCD must be conducted. See Member's LOCD List Page for more information.	02/11/2019	03/13/2019	N
<input type="checkbox"/> Passive Redetermination Ineligibility	Passive Redetermination was not able to establish LOCD eligibility for Member [REDACTED] and a face to face LOCD must be conducted. See Member's LOCD List Page for more information.	02/11/2019	03/13/2019	N

View Page:

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PACE

PACE Deeming - Door 67

- Applies only to PACE providers.
- Is a payable LOCD for PACE providers only.
- It is not adoptable.
- Current process of requesting deeming will continue.
- If MDHHS approves deeming, a Door 67 will be created in CHAMPS by PACE contract manager.
- All Door 67s will have an end date in CHAMPS and a new face-to-face LOCD will need to be conducted when the Door 67 is ending.

Actions	Application ID	Member ID	First Name	Last Name	Provider ID/NPI	Provider Name	Door	Conducted Date	Created Date	Start Date	End Date	Created By	Modified Date	Program Type	LOCD Method	Review Type	Application Status	Verification Status	Operational Status
Action	75986646						67	01/26/2019	01/30/2019	01/26/2019	01/26/2020		01/30/2019	PACE	Admin	LOCD	Completed	Not Selected	Active
Action	75986650						1	01/30/2019	01/30/2019	01/30/2019	01/30/2020		01/30/2019	MICHoice	Face To Face Review	LOCD	Completed	Selected	Active
Action	75986648						1	01/29/2019	01/30/2019	01/29/2019	01/29/2019		01/30/2019	MICHoice	Face To Face Review	Admin	Completed	Selected	Active
Action	75986649						67	01/30/2019	01/30/2019	01/30/2019	01/30/2020		01/30/2019	PACE	Admin	LOCD	Completed	Not Selected	Active
Action	75986628						0	01/24/2019	01/24/2019	01/24/2019	01/29/2019		01/30/2019	MICHoice	Face To Face Review	Verification	Completed	Documents Not Available	Active
Action	75986643						1	01/28/2019	01/28/2019	01/28/2019	01/28/2020		01/28/2019	MI Health Link	Face To Face Review	LOCD	Completed	Selected	Active
Action	75986642						4	01/28/2019	01/28/2019	01/28/2019	01/28/2020		01/28/2019	Nursing Facility	Face To Face Review	Verification	Completed	Documents Not Available	Active
Action	75986636						1	01/28/2019	01/28/2019	01/28/2019	01/28/2020		01/28/2019	MICHoice	Face To Face Review	LOCD	Completed	Selected	Active
Action	75986635						1	01/28/2019	01/28/2019	01/28/2019	01/28/2020		01/28/2019	MICHoice	Face To Face Review	LOCD	Completed	Not Selected	Active
Action	75986625						1	01/24/2019	01/24/2019	01/24/2019	01/24/2020		01/24/2019	MICHoice	Face To Face Review	LOCD	Completed	Not Selected	Active



MICHIGAN MEDICAID NURSING FACILITY LEVEL OF CARE DETERMINATION (LOCD)

APPLICATION INFORMATION

CHAMPS Provider ID: [REDACTED]

Beneficiary Information

Medicaid ID: [REDACTED]

Middle Initial: [REDACTED]

Last Name: [REDACTED]

Representative (if applicable):

LOCD Information

Door Type: DOOR 67 - PACE DEEMING

Provider ID: [REDACTED]

Conducted Date: 02/01/2019

Start Date: 02/01/2019

Provider Name: [REDACTED]

Reviewer Name: [REDACTED]

End Date: 02/01/2020

Freedom of Choice (FOC)

Freedom of Choice

- The form is representation that the individual who meet the LOCD criteria are informed of all programs for which they qualify and allows them to make an informed choice about how they want to receive long-term services and supports (LTSS).
- Understanding the options and having ongoing access to information about settings and programs.
 - Signature is attestation the above was adequately provided
 - Date and signature of beneficiary are required



MICHIGAN MEDICAID NURSING FACILITY LEVEL OF CARE DETERMINATION (LOCD)

Application ID: _____

Provider's Name : _____
Provider's ID/NPI: _____
Applicant's Name: _____
Date of Birth : _____ LOCD Created-on Date: _____
Representative(if any): _____

SECTION I-MEDICAL/FUNCTIONAL ELIGIBILITY

Based on an LOCD medical/functional assessment of LTC needs conducted on 09/21/2018 ,the applicant indicated above: (date)

- [X] 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 criteria and I am functionally 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 Medicaid 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



Provider Resources

- **MDHHS website:** www.michigan.gov/medicaidproviders
- **We continue to update our Provider Resources, just click on the links below:**
 - [Listserv Instructions](#)
 - [Medicaid Alerts and Biller “B” Aware](#)
 - [Quick Reference Guides](#)
 - [Update Other Insurance NOW!](#)
 - [Medicaid Provider Training Sessions](#)
- **Provider Support:**
 - ProviderSupport@michigan.gov or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program

Provider Resources cont.

- **MI Choice Waiver**

- https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4857_5045-16263--,00.html
 - Weylin Douglas
 - Heather Hill

- **MI Health Link**

- https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_64077--,00.html
- integratedcare@Michigan.gov
- Erika Poland
- Rebecca Bradfield

- **PACE**

- https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448-87437--,00.html
- Aimee Khaled