



Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Level of Care Determination (LOCD) Tool System Changes June 2018

“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

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, PACE, MiChoice 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

- Review the assessment information
- Click Proceed

Print Help

Level of Care Determination Reset Close

Welcome

Basic Information

Application Information

Doors

Freedom of Choice

Helpful Links

Application Information

CHAMPS Provider ID: [REDACTED]

Beneficiary Information:

Medicaid ID: [REDACTED]

*First Name: [REDACTED] *Date of Birth: mm/dd/yyyy [REDACTED]

Middle Initial: [REDACTED] *SSN (Last 4 Digits): [REDACTED]

*Last Name: [REDACTED]

Representative (If Applicable): [REDACTED]

*Type of Provider Conducting LOCD: NURSING FACILITY

*Provider Conducting LOCD: [REDACTED]

LOCD Information

LOCD Created Date: 05/30/2018 *LOCD Entered in CHAMPS by: [REDACTED]

*Name (Licensed Professional who Conducted Assessment): [REDACTED] *Phone (Licensed Professional): ###-###-####

*License Type (Licensed Professional who Conducted Assessment): --SELECT-- Other, Please Specify: [REDACTED]

*LOCD Conducted Date: [REDACTED] *LOCD Method: Face To Face Review

Next

- 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.

- ▶ Welcome
- ▶ Basic Information
- ▶ **Doors**
- Door 1 +
- Door 2
- Door 3
- Door 4
- Door 5
- Door 6
- Door 7
- ▶ Freedom of Choice
- Helpful Links

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).

- Complete Door 1

Print Help

Level of Care Determination Reset Close

Welcome

Basic Information

Doors

Door 1 ↔

Door 2

Door 3

Door 4

Door 5

Door 6

Door 7

Freedom of Choice

Helpful Links

Door 1 - Activities of Daily Living

Toilet Use

How the applicant uses the toilet room (or commode, bedpan, urinal), transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, and adjusts clothes.

- 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).

Eating

How the applicant eats and drinks (regardless of skill). Includes intake of nourishment by other means (i.e., tube feeding, total parenteral nutrition).

- 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).

Next / Freedom Of Choice

- Complete all Door 1 questions
- Click Next/Freedom of Choice

Print Help

Level of Care Determination Reset Close

▸ Welcome

▸ Basic Information

▸ **Doors**

Door 1 +

Door 2

Door 3

Door 4

Door 5

Door 6

Door 7

▸ Freedom of Choice

Helpful Links

Eating

How the applicant eats and drinks (regardless of skill). Includes intake of nourishment by other means (i.e., tube feeding, total parenteral nutrition).

Independent
No help...

Supervision
Oversight of physical...

Limited Assistance
Applicant highly dependent on 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).

LOADING...

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).

Message from webpage

The data entered qualifies the applicant for care under door 1. Click OK to proceed to Freedom of Choice Form.

OK Cancel

Next / Freedom Of Choice

- Based on the information selected will determine which Door the beneficiary qualifies through
- Click ok on the pop-up message

Print Help

Level of Care Determination Reset Close

Welcome

Basic Information

Doors

Freedom of Choice

Freedom Of Choice

Helpful Links

Provider's Name: _____ Provider's ID/NPI: _____

Applicant's Name: **DONALD DUCK** Date of Birth: _____

Representative (if any): _____ LOCD Created-On Date: **05/30/2018**

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 **Door 1**.

Does Not meet the LOCD medical/functional criteria for Medicaid NF Level of Care (please proceed to SectionIII)

Signature of healthcare professional completing or _____ Date _____
healthcare profession title

SECTION II - FREEDOM OF CHOICE

I have been advised that I meet LOCD medical/functional criteria _____
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 _____ Date _____
Signature of applicant's representative _____

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 _____ Date _____
Signature of applicant's representative _____

Submit Print FOC Print Summary

Message from webpage

?

This will submit the LOCD and disable further editing. Click OK to proceed.

OK Cancel

- 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

Print Help

Level of Care Determination Reset Close

Welcome

Basic Information

Doors

Freedom of Choice

Freedom Of Choice

Helpful Links

Provider's Name: _____ Provider's ID/NPI: _____

Applicant's Name: **DONALD DUCK** Date of Birth: _____

Representative (if any): _____ LOCD Created-On Date: **05/30/2018**

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 **Door 1**.

Does Not meet the LOCD medical/functional criteria for Medicaid NF Level of Care (please proceed to SectionIII)

Signature of healthcare professional completing or adding to LOCD
Healthcare profession title _____ Date _____

SECTION II - FREEDOM OF CHOICE

I have been advised that I meet LOCD medical/functional criteria for the 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: **LOADING...**

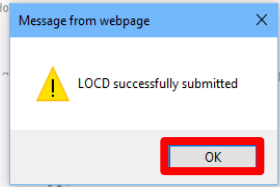
Signature of applicant _____ Signature of applicant's representative _____ Date _____

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 _____

Submit **Print FOC** **Print Summary**



- Once the LOCD tool has successfully been submitted you will receive this pop-up message

Basic Information

Doors

Freedom of Choice

Freedom Of Choice

Helpful Links



FREEDOM OF CHOICE

Application ID: [redacted]

Provider's Name: [redacted]

Provider's ID/NPI: [redacted]

Applicant's Name: DONALD DUCK

Date of Birth: [redacted]

Representative (if any):

LOCD Created-On Date: 05/30/2018

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 Door 1.

Does Not meet the LOCD medical/functional criteria for Medicaid NF Level of Care (please proceed to SectionIII)

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:

[Text input box for other service options]

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

Print FOC

Print Summary

- 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)

Application ID: _____

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 SectionIII)

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

Close Create Renew Manage

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

Filter By ▾ Filter By ▾ Filter By ▾ And Active ▾ Go Save Filters My Filters ▾

Application ID	Member ID	First Name	Last Name	Completed By Entity ID	Completed By 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
<input type="checkbox"/>						03/16/2018	03/30/2018	03/30/2018	1	12/06/2017	05/25/2019	LOCD	Face To Face Review	Nursing Facility		Completed
<input type="checkbox"/>						03/16/2018	03/30/2018	03/30/2018	2	12/06/2017	05/25/2019	LOCD	Face To Face Review	Nursing Facility		Completed
<input type="checkbox"/>						03/16/2018	03/30/2018	03/30/2018	5	12/06/2017	05/25/2019	LOCD	Face To Face Review	Nursing Facility		Completed

- 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

Close Create Renew Manage

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

Filter By

- Application ID
- DOB
- First Name
- Last 4 digits of SSN
- Last Name
- Member ID
- NPI

Filter By ▾

Filter By ▾

And

Active ▾

Go

Save Filters My Filters ▾

	First Name	Last Name	Completed By Entity ID	Completed By 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
<input type="checkbox"/>	DONALD	DUCK			05/15/2018	05/30/2018	05/30/2018	1	05/30/2018	05/15/2019	LOCD	Face To Face Review	Nursing Facility		LOCD Completed - Waiting for MA ID

View Page: 1 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

- 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

Close Add Enrollment/Admission

Member Enrollment/Admission List

Filter By [] [] Filter By [] [] Filter By [] []

Active [] Go Save Filters My Filters ▾

Actions	Transaction ID	Member ID	First Name	Last Name	Start Date	End Date	Status	Created By	User Type	Created Date	Modified Date
Action ▾					03/28/2018	12/31/2999	COMPLETED		Provider	03/29/2018	03/30/2018
Action ▾					03/12/2018	12/31/2999	COMPLETED		Provider	03/19/2018	03/30/2018
Action ▾					03/28/2018	12/31/2999	COMPLETED		Provider	03/29/2018	03/30/2018
Action ▾					08/25/2017	12/31/2999	COMPLETED		Provider	03/19/2018	03/29/2018
Action ▾					03/28/2018	12/31/2999	COMPLETED		Provider	03/29/2018	03/29/2018
Action ▾					03/27/2018	12/31/2999	COMPLETED		Provider	03/28/2018	03/29/2018
Action ▾					03/27/2018	12/31/2999	COMPLETED		Provider	03/28/2018	03/28/2018
Action ▾					03/27/2018	12/31/2999	COMPLETED		Provider	03/28/2018	03/28/2018
Action ▾					03/27/2018	12/31/2999	COMPLETED		Provider	03/28/2018	03/28/2018

View Page: 2 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- Within the Roster List page click the action dropdown selection

Close Add Enrollment/Admission

Member Enrollment/Admission List

Filter By [] Filter By [] Filter By [] Active [] Go Save Filters My Filters ▾

Actions	Transaction ID	Member ID	First Name	Last Name	Start Date	End Date	Status	Created By	User Type	Created Date	Modified Date
<ul style="list-style-type: none"> Action Delete Discharge/Disenroll Edit Details Review View Details View Eligibility View LOCD 					03/28/2018	12/31/2999	COMPLETED		Provider	03/29/2018	03/30/2018
					03/12/2018	12/31/2999	COMPLETED		Provider	03/19/2018	03/30/2018
					03/28/2018	12/31/2999	COMPLETED		Provider	03/29/2018	03/30/2018
					08/25/2017	12/31/2999	COMPLETED		Provider	03/19/2018	03/29/2018
Action ▾					03/28/2018	12/31/2999	COMPLETED		Provider	03/29/2018	03/29/2018
Action ▾					03/27/2018	12/31/2999	COMPLETED		Provider	03/28/2018	03/29/2018
Action ▾					03/27/2018	12/31/2999	COMPLETED		Provider	03/28/2018	03/28/2018
Action ▾					03/27/2018	12/31/2999	COMPLETED		Provider	03/28/2018	03/28/2018

- Select View LOCD
 - Please Note: The View LOCD only works for an admission record for a beneficiary who has MA eligibility.

CHAMPS

My Inbox ▾ Provider ▾ Member ▾

Provider Portal > Member Enrollment Admission List > LOCD List

Close Create Renew Manage

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

Filter By [] Filter By [] Filter By [] And Active [] Go [] Save Filters [] My Filters []

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
[]						07/20/2017	08/03/2017	10/01/2017	1	07/01/2017	09/18/2017	LOCD	Face To Face Review	Nursing Facility		Completed
[]						09/07/2017	09/21/2017	10/01/2017	1	09/19/2017	05/25/2019	LOCD	Face To Face Review	Nursing Facility		Completed
[]						05/15/2014	05/29/2014	08/09/2017	1	05/19/2014	06/30/2017	LOCD	Face To Face Review	Nursing Facility	Process,Data Conversion	Completed
[]						05/15/2014	05/29/2014	10/18/2016	1	02/04/2014	05/18/2014	LOCD	Face To Face Review	Nursing Facility	Process,Data Conversion	Completed
[]						11/05/2015	11/19/2015	10/18/2016	1	07/28/2015	07/28/2015	LOCD	Face To Face Review	Nursing Facility		Completed
[]						08/18/2015	09/01/2015	10/18/2016	1	05/10/2015	05/10/2015	LOCD	Face To Face Review	Nursing Facility	Process,Data Conversion	Completed
[]						02/25/2013	03/11/2013	10/17/2016	1	11/17/2012	01/26/2014	LOCD	Face To Face Review	Nursing Facility	Process,Data Conversion	Completed
[]						05/07/2014	05/21/2014	10/17/2016	1	01/27/2014	02/03/2014	LOCD	Face To Face Review	Nursing Facility	Process,Data Conversion	Completed
[]						08/25/2006	09/08/2006	10/31/2015	1	08/01/2006	08/24/2006	LOCD	Face To Face Review	Nursing Facility		Completed
[]						08/25/2006	09/08/2006	10/31/2015	1	08/25/2006	04/03/2007	LOCD	Face To Face Review	Nursing Facility		Completed

View Page: 2 [] Go [] Page Count [] SaveToXLS [] Viewing Page: 1 [] First [] Prev [] Next [] Last []

- 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
- **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 or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program