

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 <u>L-Letter 17-61</u> 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



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 Level of Care Determination

Welcome	Walcomo
Welcome	• Welcome
Basic Information	Welcome to Michigan's Medicaid Nursing Facility Level of Care Determination
Doors	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 te 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
Freedom of Choice	Program of All Inclusive Care for the Elderly (PACE) or MI Health Link must meet criteria outlined in the LOCD.
elpful Links	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 communicatio 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 wheth 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 Ca 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

Click Proceed



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Information		
ation Information	CHAMPS Provider ID:	
5	Beneficiary Information:	
om of Choice	Medicaid ID:	
Links		
	*First Name:	*Date of Birth:
		mm/dd/yyyy
	Middle Initial:	*SSN (Last 4 Digits):
	*Last Name:	
	Representative (If Applicable):	
	*Type of Provider Conducting LOCD:	
	NURSING FACILITY	
	*Provider Conducting LOCD:	
	LOCD Information	
	LOCD Created Date:	*LOCD Entered in CHAMPS by:
	05/30/2018	
	*Name (Licensed Professional who Conducted Assessment):	*Phone (Licensed Professional):
		###-###-####
	*License Type (Licensed Professional who Conducted Assessment):	Other Please Specify
	SELECT	
	*LOCD Conducted Date:	*LOCD Method:
		Face To Face Review

- 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.

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▶ Welcome	Deer 1 Aeti	vities of Deily Living		
Basic Information	Door I - Acti	vities of Daily Living		
Doors	Bed Mobility	How the applicant moves to and from lying position, turns side to side, and positions body while in bed (sleeping surface).		
Door 1 O		Independent No halp or overright OP halp or overright provided only 1 or 3 times during last 7 days.		
Door 2		Supervision		
Door 3 Door 4		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.		
Door 5		Limited Assistance		
Door 6		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.		
Door 7		C Extensive Assistance		
Freedom of Choice		While the applicant performed part of activity over last 7-day period, help of following types(s) provided 3 or more times:		
Helpful Links		 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/to	let).	
		 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

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:	Level of Care Determination	ation 27 Reset ¥Close
▶ Welcome	Deer 1 Act	ivities of Daily Living
Basic Information	Door I - Act	Ivities of Daity Living
Doors		
Door 1	D 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.
Door 2		O Independent
Door 3		No help or oversight, OR help or oversight provided only 1 or 2 times during last 7 days.
Door 4		 Supervision Oversight, encouragement or cueing provided 3 or more times during last 7 days, OR supervision 3 or more times plus
Door 5		physical assistance provided only 1 or 2 times during last 7 days.
Door 7		Limited Assistance Applicant highly involved in activity, received physical help in guided maneuvering of limbs or other non-weight-bearing
 Freedom of Choice 	-	assistance 3 or more times, OR more help provided only 1 or 2 times during last 7 days.
Helpful Links		 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
-		Full performance of activity by another during entire 7 days.
-		Activity did not occur
-		
-	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



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Welcome Basic Information Doors Door 1		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		^
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Door 6 Door 7 Freedom of Choice	Eating	How the applicant eats and drinks (regardless of skill). Includes intake of nourishment by other means (i.e., tube feeding, total parenteral Indepe Message from webpage X No help ast 7 days.	nutrition).	
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	0	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).	Freedom Of Ch	oice

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



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	Level of Care Determination		CReset Close
▶ Welcome	44		Application ID:
 Basic Information 			
Doors	Michigan Department - Health - Human Services		
 Freedom of Choice 	Provider's Name:	Provider's ID/NPI:	
Freedom Of Choice 🛛 🤤	Applicant's Name: DONALD DUCK	Date of Birth:	
Helpful Links	Representative (if any):	LOCD Created-On Date: 05/30	0/2018
	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 services and supports from:	e received information about all LTC programs available in n	ny area. I choose to receive
	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.		- 1
	Signature of applicant	Signature of applicant's representative	Date
		Submit Print F0	DC Print Summary

- Verify all the information is correct
- Click submit



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	Level of Care Determination	Close *Close
▶ Welcome	Provider's Name:	Provider's ID/NPI:
Basic Information	Applicant's Name: DONALD DUCK	Date of Birth:
Doors Freedom of Choice	Representative (if any):	LOCD Created-On Date: 05/30/2018
Freedom Of Choice	SECTION I-MEDICAL/FUNCTIONAL ELIGIBILITY	
Helpful Links	Based on an LOCD medical/functional assessment of LTC needs conducted on 05/15/2018 , the applicant indicated above: Image: Does 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) Message from webpage	×
	Signature of healthcare professional completing or a This will submit the LOCD and disable further editing. Click OK to SECTION II - FREEDOM OF CHOICE	althcare profession title Date
	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:	d information about all LTC programs available in my area. I choose to receive
	Signature of applicant 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's representative Date
	Signature of applicant 5	Signature of applicant's representative Date
		Submit Print FOC Print Summary

- 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



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। । ।	Level of Care Determination	₽ Reset ¥Close
▶ Welcome	Provider's Name:	Provider's ID/NPI:
 Basic Information 	Applicant's Name: DONALD DUCK	Date of Birth
▶ Doors		
Freedom of Choice	Representative (if any):	LOCD Created-On Date: 05/30/2018
Freedom Of Choice	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 ado SECTION II - FREEDOM OF CHOICE I have been advised that I meet LOCD medical/functional criteria MI Choice Waiver Program. MI Choice Waiver Program. MI Health Link. Other service option(s) and local referral(s) that do not requ	Healthcare profession title Date e received information about all LTC programs available in my area. I choose to receive
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	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



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Freedom of Choice		Nichigan Department o Health & Human Services		
Freedom Of Choice	Ð	Provider's Name:	Provider's ID/NPI:	
Helpful Links		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 app	plicant indicated above:	
		Does meet the LOCD medical/functional criteria for Medicaid NF Level of Care by scoring in Do	or 1.	
		Does Not meet the LOCD medical/functional criteria for Medicaid NF Level of Care (please proc	eed 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 services and supports from:	C programs listed below. I have received information about all LTC programs available in my area. I choose to r	receive
		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 un	iderstand my right to appeal.	
		Signature of applicant	Signature of applicant's representative Date	
			Print FOC. Print Summ	mary

- 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

é		Applicatio	on ID:
MEDHHS	MICHIGAN MEDICAID) NURSING FACILITY LEVEL OF CARE DETI	ERMINATION (LO
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Provider's ID/NPI:			
Applicant's Name:	DONALD DUCK	LOCD Created on Dates 05/20/2	010
Representative(if a	any):	LOCD Created-on Date. 05/50/2	010
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LOCD Search Function

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- 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

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- 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

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• Within the Roster List page click the action dropdown selection



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



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- 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