Michigan Department of Health and Human Services

Supporting Documentation Examples for
LOCD Verification Review and Secondary Review for Door 0 (Does not meet LOCD)

Door 0 (Does not meet LOCD)

The provider must supply detailed documentation describing the health professional's observations of the individual's current health status and physical capabilities. Include copies of any assessments or notes that the health professional reviewed. The health professional must report his/her findings pertaining to each Door of the LOCD to demonstrate that the individual does not appear to meet the LOCD. Notes or narratives must be signed and dated by the health professional creating them.

EXAMPLE OF DOCUMENTATION FOR DOOR 0 LOCDS:

Door 1: Individual is able to get in and out of bed by herself. She gets into and out of chairs independently. She does not need any assistance with toileting. She occasionally needs someone to cut up her food when the arthritis in her right hand is bothering her, but she is always able to feed herself.

Door 2: The individual was able to remember all three words of the short-term memory test after 5 minutes. She converses clearly and easily. She expressed no difficulty understanding the care coordinator during the assessment and was able to teach back the education the care coordinator provided on her high blood pressure medication. The individual was wearing weather-appropriate clothing and used her cane whenever she ambulated. She can keep track of her daily schedule without assistance. She can travel, manage her finances, and manage her medications independently.

Door 3: In the past 14 days, the individual has had two physician appointments and no order changes.

Door 4: The individual does not have any of the treatments or conditions listed. She uses oxygen at night about twice per week but does not need it every day.

Door 5: Individual does not have a need for physical, occupational, or speech therapy currently. She has no therapies ordered.

Door 6: The individual has not displayed wandering, verbal abuse, physical abuse, socially inappropriate/disruptive behaviors, resisting care, delusions, or hallucinations over the past 7 days per individual and her caregiver. The individual denies having a history of behavioral health conditions.

Door 7: The beneficiary has not been in PACE, MI Choice, the MI Health Link HCBS waiver, or a nursing home for one year. The beneficiary does not require ongoing services to maintain current functional status. The beneficiary is provided custodial care only. There are other community, residential or informal services available to meet the beneficiary's needs. There are two assisted living facilities within a 5-mile radius that are willing to accommodate the resident's current needs.

Documentation Example for *Secondary Review Only* – see Exception/Frailty Process Form

Door 8: The individual does not meet any of the Exception Criteria. She can complete her Activities of Daily Living in a reasonable amount of time. The individual experiences occasional shortness of breath during daily activities but it does not prevent her from completing activities. The individual experiences mild chronic pain due to arthritis in her hand, but it is well controlled and does not prevent her from completing her daily activities. The individual has not had any falls in the past month. The individual can manage her own medications. The individual's weight has been stable for the past 3 years and she eats at least two meals per day. The individual has not had any emergency room visits in the past year. The individual did not provide or show any evidence of wandering, verbal abuse, physical abuse, socially inappropriate behavior, or resisting care in the past month or past week. The individual did not provide or show any evidence of a need for complex treatments or nursing care.