

Michigan Medicaid Nursing Facility  
Level of Care Determination

**User Manual**

November 2006

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## INTRODUCTION

### Michigan Medicaid Nursing Facility Level of Care Determination User Manual

The Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) is the state's Medicaid functional/medical assessment that determines nursing facility level of care eligibility for Medicaid or Medicaid Pending beneficiaries. The LOCD is accessible through the Michigan Department of Information Technology's secure on-line Single Sign-on system. To gain access to the LOCD you must first register with Michigan's Single Sign-on system. The first section of this manual provides step-by-step instructions on how to register with Single Sign-On.

Once the registration process is completed and authorized by the state, the second section of this manual provides detailed instruction on how to complete the online LOCD.

### Other LOCD Resources

Below is a list of additional resource documents related to the LOCD, such as LOCD policy, definitions of level of ability, Nursing Facility Level of Care Exception Reviews for ineligible beneficiaries, beneficiary appeals and guidelines to state services for persons needing long-term care. These documents, including this User Manual, are located on the Michigan Department of Community Health's website at <http://www.michigan.gov/mdch> >>Providers >> Information for Medicaid Providers >> Michigan Medicaid Nursing Facility Level of Care Determination.

- Nursing Facility Level of Care Determination - Policy
- Freedom of Choice form
- Michigan Medicaid Nursing Facility Level of Care Determination Field Definitions
- Michigan Medicaid Nursing Facility Level of Care Determination User Manual
- Nursing Facility Level of Care Exception Process
- Michigan Medicaid Nursing Facility Level of Care Determination Process Guidelines
- Access Guidelines to State Services for Persons with Long Term Care Needs
- Telephone Intake Guidelines
- Appeal Notices

You do not need to be registered with Michigan's Single Sign-on system to access the MDCH website documents. You must, however, be registered with the Single Sign-on system to complete the LOCD on-line. The web address for the MDCH documents is:  
<http://www.michigan.gov/mdch>

## THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

### SINGLE SIGN-ON SYSTEM

#### Overview of the Michigan Single Sign-on System

Michigan's Single Sign-on system (SSO) is a secure Internet website located on the State of Michigan's Portal Page (<https://sso.state.mi.us/>). SSO is utilized by health professionals throughout the state to gain access to numerous applications involving the submission of confidential data to the state (i.e., the Michigan Disease Surveillance System and the Michigan Childhood Immunization Registry). Access to online applications requires registering with SSO. The registration process ensures that only authorized individuals may enter, view and submit data through SSO. The secure nature of the system stipulates that:

- Each SSO user must create his or her unique User ID and password when registering (even if an email account is shared). If a registered user is using the system incorrectly, identification of that user is made via his or her User ID.
- If a SSO registered user will no longer access the LOCD (no longer employed, change in job position), he or she must be removed from the registry. The facility or agency is required to call the client service center at 517-241-9700, or email [ditservice@michigan.gov](mailto:ditservice@michigan.gov), to request the removal of the user from the Single Sign-on system.

#### Software Requirements

On-line access to LOCD requires access to the Internet through either of the two following Internet Browsers:

- Internet Explorer, version 5.5 or greater
- Netscape, version 6 or greater.

Earlier versions of Internet Explorer or Netscape may be updated through your current Internet Explorer or Netscape browser. Please note that access to the LOCD via the Mozilla browser is not compatible.

Internet Explorer: <http://www.internetexplorer.com>

Netscape: <http://channels.netscape.com/ns/browsers/default.jsp>

#### Registering in Single Sign-On

Registering for Single Sign-on (SSO) is a two-step process that needs to be completed only once. Please note that the SSO system is a secure website; this is noted by the 's' that is located after 'http.' Also, the SSO website contains no 'www' in its address. <https://sso.state.mi.us/>

#### Step 1:

- Access Michigan's Single Sign-on Web Portal
- Register Personal Information
- Create Unique User ID

## Access Michigan's Single Sign-On Web Portal

Direct your Internet browser to the State of Michigan Portal Page: <https://sso.state.mi.us/>.

Select **Register**.

## Register Personal Information

Enter your first name, last name and email address. These fields are mandatory. Entering your middle initial is optional.

Before continuing, carefully review the information you've entered, especially your email address since this will be used to contact you regarding your temporary password.

State of Michigan employees *must* use their [@michigan.gov](mailto:@michigan.gov) email address when registering.

If you would like to clear all fields on this screen and begin again, select **Clear**, then re-enter your information. When you have completed all fields, select **Continue**.

## Create Unique User ID

A portion of your User ID is created for you through the registration process; this portion is your last name, first initial. The remainder of your User ID must be unique. This unique portion is created by you. It must be a series of four numbers following your last name, first initial. (State of Michigan employees will not see this portion of Single Sign-on.)

Enter a four-digit number (that you will remember) in the white box following your User ID (your last

name, first initial). Select No next to 'Please generate a random four-digit number for me.' If you select Yes, the system will generate a random four-digit number for you. Example: doe1234

At the bottom of the screen is a five-digit number located inside a blue box. Enter this number into the empty box directly above it.

Select **Continue**. You will immediately receive a **User Registration Confirmation** screen of your personal data and User ID.

Please review all of your information on the user registration confirmation screen. If there are corrections to be made, select the **Back** button. If the information is correct, select **Submit**. Your data has now been sent to Michigan's Single Sign-on system. A new screen will open that reads "... your request to be registered is being processed...." It also informs you that your temporary password will be emailed to you within 24 hours. The temporary password is usually received much sooner, sometimes within a few hours.

Close this screen and your Internet Browser.

Step 1 of the registration process is complete. Step 2 of registration continues after you receive an email from SSO. The email will contain your temporary password and a link to SSO to continue with the registration process.



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**USER REGISTRATION CONFIRMATION**

Please review the following information. Click Submit

**First Name** : John  
**Initial** :  
**Last Name** : Doe  
**Email Address** : doej@yahoo.com  
**Your User Id will be** : doej2000



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 **Michigan.gov**  
An Official State of Michigan Web Site

Your request to be registered to the Michigan Web Site is being processed. You will receive an Email within 24 hours with a web site to get your password.

## Step 2:

- Confirmation of Registration Email
- Change Temporary Password
- Answer Challenge/Response Questions
- Subscribe to LOCD
- Enrollment Confirmation



### Confirmation of Registration Email

The confirmation email will include a link to Single Sign-on's **Change Password** screen. Select this link to change the **temporary** password that was assigned to you in the email. You must change your temporary password and you may use this temporary password only ONE time. If you do not intend to complete registration at this time, do not select this link upon email notification. You may log in at another time to <https://sso.state.mi.us/> and complete the registration process using your 'one time' temporary password.

**\*\*NOTE - PASSWORDS ARE CASE SENSITIVE\*\***

Remember the upper case and lower case portions of your password, or, use all upper case or all lower case.

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User johnd2000's password has expired

Input old password :

Input new password :

Confirm new password :

NOTE: Passwords must be at least five(5) characters in length. Passwords are case sensitive.

### Change Temporary Password

To continue the registration process, select the SSO link in your confirmation email (<https://sso.state.mi.us/>). Enter your User ID and temporary password to open the **Change Password** screen. Again, please note that your temporary password may be used only *one* time. After it's used once, it will expire.

Change your password as follows:

1. Enter Old Password (passwords are case sensitive)
2. Enter New Password that is at least five (5) characters in length (passwords are case sensitive)
3. Confirm New Password by re-entering (passwords are case sensitive)
4. Select **Change Password**

## Answer Challenge/Response Questions

Selecting **Change Password** will generate a screen containing password reminder questions (Challenge/Response). Should you forget your password, these challenge/responses are developed to ask questions that only you would know the answers to, thus maintaining the confidentiality of your password and the security of the SSO system. You may not bypass these Challenge/Response questions.

### Answers to Challenge/Response questions are case sensitive

Enter your answer to each question in the blank **Answer** field located below each question. Please remember that answers are case sensitive.

**Change Challenge/Response Answers**  
Change your answers and click OK. You must provide an answer to each challenge.

**What is your mothers maiden name?**  
Answer: [.....] Confirm Answer: [.....]

**What are the last four (4) digits of your social security number?**  
Answer: [.....] Confirm Answer: [.....]

**What is the name of the city in which you were born?**  
Answer: [.....] Confirm Answer: [.....]

**What is your fathers middle name?**  
Answer: [.....] Confirm Answer: [.....]

To the right of each answer field is a **Confirm Answer** field. Re-enter your answer to each question.

If you want to change your responses to the questions, select **Cancel** and re-enter your answers. To submit your **Challenge/Responses**, select **OK**. You will receive an email notification that your answers and *confirmed* answers match (or don't match). If your answers do not match, you will be asked to re-enter your answers.

Selecting **OK** will open an **Account Maintenance** screen. Select **Done**.

Department of **MDCH** Community Health Michigan.gov  
User ID: brooks3619 Sign Off

**Account Maintenance**

- [Change My Personal Information](#)
- [Change My Password](#)
- [Change My Challenge/Response Answers](#)

### **Forgotten Password**

Should you forget your password, select **I forgot my Password** from the Single Sign-on Log In screen. Enter your User ID. You will be asked to respond to two of your challenge/response questions. Remember that challenge/responses are case sensitive. Correct responses will generate a Single Sign-on email response to your email address. The email will contain a new temporary password. Log in using your temporary password, then go through the Change Password process.

## Subscribe to LOCD

Once you've completed your **Challenge/Responses** and **Password Update**, you will be directed to the Michigan Department of Community Health (SOM-DCH) Application Portal screen.

Select **Subscribe to Applications**.

The screenshot shows the top banner with the MDCH logo and 'Department of Community Health' text. Below the banner is the title 'SOM-DCH Application Portal' and a 'WELCOME' message with a placeholder for the user's name. A message states: 'You are NOT currently subscribed for any applications. If you wish to subscribe for application access please click on the [Subscribe to Applications](#) link below.' At the bottom, there are three links: 'Subscribe to Applications' (circled in red), 'Account Maintenance', and 'Sign Off'.

A **Subscription** screen will open. From the drop-down arrow, select **LOC Determination**.

Select **Next**.

The screenshot shows the 'SUBSCRIPTION' header. Below it, the text says 'Please Select from the list'. A dropdown menu is open, showing 'LOC Determination' which is highlighted with a blue background and circled in red. Below the dropdown are 'Next' and 'Back' buttons.

The **Subscription For: LOCD Determination** screen will open. Enter your work telephone number, including your area code. Your email address will appear automatically.

State of Michigan employees will be asked for their Supervisor/Security Administration email address. Non-State employees do not enter this information.

The screenshot shows the 'Subscription For' dropdown set to 'LOC Determination'. Below this, there is a note: '\* Indicates required field'. There are two input fields: 'Work Phone\*' and 'Your E-mail\*'. The 'Your E-mail\*' field contains the text 'Your Email Address'. Below the fields are 'Continue', 'Reset', and 'Back' buttons.

Select **Continue**, or select **Reset** to re-enter your telephone number.

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User Enrollment Confirmation For: **LOC Determination**

Please review the following information. Click Submit or Back.

User Info	
Username	Doej1234
Email Address	jdoe@email.com
Full Name	Jane Doe
Phone Number	123-453-7890

Submit Back

Selecting **Continue** will open the **User Enrollment Confirmation For: LOC Determination** screen. Review your information before selecting **Submit**. If you need to correct data, select **Back** and edit the information. If the data entered are correct, select **Submit**.

Selecting **Submit** will open a **Confirmation** screen. This screen will inform you that your subscription request has been submitted successfully. Close this screen.

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Your subscription request has been submitted successfully. You will be notified upon approval.

Close

You will receive an email notification informing you of whether or not your application has been approved or rejected. Upon approval you may log into Michigan's Single Sign-on system with access rights to the Michigan Medicaid Nursing Facility Level of Care Determination.

Upon your first log in to the LOCD, the **User Permission** screen will open. *This will occur only once.*

- Enter your First Name, Last Name
- Enter your Provider ID - **review before submitting**
- Enter your Provider Type from the drop-down arrow - **review before submitting**
- Select **Submit**

To clear all fields and start again, select **Reset**.

MDCH LTC Determination

Michigan.gov

**User Permission**

All fields are mandatory

**Your User Name**

User Name .....  
 First Name   
 Last Name   
 Provider ID   
 Provider Type

Submit Reset

If you submit the **User Permission** screen and realize you've entered incorrect data, upon your next log in, select **Account Maintenance**, and select **Change My Personal Information**.

## OVERVIEW

### THE MICHIGAN MEDICAID NURSING FACILITY LEVEL OF CARE DETERMINATION

Michigan's Medical Services Administration implemented the **Michigan Medicaid Nursing Facility Level of Care Determination (LOCD)** in policy bulletin MSA 04-15 as statewide policy on November 1, 2004. The most recent update to the LOCD was issued March 1, 2005, in bulletin MSA 05-09. Both bulletins are available for review on the Michigan Department of Community Health's website at <http://www.michigan.gov/mdch>.

As mentioned previously in this User Manual, **the LOCD is an online medical/functional assessment that determines a Medicaid or Medicaid pending beneficiary's nursing facility level of care medical eligibility. It is applied to beneficiaries prior to enrollment in the MI Choice Program or the Program of All Inclusive Care for the Elderly (PACE), and prior to admission into a Medicaid reimbursed nursing facility.** The LOCD is also applied to current nursing facility residents that have applied for Medicaid (status is pending) as the payer for nursing facility services and to new admissions who are Medicaid-eligible, regardless of primary payer source, if Medicaid, beyond Medicare co-insurance and deductible amounts, will be requested for Medicaid reimbursable nursing facility services.

Although the LOCD is to be completed prior to the start of Medicaid reimbursable **services**, policy allows a fourteen (14) day 'grace period' after admission or enrollment for the LOCD to be applied **online**. For example, a hard copy of the LOCD may be completed upon admission or enrollment, however, an **online** LOCD must be completed within fourteen (14) days of that beneficiary's admission or enrollment.

**The online LOCD is available Monday through Friday, between the hours of 7:00 A.M. and 7:00 P.M., as well as the second Saturday of the month.**

**The online LOCD is not available on State of Michigan holidays. Holidays are posted in advance at the top of the LOCD's Welcome screen.**

### Accessing the LOCD via the Internet

The LOCD is accessible only through Michigan's Single Sign-on system, an Internet based website described on page one (1) of this manual.



1. Direct your web browser to <https://sso.state.mi.us/>.
2. Enter your User ID and password. (If you are not registered with Single Sign-on, you must first register. Instructions for registration are located on [page 2](#).)
3. Select **LOC Determination**

## THE ONLINE

### THE MICHIGAN MEDICAID NURSING FACILITY LEVEL OF CARE DETERMINATION

#### Welcome Screen

After selecting the **LOC Determination**, the LOCD **Welcome** screen will open. At the top of this screen is a 'News Box.' This News Box is periodically updated with reminders on LOCD policy, LOCD tips, and notices of when the LOCD will be unavailable due to state holidays. The **Welcome** screen also lists contact information for LOCD users. For LOCD technical support or questions, contact Michigan's Provider Support Hotline at 1.800.292.2550, M-F, between 8:00 A.M. and 5:00 P.M. The Provider Hotline also accepts faxed inquiries at 517.241.8968 as well as email inquiries at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov)

In the upper right hand corner of the **Welcome** screen is a link (Help/Forms/FAQ) to the MDCH website that contains documents related to the use of the LOCD, as well as the policy that supports LOCD application requirements.

MDCH LOC Determination Michigan.gov Help/Forms/FAQ

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

\*\*\*\*\* LOCD TIPS \*\*\*\*\*  
Multiple online LOCDs for the same beneficiary do not affect billing. Misspelled names or a name that was entered as last name first, and first name as last, do not affect billing. Incorrect birth dates do not affect billing. A Medicaid ID that begins with Zero will not show the Zero in the online LOCD. Please remember that the LOCD is to be applied to Medicaid AND to Medicaid Pending beneficiaries. Don't wait for a confirmation of Medicaid financial eligibility - if the individual applied for Medicaid, apply the LOCD. Please direct all your billing and LOCD technical questions to the Provider Hotline at 800-292-2550 or FAX the Provider Hotline at 517-241-8968.

Michigan's nursing facility level of care determination form is a web-based tool that determines an applicant's medical/functional eligibility for Michigan's Medicaid-covered nursing facilities, Michigan's Home and Community Based Waiver for Elderly and Disabled (MI Choice Program) and the Program of All Inclusive Care for the Elderly (PACE). The form was developed for use by health care professionals representing the program provider.

The system is available Monday through Friday between the hours of 7:00 A.M and 7:00 P.M and the second Saturday of the month.

Michigan's Medicaid Nursing Facility Level of Care Determination meets HIPAA compliance.

The Social Security Act, Sections 1919a, 1915c, and 1934 forms the legal authority for states to develop an individual definition for Medicaid nursing facility level of care. This electronic tool identifies Michigan's eligibility criteria.

For technical support and utilization of the LOC Determination, please contact the Provider Support Hotline at 1-800-292-2550, Monday through Friday, 8:00 A.M. till 5:00 P.M. You may also fax the hotline at 1-517-241-8968 or contact them by email at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).

Continue to LOC Determination Participant Inquiry Emergency/Involuntary Transfer  
Exit Application Add Beneficiary ID Print Blank Application

Version 2.1.20

At the bottom of the Welcome screen are six buttons that link the user to different functions of the LOCD. Three of the six buttons are 'data entry' buttons.

Two of these three buttons are used to create a beneficiary's online LOCD: one is for new admissions or enrollees, and one is for emergency or involuntarily transferred residents.

- **Continue to LOC Determination** - create an online LOCD for new admission or new enrollee
- **Emergency/Involuntary Transfer** - create an online LOCD for a resident that was transferred involuntarily or due to an emergency

The third data entry button is used to update an existing online LOCD with the beneficiary's Medicaid Beneficiary ID.

- **Add Beneficiary ID** - add the beneficiary's Medicaid ID to the existing online LOCD

The remaining three of the six buttons are used to exit the LOCD (**Exit Application**), to print a hard copy of the LOCD (**Print Blank Application**) and to look up existing LOCDs (**Participant Inquiry**).

## LOCD Data Entry Buttons: Continue to LOCD, Add Beneficiary ID, Emergency/Involuntary Transfer

**Continue to LOC  
Determination**

Select **Continue to LOC Determination** to conduct an LOCD assessment. The beneficiary's Information screen located above Door One of the LOCD will open. The program will automatically enter the Provider ID and Provider Type that you are registered under. Enter the following information:

- Enter the Beneficiary's First Name, Middle Name and Last Name
- Enter the Beneficiary's Date of Birth (mm/dd/yyyy) (no hyphens)
- Enter the Provider Contact's First and Last Name
- Enter the Provider's Day-Time Phone number (no hyphen)

If the Medicaid ID is not available when you create the online LOCD, enter it as soon as you receive it. You may submit a claim only when the Medicaid ID is added to the online LOCD.

### Completing the Doors

There are seven (7) possible Doors of eligibility in the LOCD. They must be addressed in sequential order. If the applicant qualifies through any one of the seven Doors, the program will open the screen to the Freedom of Choice form, bypassing any remaining Doors. The Freedom of Choice form is described on page 19.

#### Door 1: Activities of Daily Living

Door 1 includes four Activities of Daily Living (ADLs):

- A. Bed Mobility
- B. Transfers
- C. Toileting
- D. Eating

**Activities of Daily Living have a 7-day look-back period.**

For each ADL, select the beneficiary's level of ability from one of the six levels (**Independent, Supervision, Limited Assistance, Extensive Assistance, Total Dependence or Activity did not occur**). Definitions of the six ADL levels of ability are located in the [Field Guidelines](#) document that is available on the MDCH website.

After selecting the level of ability for Bed Mobility, select **Submit**. Then select the level of ability for Transfers, then **Submit**. Do the same for Toileting and Eating, selecting **Submit** after entering each level of ability.

If the beneficiary qualifies through part's A, B, C or D of Door 1, the program opens the Freedom of Choice form. If the beneficiary does not qualify through Door 1, the screen for Door 2 will open.

**The Freedom of Choice form auto-fills the applicant's name, beneficiary ID, if entered, Provider ID, the date the online LOCD was created, and checkmarks the box stating that the applicant Does meet eligibility criteria. It will also provide the Door Number through which the beneficiary qualified.**

**Policy requires Providers of long-term care services to print a copy of the Freedom of Choice form, complete Section II, obtain appropriate signatures, give the original to the applicant and file a copy in the applicant's medical record.**

**Door 2: Cognitive Performance**

Door 2 contains three topics related to cognitive performance:

- A. Short-term memory
- B. Cognitive skills for daily decision-making
- C. Making self understood

**Cognitive Performance has a 7-day look-back period.**

Definitions for Levels of Performance for each cognitive topic are located in the [Field Guidelines](#).

- A. Short-term Memory:  
Select one of the two options (**Memory Okay** or **Memory Problem**). Select **Submit**.
- B. Cognitive skills for daily decision-making:  
Select one of the four options (**Independent**, **Modified Independent**, **Moderately Impaired**, **Severely Impaired**). Select **Submit**.
- C. Making self understood:  
Select one of the four options (**Understood**, **Usually Understood**, **Sometimes Understood**, **Rarely/Never Understood**). Select **Submit**.



If the beneficiary qualifies through Door 2, the Freedom of Choice form will open. If the beneficiary does not qualify through Door 2, the screen for Door 3 will open.

### **Door 3: Physician Involvement**

Door 3 has two topics related to physician involvement:

- A. Physician Visits
- B. Physician Orders

Physician Visits and Physician Orders are defined in the [Field Guidelines](#).

The screenshot shows a web-based form titled "Michigan Medicaid Nursing Facility Level of Care Determination". At the top right are links for "Help" and "Exit Application". Below the title, there are fields for "Provider ID: 0", "Provider Type", "Beneficiary ID: 0", "Applicant's First Name: TEST", "Middle Name: TEST", "Last Name: TEST", and "Date of Birth: 11-11-1911". The main section is titled "Door 3 : Physician Involvement (Is the applicant under the care of a physician for treatment of an unstable medical condition?)". It contains two questions: "A. Physician Visits: In the last 14 days, how many days has the physician, or authorized assistant or practitioner, examined the applicant? Do not count emergency room exams. Enter zero if none." and "B. Physician Orders: In the last 14 days, how many days has the physician, or authorized assistant or practitioner, changed the applicant's orders? Do include physician order changes in the emergency room. Do not include drug or treatment order renewals without change. Enter zero if none." Both questions have input boxes. At the bottom right are "Submit" and "Reset" buttons.

**Physician Visits and Physician Orders have a 14-day look-back period.**

- A. Physician Visits:  
Enter the number of days the physician examined the beneficiary (DO NOT count emergency room visits).
- C. Physician Orders:  
Enter the number of days the physician changed the beneficiary's orders (DO count emergency room physician order changes, DO NOT count drug or treatment order renewals *without change*).

Select **Submit**.

**If the beneficiary qualifies through Door 3, a Discharge Planning/Retrospective Review screen will open. Qualifying through Door 3 is an indicator that the beneficiary may be clinically complex. Once the beneficiary's condition becomes more stable, he or she may no longer be eligible based on the LOCD criteria, therefore, it is expected that appropriate medical intervention and discharge planning will take place as needed.**

If the beneficiary qualifies through Door 3, the Freedom of Choice form will open. If the beneficiary does not qualify through Door 3, the screen for Door 4 will open.

### **Door 4: Treatments and Conditions**

Door 4 has nine topics related to physician-documented treatments and conditions. If the treatment or condition is a physician-documented diagnosis within the beneficiary's medical record and the treatment or condition continues to affect functioning or the need for care, select **Yes** for that treatment/condition.

If the beneficiary does not have the condition, or is not under treatment, or there is no physician-documented diagnosis within their medical record, select **No** for that treatment/condition.

- A. Stage 3-4 pressure sores
- B. Intravenous or parenteral feedings
- C. Intravenous medications
- D. End-stage care
- E. Daily tracheostomy care, daily respiratory care, daily suctioning
- F. Pneumonia within the last 14 days
- G. Daily oxygen therapy
- H. Daily insulin with two order changes in last 14 days
- I. Peritoneal or hemodialysis

Qualifications for each treatment and condition are located in the [Field Guidelines](#).

**Treatments and Conditions have a 14-day look-back period. You must select Yes or No for each treatment or condition.**

The screenshot shows the 'Michigan Medicaid Nursing Facility Level of Care Determination' form. At the top, it displays 'Provider ID: 000000', 'Provider Type: 63', 'Beneficiary ID: 0', 'Applicant's First Name: GHKJ', 'Middle Name: GHK', 'Last Name: GHKJ', and 'Date of Birth: 12-12-1926'. The main section is titled 'Door 4 : Treatments and Conditions (Has the applicant in the last 14 days received any of the following health treatments, or demonstrate any of the following health conditions?) Complete each item below either Yes or No.' It lists nine items (A-I) with 'Yes' and 'No' radio button options. A bracket on the right side of the list indicates that all items must be answered. At the bottom, there are 'Submit' and 'Reset' buttons.

After answering Yes or No for each treatment/condition, select **Submit**.

If the beneficiary qualifies through Door 4, the Freedom of Choice form will open. If the beneficiary does not qualify through Door 4, the screen for Door 5 will open.

**If the beneficiary qualifies through Door 4, a Discharge Planning/Retrospective Review screen will open. Qualifying through Door 4 is an indicator that the beneficiary may be clinically complex. Once the beneficiary's condition becomes more stable, he or she may no longer be eligible, therefore, it is expected that appropriate medical intervention and discharge planning will take place as needed.**

### **Door 5: Skilled Rehabilitation Services**

Door 5 contains three areas specific to skilled rehabilitation services:

1. Speech Therapy
2. Occupational Therapy
3. Physical Therapy

**Skilled rehabilitation services have a 7-day look back period.**

Column A: For each therapy, enter the total number of minutes therapy was provided in the last 7 days. Enter zero if no minutes were provided or if less than 15 minutes were provided.

Column B: For each therapy, enter the total number of minutes therapy was scheduled but not yet administered. Enter zero if no minutes were scheduled or if less than 15 minutes were scheduled.

Select **Submit**.

The screenshot shows the 'Michigan Medicaid Nursing Facility Level of Care Determination' form for Door 5. It displays the same provider and applicant information as Door 4. The main section is titled 'Door 5 : Skilled Rehabilitation Therapies - (Is the person currently receiving any skilled rehabilitation therapies?) Record the total minutes each of the following therapies were administered or scheduled (for at least 15 minutes a day) in the last 7 calendar days. Enter zero if none or less than 15 minutes daily.' Below this, it defines 'A = Total number of minutes provided in last 7 days' and 'B = Total number of minutes scheduled but not yet administered'. A table with three rows (Speech Therapy, Occupational Therapy, Physical Therapy) and two columns (A, B) contains input boxes for minutes. At the bottom, there are 'Submit' and 'Reset' buttons.

If the beneficiary qualifies through Door 5, the Freedom of Choice form will open. If the beneficiary does not qualify through Door 5, the screen for Door 6 will open.

**If the beneficiary qualifies through Door 5, a Discharge Planning/Retrospective Review screen is generated. Qualifying through Door 5 is an indicator that the beneficiary may be clinically complex. Once the beneficiary's condition becomes more stable, he or she may no longer be eligible, therefore, it is expected that appropriate medical intervention and discharge planning will take place as needed.**

**Door 6: Behavior**

Door 6 relates to behavioral symptoms and problem conditions. Qualifications for behavioral symptoms and problem conditions are located in the [Field Guidelines](#).

Behavioral Symptoms include:

- A. Wandering
- B. Verbally Abusive
- C. Physically Abusive
- D. Socially Inappropriate/Disruptive
- E. Resists Care

Problem conditions include:

- A. Delusions
- B. Hallucinations

**Behavioral symptoms and problem conditions have a 7-day look-back period.**

Behavioral Symptoms:

Select 0, 1, 2 or 3, depending on how frequently the beneficiary displayed a behavioral symptom:

- 0 = Did not occur in the last 7 days
- 1 = Occurred 1 - 3 days in the last 7 days
- 2 = Occurred 4 - 6 days in the last 7 days
- 3 = Occurred daily

**Michigan Medicaid Nursing Facility Level of Care Determination**

Provider ID: 000000      Provider Type: 63      Beneficiary ID: 0  
 Applicant's First Name: GHKJ      Middle Name: GHK      Last Name: GHKJ  
 Date of Birth: 12-12-1926

**Door 6 : Behavioral** (Has the applicant displayed any challenging behaviors in the last 7 days?)

Behavior Code:  
 0 = Behavior not exhibited in last 7 days  
 1 = Behavior of this type occurred 1 to 3 days in last 7 days  
 2 = Behavior of this type occurred 4 to 6 days, but less than daily  
 3 = Behavior of this type occurred daily

Behavior Symptoms:	0	1	2	3
<b>Wandering</b> - Moved with no rational purpose, seemingly oblivious to needs and safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Verbally Abusive</b> - Others were threatened, screamed at, cursed at.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Physically Abusive</b> - Others were hit, shoved, scratched, sexually abused.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Socially Inappropriate/Disruptive</b> - Made disruptive sounds, noisiness, screaming, self-abusive acts, inappropriate sexual behavior or disrobing in public, smeared or threw food/feces, hoarding, rummaged through others' belongings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Resists Care</b> - Resisted taking medication or injections, ADL assistance or eating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Problem Conditions:**  
 Problem Condition Code: If present at any point in last 7 days, code either Yes or No.  
 Delusions       Yes     No  
 Hallucinations     Yes     No

For problem conditions, select **Yes** or **No** if it occurred within the last seven days.

When this screen is completed, select **Submit**.

If the beneficiary qualifies through Door 6, the Freedom of Choice form will open. If the beneficiary does not qualify through Door 6, the screen for Door 7 will open.

**Door 7: Service Dependency**

Door 7 refers to individuals who have been enrolled in a Medicaid reimbursed nursing facility, the MI Choice Program, or the PACE program for one year or more **AND** who remain service dependent. You may combine the length of time the beneficiary has continuously been in the MI Choice Program, PACE or other nursing facilities. Qualifications for service dependency are located in the [Field Guidelines](#).

If the beneficiary has been in a program, or combination of the above programs, for at least one year, **AND** the beneficiary requires ongoing services to maintain current functional status **AND** those services

can not be met elsewhere in the community, select "**Program participant for at least one year AND requires ongoing services....**"

If the beneficiary has not been a program participant for at least one year, select the radial dial "**NOT Program participant for at least one year.**"

Select **Submit**.

**Michigan Medicaid Nursing Facility Level of Care Determination**

Provider ID: 21      Provider Type: 63      Beneficiary ID: 0  
 Applicant's First Name: GHKJ      Middle Name: GHK      Last Name: GHKJ  
 Date of Birth: 12-12-1926

**Door 7 : Service Dependency**  
 The applicant is currently being served by either MI Choice Program, PACE or Medicaid reimbursed nursing facility. May combine time across service programs (e.g., transferred from nursing facility to MI Choice, MI Choice to nursing facility).

Program participant for at least one year and requires ongoing services to maintain current functional status. No other community, residential or informal services are available to meet the applicant's needs.  
 NOT Program participant for at least one year

Submit    Reset

If the beneficiary qualifies through Door 7, the Freedom of Choice form will open and checkmark that the beneficiary 'Does Meet' eligibility. If the beneficiary does not qualify through Door 7, the Freedom of Choice form will open and checkmark that the beneficiary 'Does Not' meet eligibility.

### Freedom of Choice Form

When the LOCD is completed, the Freedom of Choice form will open. Section I of the Freedom of Choice form will checkmark that the beneficiary either "Does" or "Does Not" meet eligibility criteria, and fill in the beneficiary's and provider's information.

If a beneficiary does not meet eligibility criteria, Section I will contain an **ELIGIBILITY OPTION** button. This button is viewable only when a beneficiary is determined ineligible. Provider's have the option of selecting this button as another possible option of medical review for the beneficiary. When the Eligibility Option button is selected, the **Option** screen will open. There are two choices on this screen. One must be selected. Further instruction on the Option screen is on page 17 of this manual.

**Michigan Medicaid Nursing Facility Level of Care Determination  
Freedom of Choice**

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Representative (if any): \_\_\_\_\_

**SECTION I - FUNCTIONAL/MEDICAL ELIGIBILITY**  
 Based on an assessment of functional abilities and needs conducted on \_\_\_\_\_ (date), the applicant indicated above:

Does meet the functional/medical eligibility criteria for Medicaid LTC programs by scoring in Door \_\_\_\_\_.  
 Does Not meet the functional/medical eligibility criteria for Medicaid NF Level of Care (please proceed to Section III)

**ELIGIBILITY OPTION**

Signature of professional completing assessment \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**SECTION II - FREEDOM OF CHOICE**  
 I have been advised that I meet functional/medical eligibility criteria and I have received information about the following programs:

MI Choice Program. I have received information about the MI Choice program.  
 Local Referral: \_\_\_\_\_

Nursing facility care. I have received information about nursing facilities in my area.  
 PACE Program. I have received information about the PACE program.

Signature of applicant \_\_\_\_\_ Signature of applicant's representative \_\_\_\_\_ Date \_\_\_\_\_

**SECTION III - APPEAL RIGHTS**  
 I have received a copy of a denial of service based on this determination and understand my right to appeal.

Signature of applicant \_\_\_\_\_ Signature of applicant's representative \_\_\_\_\_ Date \_\_\_\_\_

000705

If the Eligibility Option button is not selected, print a copy of the Freedom of Choice form and complete Section III, Appeals. Give the completed form to the beneficiary and place a copy in the beneficiary's medical record.

If a beneficiary qualifies for services under the LOCD criteria, then they must be informed of their benefit options. Section II of the Freedom of Choice form lists those options: MI Choice Program, PACE and nursing facility services. The beneficiary must select, in writing, which of those options they are interested in receiving program services from. The provider must provide local contact information on the program the beneficiary is interested in. Give the completed form to the beneficiary and place a copy in the beneficiary's medical record.

Please note that the Freedom of Choice form is designed to print on one page. If it's printing to a second page or printing beyond the margins, the margin settings or font size of your Internet browser need to be adjusted. To adjust font size, select View from your internet browser, select Text size, and select Medium or Smaller. To adjust the margins, select File, then Page Setup, and specify the margins accordingly (0.25 for all margins is recommended).

## Section I

Section I of the Freedom of Choice form is completed by the program; it auto-fills in the beneficiary's name, beneficiary's date of birth, beneficiary's Medicaid ID (if entered in the LOCD), Provider ID, the date the LOCD was created online, marks the appropriate 'Does' or 'Does Not' meet eligibility box, and, if eligible, enters the Door number through which the beneficiary qualified.

## Section II - Eligible Beneficiary

After printing a copy of the Freedom of Choice form, complete Section II, obtain appropriate signatures, provide a copy to the beneficiary and file a copy in the beneficiary's medical record. A copy of the Freedom of Choice form must be maintained in the beneficiary's medical file for no less than three years, even if the beneficiary was determined ineligible.

## Section III – Ineligible Beneficiary

If the beneficiary did not qualify through any of the seven Doors, an Eligibility Option button will be generated on the Freedom of Choice form. If the Eligibility Option button is selected, please see page 17 of this manual and follow the Eligibility Option button procedures. If the Eligibility Option button is not selected, complete Section III of the Freedom of Choice form for the ineligible beneficiary. Provide a copy of the form to the beneficiary and maintain a copy in the beneficiary's medical record for no less than three years.

### Eligibility Option

If a beneficiary is determined ineligible, Section I on the Freedom of Choice form will checkmark the box that reads "Does not meet" eligibility. Section I will also contain an **ELIGIBILITY OPTION** button that's viewable only when a beneficiary is determined ineligible. Providers have the option of selecting this button. When the Eligibility Option button is selected, the Option screen will open. There are two choices on this screen. One must be selected. After making your selection, select the **Backspace** button on your keyboard to return to the Freedom of Choice form; print it.

1. The Provider will contact the vendor, the Michigan Peer Review Organization (1.800.727.7223), to request a telephonic Nursing Facility Level of Care **Exception Review** on behalf of the ineligible beneficiary (Exception Review is defined on page 18 of this manual).
2. The Provider will issue an **Adverse Action Notice** to the ineligible beneficiary. Adverse Action Notices are located on the MDCH website at [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-103102--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-103102--,00.html)

Michigan Medicaid Nursing Facility Level of Care Determination

Provider ID: 123456    Provider Type: 23    Beneficiary ID: 0  
Applicant's First Name: JANE    Middle Name: MARY    Last Name: DOR  
Date of Birth: 03-24-1923

**Options**

Exception Please hold this review for 30 days. The provider will contact the vendor for an exception request.

Adverse Action Notice A formal adverse action notice has been provided. The person has been referred for other community program options to :

Submit    Reset

If the Provider does not request an Exception Review through the vendor, the Provider must immediately issue an Adverse Action Notice to the beneficiary, regardless of whether or not the Eligibility Option button was selected.

### **Nursing Facility Level of Care Exception Review**

The Nursing Facility Level of Care Exception Review (NF LOC Exception Review) is additional criteria developed by the state that addresses frailty. The Provider may request the vendor to conduct this review on behalf of an ineligible beneficiary. The review is telephonic and the vendor will make a determination within 24 hours. NF LOC Exception Criteria are located on the MDCH website at

[http://www.michigan.gov/documents/AttachD\\_Exception\\_Criteria\\_pc-WEB\\_107347\\_7.pdf](http://www.michigan.gov/documents/AttachD_Exception_Criteria_pc-WEB_107347_7.pdf)

Continuing to Another Online LOCD

If you've completed one LOCD and wish to complete another one for another beneficiary, select **Return to Home** located at the top of the Freedom of Choice form. Select **Continue to LOCD**.

### **Closing the LOCD**

To Log Off the system, select **Return to Home** located at the top of the Freedom of Choice form. Select **Exit Application**.

## **Add Beneficiary ID**

If the beneficiary has a Medicaid Beneficiary ID at the time the online LOCD is completed, it must be entered in the LOCD.

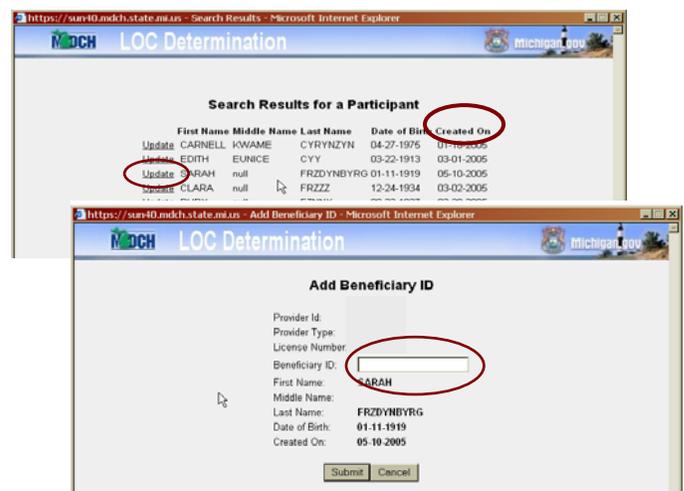
If an online LOCD is completed for a beneficiary prior to the beneficiary receiving their Medicaid Beneficiary ID from the Department of Human Services (DHS), the ID must be entered once it is received by selecting **Add Beneficiary ID**.

Enter your Provider ID and Provider type, and the beneficiary's name in the **Participant Inquiry** screen to retrieve only this LOCD, or enter your Provider ID and Provider type only; this will pull all online LOCDs that you entered that do not have a beneficiary ID entered on them. Select **Submit**.

Select **Update** next to the name of the beneficiary for whom you wish to add their Medicaid beneficiary ID.

Enter the beneficiary's ID in the blank box next to **Beneficiary ID**. Select **Submit**.

Please note that an LOCD is considered incomplete until the Beneficiary ID is added to the existing online LOCD. Further, a Provider may not bill for services rendered until the Medicaid Beneficiary ID is added to the online LOCD.



## Emergency/Involuntary Transfer

The **Emergency/Involuntary Transfer** button is selected when the State Survey Agency has closed a facility involuntarily, or has closed the facility due to an emergency. When this button is selected, a screen will open asking if this is the appropriate LOCD (emergency/involuntary) that you wish to perform.

The **Emergency/Involuntary Transfer** LOCD is a shortened version of the original LOCD. It does not question the medical/functional eligibility of the beneficiary. What it does do is connect the beneficiary, via their Medicaid Beneficiary ID, with the new Provider in the MMIS system. However, once the beneficiary is admitted under the new Provider, the beneficiary must continue to meet the LOCD criteria on an ongoing basis.

Beneficiary Error - Microsoft Internet Explorer

You are about to do an Emergency/Involuntary Transfer, are you sure?

Yes No

Emergency/Involuntary Transfer - Microsoft Internet Explorer

Michigan Medicaid Nursing Facility Level of Care Determination  
Emergency and Involuntary Transfers

\*fields are mandatory

Provider ID:  Provider Type: 60 \*Beneficiary ID:

\*Applicant's First Name:  Middle Name:  \*Last Name:

\*Date of Birth: (mm-dd-yyyy)

\*Provider Contact:  \*Last Name:  \*Day Time Phone:

Emergency Transfer  Involuntary Transfer

Submit Reset

Enter the beneficiary's ID, name, date of birth, Provider contact name and Provider contact number. You must also select if this is shorted LOCD was completed based on Emergency Transfer or Involuntary Transfer. Select **Submit**.

## LOCD Search Button

### Participant Inquiry

The **Participant Inquiry** button is selected to search the LOCD database for a beneficiary's LOCD. Only those LOCDs created under a specific Provider ID may be viewable by that Provider.

To search the database for a beneficiary's LOCD, select **Participant Inquiry**. This will open the **Participant Inquiry Search** screen. Enter your Provider ID and Provider Type. To receive an individual LOCD, enter the beneficiary's name, or their Beneficiary ID, and select **Submit**. To receive all of the beneficiary's LOCDs created under your Provider ID, enter only your Provider ID and Provider Type and select **Submit**. This will open the **Participant Inquiry Results** screen.

Select **Inquire** next to the beneficiary's name and their LOCD will appear on the screen. If you want to print the LOCD, select **Print This Page** from the top of the screen.

Participant Inquiry Search - Microsoft Internet Explorer

MICH LOC Determination

Participant Inquiry Search

Provider ID:  Provider Type:

License Number:

First Name:  Last Name:

Beneficiary ID:

Submit Reset Cancel

Participant Inquiry Results - Microsoft Internet Explorer

MICH LOC Determination

Participant Inquiry Results

Beneficiary ID	First Name	Middle Name	Last Name	Date of Birth	Created On
10000 0197403	LILLIAN	BLYCK	BLYCK	08-05-1913	12-07-2004 03:54 pm
10000 0203077	SHARON	BRYWN	BRYWN	08-19-1945	11-09-2004 03:11 pm
10000 075070303	ANNE	BRYZNY	BRYZNY	05-25-1921	01-19-2005 03:54 pm

Participant Inquiry - Microsoft Internet Explorer

MICH LOC Determination

Participant Inquiry

Provider ID:  Provider Type:  License Number:

Beneficiary ID:

Participant First Name:  Middle Name:  Last Name:

Date of Birth: (mm-dd-yyyy)

Contact First Name:  Last Name:

Day Time Phone:  Created On:

Print This Page

## Blank LOCD Button

**Print Blank Application**

The **Print Blank Application** button will link you to the MDCH website. From this website you may print a blank LOCD from by selecting 'click here' from the LOC Determination Form section.



## Exiting LOCD Button

**Exit Application**

Selecting **Exit Application** displays the MDCH Portal screen. From here users may 'Sign Off' to close out of the LOC Determination.

This screen also allows Providers to access Account Maintenance. Account Maintenance allows users to change their personal information such as their name and email address, or change their Password and Challenge/Response Answers, which are questions designed to remind a user of their existing password.



## APPEAL RIGHTS

If an ineligible beneficiary is issued an Adverse Action notice from the Provider based on an LOC Determination of ineligibility, the beneficiary has the right to appeal through the MDCH Administrative Tribunal. The beneficiary also has the right to request an **Immediate Review** through the vendor. An Immediate Review is not an appeal; it's another medical/functional review.

If the ineligible beneficiary is issued an Adverse Action notice from the vendor based on an **Exception Review requested by the Provider or an Immediate Review requested by the beneficiary**, the beneficiary has the right to appeal through the MDCH Administrative Tribunal.

The beneficiary may not request an Immediate Review based on an Exception Review determination of ineligibility; the Immediate and Exception Reviews utilize the same criteria. The difference between these two reviews is that the Immediate Review is requested by the beneficiary and the Exception review is requested by the Provider. The Exception Review is telephonic and the Immediate Review is conducted after medical records are sent to the vendor by the Provider for a 'hands on' review. The Exception Review is determined within 24 hours. The Immediate Review is determined within three business days. Again, Immediate and Exception Reviews are not appeals. They are an additional review of medical/functional eligibility available to beneficiaries who were determined ineligible based on the LOCD.

To request an Administrative Tribunal Hearing, the ineligible beneficiary must contact the Michigan Department of Community Health, Administrative Tribunal, toll-free at 877- 833-0870 or 517-334-9500. The fax number is 517-334-9505. If the beneficiary prefers to request an appeal form in writing, the address is as follows:

Michigan Department of Community Health  
Administrative Tribunal & Appeals Division  
P.O. Box 30763  
Lansing, MI 48909

The MDCH Administrative Tribunal's web address is:

[http://www.michigan.gov/mdch/0,1607,7-132-2946\\_5093-16825--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2946_5093-16825--,00.html)