



RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Nursing Facility Billing and Level of Care Determination Tool (LOCD)

“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

- Introduction
- Other Insurance
- LOC 02/Provider ID
- PPA
- HMO Disenrollment
- Granting LOCD Access
- 7 Doors
- Inquiry Capabilities
- New LOCD Edits

Reporting Other Insurance (OI)

- When billing Medicaid for beneficiaries who have Medicare or any commercial insurance, the appropriate insurance information must be reported on the claim.
- Medicaid is only considered the primary payer when there is no Medicare or other insurance present on the third party liability (TPL) coverage file located in CHAMPS. If a beneficiary has active Medicare insurance in CHAMPS, the nursing facility must always report it, along with the appropriate value codes and claim adjustment reason codes (CARC).

INSURANCE DETAILS

All Active

<input type="checkbox"/>	POLICY DETAILS	GROUP DETAILS	PAYER NAME	PAYER ID	COVERAGE TYPE	GROUP NUMBER	POLICY NUMBER	POLICY HOLDER ID	DATE LAST UPDATED	BEGIN DATE	END DATE
<input type="checkbox"/>	<input type="checkbox"/>		MEDICARE-ENROLLED IN PART A	33333333	AA				07/27/2015	06/01/1977	12/31/2999
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE-ENROLLED IN MEDICARE PART D	66666666	DD				07/27/2015	01/01/2012	12/31/2999
<input type="checkbox"/>	<input type="checkbox"/>		MEDICARE-ENROLLED IN PART B	44444444	BB				07/27/2015	06/01/1977	12/31/2999
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE-ENROLLED IN MEDICARE PART D	66666666	DD				07/27/2015	01/01/2011	12/31/2011
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE-ENROLLED IN MEDICARE PART D	66666666	DD				07/27/2015	01/01/2008	12/31/2010
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE-ENROLLED IN MEDICARE PART D	66666666	DD				07/27/2015	01/01/2007	12/31/2007
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE-ENROLLED IN MEDICARE PART D	66666666	DD				07/27/2015	01/01/2006	12/31/2006

View Page: 1 Page Count

Viewing Page: 1

Patient-Pay Amount (PPA)

- When a beneficiary has a monthly PPA and a level of care (LOC) for nursing facility (02) and hospice (16) on file, the PPA will be deducted from the first claim received in CHAMPS. This will occur regardless of whether the PPA is located on the eligibility segment for LOC 02 or LOC 16, and the higher PPA amount will be deducted.
- The nursing facility and hospice or the nursing facility and other nursing facility must bill in sequential order according to the level of care the beneficiary was at on the first of the month. This will prevent the PPA from being deducted from the wrong claim.

HMO Disenrollment

- The Medicaid Health Plan (MHP) is responsible for the first 45 days in a rolling 12-month period.
- After 45 days, the MHP may begin the disenrollment by submitting the Request for Disenrollment Long Term Care form (MSA-2007)
- If the member is enrolled in a MHP due to an administrative error the Nursing Facility can submit a [Nursing Facility Request to Disenroll from Medicaid Health Plan from \(DCH-1185\)](#) along with a copy of the [Facility Admission Form \(MSA-2565-C\)](#)
 - If the MHP or Nursing Facility cannot complete the disenrollment, contact Mozell McKellar at mckellarm@michigan.gov

Granting LOCD Access

Domain Administrator Granting Access to Users to the LOCD Profile within CHAMPS

https://milogintp.michigan.gov/eai/tplogin/authenticate?URL=/

Home Help MI.gov

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Login to your account

* = Required Fields

*User ID

*Password

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- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter <https://milogintp.Michigan.gov> into the search bar.



Login to your account

* = Required Fields

*User ID



*Password



Login



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- Enter your User ID and Password.
- Click Login.





Home Page

[Need Help?](#)

Your password will expire in **365** days.

Manage your account

 Request Access	 Update Profile
 Change Password	 Update Security Q&A

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Acknowledge/Agree Cancel

- Click Acknowledge/Agree to accept the Terms & Conditions to get into CHAMPS.



Form fields for login:

- Empty text input field with a dropdown arrow and a red asterisk (*).
- Dropdown menu with "Domain Administrator" selected, a dropdown arrow, and a red asterisk (*). A red arrow points to this asterisk.
- Text input field with "Select Favorite" and a dropdown arrow.
- "Go" button with a circular arrow icon.

- Login to CHAMPS with the Domain Administrator Profile



NPI: Name:

Latest updates

System Notification

Attention All Providers: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, October 11, 2014 thru 6:00 AM Sunday, October 12, 2014. This outage will affect CHAMPS system access for all functionality.

My Reminders

Filter By

Alert Type	Alert Message	Alert Date	Due Date	Read
▲ ▾	▲ ▾	▲ ▾	▲ ▾	▲ ▾

No Records Found !

Calendar

2:25 PM 23 March 2015 Monday

2015 March

Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

← Today →

- Click the Admin tab

USER MAINTENANCE[Maintain Users](#)NPI: me: **Latest updates****System Notification**

Attention all providers: The informational edit for a Billing Agent not associated to a Billing NPI will change to DENY effective August 1, 2014. Please refer to the Biller B Aware for further information.

Calendar

12:18 PM 26 August 2014
Tuesday

2014 August

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

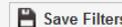
← Today →

My Reminders

Filter By



Go



Save Filters



My Filters

	Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/>	▲▼	▲▼	▲▼	▲▼	▲▼
No Records Found !					

Notification

	User1 sent you message Yesterday
	User1 sent you message Yesterday
	User1 sent you message Yesterday

- Select the Maintain Users option

Close Add

Manage Users

Domain Name % And Filter By

Domain Name	Name	Organization	Status	Start Date	Expiration Date
No Records Found !					

Step 1 Step 2

Step 3

- Step 1: Select Domain Name from the dropdown
- Step 2: Enter the wildcard % and click Go

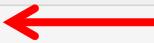
Close Add

Manage Users

Domain Name % And Filter By Go

Save Filters My Filters

Domain Name	Name	Organization	Status	Start Date	Expiration Date
[Redacted]	[Redacted]	Provider	Approved	10/01/2010	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	02/20/2014	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	02/20/2014	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	10/15/2013	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	01/06/2012	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	04/18/2011	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	06/29/2010	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	08/28/2013	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	01/24/2014	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	09/08/2011	12/31/2999



View Page: 2 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

- Click the domain name hyperlink that needs to be updated to have access to the LOCD tool

User Login ID:

Name:

User Details

User ID:

First Name: *

Last Name: *

Domain Name:

Lock User / Comment:

Email: *

Phone Number: *

Start Date:

Expiration Date: *

Remarks:

Available Profiles

CHAMPS Full Access
Claims Access
Domain Administrator
Eligibility Inquiry
LOCD TECH-NF
Prior Authorization Access
Provider Enrollment Access
View Provider Enrollment

Selected Profiles*

CHAMPS Limited Access



- Select the LOCD TECH-NF from the list of Available Profiles
- Click the arrows to the right to add it to the list of Selected Profiles for the user

User Login ID:

Name:

User Details

User ID:

First Name: *

Last Name: *

Domain Name:

Lock User / Comment:

Email: *

Phone Number: *

Start Date:

Expiration Date: *

Remarks:

Available Profiles

- CHAMPS Full Access
- Claims Access
- Domain Administrator
- Eligibility Inquiry

- Prior Authorization Access
- Provider Enrollment Access
- View Provider Enrollment



Selected Profiles*

- CHAMPS Limited Access
- LOCD TECH-NF

- The LOCD TECH-NF will now show under the list of Selected Profiles

Logging in with LOCD Profile

How to Login into CHAMPS using the LOCD Profile

The screenshot shows a web browser window with the address bar containing the URL <https://milogintp.michigan.gov/eai/tplogin/authenticate?URL=/>. The page title is "SOM - Login". The main content area displays the "MI Login" logo and the text "Login to your account". Below this, a red asterisk indicates required fields. The login form includes two input fields: "*User ID" and "*Password", followed by a green "Login" button. Below the button are three links: "Forgot your User ID?", "Forgot your password?", and "Need Help?". At the bottom of the form, there is a link "Don't have an account?" and a green "Create New Account" button. The footer contains four links: "MI Login Home", "Michigan.gov Home", "Policies", and "Contact Us", and a copyright notice: "Copyright 2015 State of Michigan".

- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter <https://milogintp.Michigan.gov> into the search bar.



Login to your account

* = Required Fields

*User ID



*Password



Login



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- Enter your User ID and Password.
- Click Login.





Home Page

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Your password will expire in **365** days.

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 Change Password	 Update Security Q&A

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[Acknowledge/Agree](#) [Cancel](#)

- Click Acknowledge/Agree to accept the Terms & Conditions to get into CHAMPS.



_____*

LOCD TECH-NF*

Select Favorite

Go

- Select the Domain and then choose the LOCD TECH-NF from the list of available profiles
- If you do not have the LOCD TECH-NF listed under your available profiles, please contact your Domain Administrator

CHAMPS

My Inbox ▾ Provider ▾ Member ▾

LOCD

Level of Care Determination

NPI: [] Name: []

Latest updates

System Notification

Due CHAMPS Major release deployment and CHAMPS monthly maintenance activities, the CHAMPS system will be down between 2:00 PM on Saturday, July 11th 2015 and 6:00am Sunday July 12th. This outage will affect the system access for all functionality.

Calendar

Sunny 06:36 AM 2 November 2015 Monday

2015 November

Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						
←		Today		→		

My Reminders

Filter By [] [] Go

Save Filters My Filters ▾

Alert Type	Alert Message	Alert Date	Due Date	Read
▾ ▾	▾ ▾	▾ ▾	▾ ▾	▾ ▾

- Click the Member tab
- Select the Level of Care Determination option

Close Create Renew Emergency/Involuntary Transfer

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 Created On Date	Modified Date	Qualifying Door	LOCD End Date	Review Type	LOCD Method	Program Type	Created By User	LOCD Application Status
----------------	-----------	------------	-----------	------------------------	--------------------------	----------------------	---------------	-----------------	---------------	-------------	-------------	--------------	-----------------	-------------------------

No Records Found !

- Choose Create to add a new Level of Care Determination
- Choose Emergency/Involuntary Transfer to transfer a LOCD

Level of Care Determination

Close

Reset

Welcome

Welcome

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

Announcements belong in this box.

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 by a licensed health care professional on behalf of the State of Michigan for MI Choice, PACE and MI Health Link applicants. The LOCD for Medicaid pending, Medicaid eligible, or dually eligible beneficiaries seeking LTC services from a Medicaid-certified nursing facility is conducted by a licensed health care professional employed by the admitting nursing facility.

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

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

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

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

Proceed

Close

- The Level of Care determination tool will then open in a new internet window separate from CHAMPS
- Review the Acknowledge/Agree screen and click Proceed

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.

Welcome

Basic Information

Close

Application Information

Application Information

Doors

CHAMPS Provider ID:

Freedom of Choice

Beneficiary Information:

Medicaid ID: First Name: *Date of Birth: *Middle Initial: SSN (Last 4 Digits): *Last Name: *Representative (If Applicable): Program Type: *NPI: *Facility Name:

Helpful Links

LOCD Information

LOCD Create Date: LOCD Method: *Name (Person Completing LOCD): *Phone (Person Completing LOCD): *Expedited LOCD:

Next

- The CHAMPS Provider ID, NPI, Facility Name and Name of person completing LOCD will all pre-populate based upon the domain and username logged into CHAMPS
- Complete all necessary information and click next

LOCD 7 Doors

Level of Care Determination Seven Doors Used to Qualify a Beneficiary

Close

Reset

Welcome

Door 1 - Activities of Daily Living

Basic Information

Doors

Door 1

Door 2

Door 3

Door 4

Door 5

Door 6

Door 7

Freedom of Choice

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).

- Complete the Door #1-Bed Mobility information for the beneficiary
- Scroll down on the page to complete the other sections of Door One

Welcome

Door 1 - Activities of Daily Living

Basic Information

Doors

Door 1

Door 2

Door 3

Door 4

Door 5

Door 6

Door 7

Freedom of Choice

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 the Door #1-Transfer information for the beneficiary
- Scroll down the page to complete the other sections of Door One

Welcome

Door 1 - Activities of Daily Living

Basic Information

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.

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Total Dependence

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Activity did not occur

Activity did not occur during entire 7 days (regardless of ability).

Doors

Door 1

Door 2

Door 3

Door 4

Door 5

Door 6

Door 7

Freedom of Choice

- Complete the Door #1-Toilet Use information for the beneficiary
- Scroll down on the page to complete the other sections of door one

Welcome

Door 1 - Activities of Daily Living

Basic Information

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).

Doors

Door 1

Door 2

Door 3

Door 4

Door 5

Door 6

Door 7

Freedom of Choice

Next / Freedom Of Choice

- Complete the Door #1-Eating information for the beneficiary
- Click the Next/Freedom of Choice button

Welcome

Door 2 - Cognitive Performance

Basic Information

Doors

Door 1

Door 2

Door 3

Door 4

Door 5

Door 6

Door 7

Freedom of Choice

Helpful Links

Short-term memory

Short-term memory

- Memory Okay**
Memory Okay (seems/appears to recall after 5 minutes)
- Memory Problem**
Memory Problem

Cognitive skills for daily decision-making

Cognitive skills for daily decision-making (made decisions regarding tasks of daily life for last 7 days).

- Independent**
The applicant's decisions were consistent and reasonable (reflecting lifestyle, culture, values); the applicant organized daily routine and made decisions in a consistent, reasonable, and organized fashion.
- Modified Independent**
The applicant organized daily routine and made safe decisions in familiar situations, but experienced some difficulty in decision-making when faced with new tasks or situations.
- Moderately Impaired**
The applicant's decisions were poor; the applicant required reminders, cues, and supervision in planning, organizing, and correcting daily routines.
- Severely Impaired**
The applicant's decision-making was severely impaired, the applicant never (or rarely) made decisions.

Making self understood

Making self understood (expressing information content, however able).

- Understood**
The applicant expresses ideas clearly, without difficulty.
- Usually Understood**
The applicant has difficulty finding the right words or finishing thoughts, resulting in delayed responses. If given time, little or no prompting required.
- Sometimes Understood**
The applicant has limited ability, but is able to express concrete requests regarding at least basic needs (i.e., food, drink, sleep, toilet).
- Rarely/Never Understood**
At best, understanding is limited to interpretation of highly individual, applicant-specific sounds or body language (i.e., indicated presence of pain or need to toilet).

Next / Freedom Of Choice

- Complete the Door #2-Cognitive information for the beneficiary
- Click the Next/Freedom of Choice button

Welcome

At best, understanding is limited to interpretation of highly individual, applicant-specific sounds or body language (i.e., indicated presence of pain or need to toilet).

Basic Information

Doors

Door 3 - Physician Involvement

Door 1

Door 2

Door 3

Door 4

Door 5

Door 6

Door 7

Freedom of Choice

Helpful Links

Is the applicant under the care of a physician for treatment of an unstable medical condition?

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 "0" if none.

 *

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 not** include drug or treatment order renewals without change. Enter "0" if none.

 *

Next / Freedom Of Choice

- Complete the Door #3-Physician Visits and Orders information for the beneficiary
- Click the Next/Freedom of Choice button

Close

Reset

Welcome

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 not** include drug or treatment order renewals without change. Enter "0" if none.

 *

Basic Information

Doors

Door 1

Door 2

Door 3

Door 4

Door 5

Door 6

Door 7

Freedom of Choice

Helpful Links

Door 4 - Treatments and Conditions

Has the applicant in the last 14 days received any of the following health treatments, or demonstrated any of the following health conditions? These conditions require a physician-documented diagnosis in the medical record. Applicants will not qualify under Door 4 when the conditions have been resolved, or they no longer affect functioning or the need for care. It is required that an active restorative nursing and discharge plan be developed and used as the focus for treatment. Unless otherwise noted, score each item for the last 14-day timeframe. The 14 day look-back period is based on the eligibility determination date.

Complete each item below, either Yes or No

	Yes	No
A. Stage 3-4 pressure sores	<input type="radio"/>	<input type="radio"/>
B. Intravenous or parenteral feedings	<input type="radio"/>	<input type="radio"/>
C. Intravenous medications	<input type="radio"/>	<input type="radio"/>
D. End Stage Care	<input type="radio"/>	<input type="radio"/>
E. Daily tracheostomy care, daily respiratory care, daily suctioning	<input type="radio"/>	<input type="radio"/>
F. Pneumonia within the last 14 days	<input type="radio"/>	<input type="radio"/>
G. Daily oxygen therapy	<input type="radio"/>	<input type="radio"/>
H. Daily insulin with two order changes in last 14 days	<input type="radio"/>	<input type="radio"/>
I. Peritoneal or hemodialysis	<input type="radio"/>	<input type="radio"/>

Next / Freedom Of Choice

- Complete the Door #4-Treatments and Conditions information for the beneficiary
- Click the Next/Freedom of Choice button

Welcome

G.Daily oxygen therapy
H.Daily insulin with two order changes in last 14 days
I.Peritoneal or hemodialysis

Progress indicators for G, H, and I.

Basic Information

Doors

Door 5 - Skilled Rehabilitation Therapies

Door 1

Door 2

Door 3

Door 4

Door 5

Door 6

Door 7

Is the applicant currently receiving any skilled rehabilitation therapies?

Record the total minutes each of the following therapies was administered or scheduled (for at least 15 minutes a day) in the last 7 days. Enter "0" if none or less than 15 minutes daily.

A = Total number of minutes provided in last 7 days

B = Total number of minutes scheduled but not yet administered

A

B

1. Speech Therapy

2. Occupational Therapy

3. Physical Therapy

Freedom of Choice

Helpful Links

Next / Freedom Of Choice

- Complete the Door #5-Skilled Rehabilitation information for the beneficiary
- Click the Next/Freedom of Choice button

Close

Reset

Welcome

Door 6 - Behavior

Basic Information

Has the applicant displayed any challenging behaviors in the last 7 days?

Doors

Behavioral 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

Behavioral Symptoms

	0	1	2	3
Wandering - Applicant moved with no rational purpose, seemingly oblivious to needs and safety. Do not include pacing as a wandering behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbally Abusive - Applicant threatened, screamed or cursed at others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physically Abusive - Applicant hit, shoved, scratched or sexually abused others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socially Inappropriate/Disruptive - Applicant made disruptive sounds, noisiness, screaming, self-abusive acts, inappropriate sexual behavior or disrobing in public, smeared or threw food/feces, hoarded or rummaged through others' belongings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resists Care - Applicant resisted taking medications or injections, ADL assistance or eating. Applicant may have resisted by pushing caregiver during ADL assistance. Resisting care does not include instances where the applicant has made an informed choice not to follow a course of care and has exercised his or her right to refuse treatment and reacts negatively as others try to re-institute treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Freedom of Choice

Helpful Links

Problem Conditions

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

	Yes	No
A. Delusions	<input type="radio"/>	<input type="radio"/>
B. Hallucinations	<input type="radio"/>	<input type="radio"/>

Next / Freedom Of Choice

- Complete the Door #6-Behavior information for the beneficiary
- Click the Next/Freedom of Choice button

Welcome

Basic Information

Doors

Door 7 - Service Dependency

Door 1

Door 2

Door 3

Door 4

Door 5

Door 6

Door 7

Freedom of Choice

Helpful Links

This section refers to applicants who are currently residents of a Medicaid-certified nursing facility, or a current participant in MI Choice, PACE or MI Health Link. Door 7 consists of three criteria. All three criteria must be met to qualify under Door 7. The 'One consecutive Year' requirement is defined as being a resident of a Medicaid Certified Nursing Facility or participant of MI Choice, PACE or MI Health Link for at least one year. You may combine time across these programs, however, there cannot be a break in coverage between, or during, the beneficiary's stay.

One Consecutive Year Example: NF resident January 1, 2014, through June 25, 2014, then a MI Choice participant June 26, 2014, through September 7, 2014, then a PACE participant September 8, 2014, through January 3, 2015. The One consecutive Year is not met if there was one day within the past 365 days the beneficiary was not in any of the above programs or facility.

If service can be met by other programs, such as Home Help, the beneficiary does not qualify under Criteria Number 3 below.

Does Meet ALL of the Following Three Criteria (select this option ONLY if ALL of the following are met)

1. Participant for at least one consecutive year (no break in coverage).
2. Requires ongoing services to maintain current functional status.
3. No other community, residential, or informal services are available to meet the applicant's needs (i.e., only the current setting can provide service needs).

Does Not Meet ALL of the Following Three Criteria.

1. Participant for at least one consecutive year (no break in coverage).
2. Requires ongoing services to maintain current functional status.
3. No other community, residential, or informal services are available to meet the applicant's needs (i.e., only the current setting can provide service needs).

Next / Freedom Of Choice

- Complete the Door #7-Service Dependency information for the beneficiary
- Click the Next/Freedom of Choice button

Close

Reset

Welcome

Basic Information

Doors

Freedom of Choice

Freedom Of Choice

Helpful Links

FREEDOM OF CHOICE

Provider Name: _____

Provider ID/NPI: _____

Applicant's Name: _____

Date of Birth: _____

Representative (if any): _____

Created On Date: **11/02/2015**

SECTION I-FUNCTIONAL/MEDICAL ELIGIBILITY

Based on an assessment of functional abilities and needs conducted on **11/02/2015**, the applicant indicated above:

DOES meet the functional/medical eligibility criteria for Medicaid LTC programs by scoring in **Door 1**.

DOES NOT meet the functional/medical eligibility criteria for Medicaid NF Level of Care (please proceed to Section III)

Signature of professional completing assessment Title Date

SECTION II - FREEDOM OF CHOICE

I have been advised that I meet functional/medical eligibility and have requested and received information about the following programs:

MI Choice Program. I have received local referral information.

Local Referrals: _____

Nursing facility care. I have received information about nursing facilities in my area.

PACE program. I have received information about the PACE program.

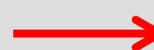
MI Health Link. I have received information about MI Health Link.

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



Submit

Print

- Once the beneficiary qualifies through any of the doors the Freedom of Choice will be displayed
- Verify the information and click Submit

Close

Reset

Welcome

Basic Information

Doors

Freedom of Choice

Freedom Of Choice

Helpful Links

FREEDOM OF CHOICE

Provider Name: _____

Provider ID/NPI: _____

Applicant's Name: _____

Date of Birth: _____

Representative (if any): _____

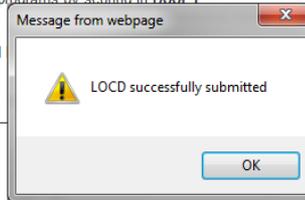
Created On Date: **11/02/2015**

SECTION I-FUNCTIONAL/MEDICAL ELIGIBILITY

Based on an assessment of functional abilities and needs conducted on **11/02/2015**, the applicant indicated above:

DOES meet the functional/medical eligibility criteria for Medicaid LTC programs by scoring in Door 1

DOES NOT meet the functional/medical eligibility criteria for Medicaid



Signature of professional completing assessment

Title Date

SECTION II - FREEDOM OF CHOICE

I have been advised that I meet functional/medical eligibility and have requested and received information about the following programs:

MI Choice Program. I have received local referral information.

Local Referrals: _____

Nursing facility care. I have received information about nursing facilities in my area.

PACE program. I have received information about the PACE program.

MI Health Link. I have received information about MI Health Link.

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

Submit

Print

- The pop-up message will then be displayed indicating that the LOCD tool has been submitted



Close Create Renew Emergency/Involuntary Transfer

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 Created On Date	Modified Date	Qualifying Door	LOCD End Date	Review Type	LOCD Method	Program Type	Created By User	LOCD Application Status
						11/02/2015	11/02/2015			LOCD	Face To Face Review	Nursing Facility		LOCD Completed - Waiting for MA

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

- The user will then be directed back to the LOCD list page showing the LOCD tool has been submitted



LOCD Inquiry and Status

How to Review Submitted LOCD Tools and Review their Status within CHAMPS

CHAMPS < My Inbox ▾ Provider ▾ Member ▾

LOCD

Level of Care Determination ←

NPI: _____ Name: _____

Latest updates

System Notification

Due CHAMPS Major release deployment and CHAMPS monthly maintenance activities, the CHAMPS system will be down between 2:00 PM on Saturday, July 11th 2015 and 6:00am Sunday July 12th. This outage will affect the system access for all functionality.

My Reminders

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

Alert Type	Alert Message	Alert Date	Due Date	Read
▲ ▾	▲ ▾	▲ ▾	▲ ▾	▲ ▾

Calendar

Sunny 06:36 AM 2 November 2015 Monday

2015 November

Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						
←	Today				→	

- Click the Member tab
- Select the Level of Care Determination option

Close Create Renew Emergency/Involuntary Transfer

LOCD List

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

First Name	Last Name	Completed By Entity ID	Completed By Entity Name	LOCD Created On Date	Modified Date	Door	Date	Review Type	LOCD Method	Program Type	Created By User	LOCD Application Status
No Records Found !												

- Select any filter by criteria to find LOCD tools that have been submitted
- Click GO

Close Create Renew Emergency/Involuntary Transfer

LOCD List

Qualifying Door: 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 Created On Date	Modified Date	Qualifying Door	LOCD End Date	Review Type	LOCD Method	Program Type	Created By User	LOCD Application Status	Operational Status
						10/07/2014	10/23/2015	1	10/31/2017	LOCD	Face To Face Review	Nursing Facility	Process,Data Conversion	Completed	Active
						08/24/2011	10/23/2015	1	06/19/2011	LOCD	Face To Face Review	Nursing Facility	Process,Data Conversion	Completed	Active
						11/02/2004	10/23/2015	1	10/31/2017	LOCD	Face To Face Review	Nursing Facility	Process,Data Conversion	Completed	Active
						07/20/2005	10/23/2015	1	10/31/2017	LOCD	Face To Face Review	Nursing Facility	Process,Data Conversion	Completed	Active
						09/29/2015	10/29/2015	1		LOCD	Face To Face Review	Nursing Facility		LOCD Completed - Waiting for LOC	Active
						01/04/2010	10/23/2015	1	01/01/1900	LOCD	Face To Face Review	Nursing Facility	Process,Data Conversion	LOCD Completed - Waiting for MA	Active
						08/15/2011	10/23/2015	1	08/01/2011	LOCD	Face To Face Review	Nursing Facility	Process,Data Conversion	LOCD Completed - Waiting for MA	Active
						07/01/2011	10/23/2015	1	06/17/2011	LOCD	Face To Face Review	Nursing Facility	Process,Data Conversion	LOCD Completed - Waiting for MA	Active
						08/08/2011	10/23/2015	1	07/25/2011	LOCD	Face To Face Review	Nursing Facility	Process,Data Conversion	LOCD Completed - Waiting for MA	Active
						07/01/2011	10/23/2015	1	06/17/2011	LOCD	Face To Face Review	Nursing Facility	Process,Data Conversion	LOCD Completed - Waiting for MA	Active

- This example shows filtering by 'Qualifying Door' and entered the value of 1
- The LOCD tools will be displayed which meet the filter by criteria

Close Create Renew Emergency/Involuntary Transfer

LOCD List

Qualifying Door: 1 Filter By: Filter By: And Save Filters My Filters ▾

Application ID	Member ID	First Name	Last Name	Completed By Entity ID	Completed By Entity Name	LOCD Created On Date	Modified Date	Qualifying Door	LOCD End Date	Review Type	LOCD Method	Program Type	Created By User	LOCD Application Status	Operational Status
[Application ID]	[Member ID]	[First Name]	[Last Name]	[Entity ID]	[Entity Name]	10/07/2014	10/23/2015	1	10/31/2017	LOCD	Face To Face Review	Nursing Facility	Process_Data Conversion	Completed	Active
[Application ID]	[Member ID]	[First Name]	[Last Name]	[Entity ID]	[Entity Name]	08/24/2011	10/23/2015	1	06/19/2011	LOCD	Face To Face Review	Nursing Facility	Process_Data Conversion	Completed	Active
[Application ID]	[Member ID]	[First Name]	[Last Name]	[Entity ID]	[Entity Name]	11/02/2004	10/23/2015	1	10/31/2017	LOCD	Face To Face Review	Nursing Facility	Process_Data Conversion	Completed	Active
[Application ID]	[Member ID]	[First Name]	[Last Name]	[Entity ID]	[Entity Name]	07/20/2005	10/23/2015	1	10/31/2017	LOCD	Face To Face Review	Nursing Facility	Process_Data Conversion	Completed	Active
[Application ID]	[Member ID]	[First Name]	[Last Name]	[Entity ID]	[Entity Name]	09/29/2015	10/29/2015	1		LOCD	Face To Face Review	Nursing Facility	[User]	LOCD Completed - Waiting for LOC	Active
[Application ID]	[Member ID]	[First Name]	[Last Name]	[Entity ID]	[Entity Name]	01/04/2010	10/23/2015	1	01/01/1900	LOCD	Face To Face Review	Nursing Facility	Process_Data Conversion	LOCD Completed - Waiting for MA	Active
[Application ID]	[Member ID]	[First Name]	[Last Name]	[Entity ID]	[Entity Name]	08/15/2011	10/23/2015	1	08/01/2011	LOCD	Face To Face Review	Nursing Facility	Process_Data Conversion	LOCD Completed - Waiting for MA	Active
[Application ID]	[Member ID]	[First Name]	[Last Name]	[Entity ID]	[Entity Name]	07/01/2011	10/23/2015	1	06/17/2011	LOCD	Face To Face Review	Nursing Facility	Process_Data Conversion	LOCD Completed - Waiting for MA	Active
[Application ID]	[Member ID]	[First Name]	[Last Name]	[Entity ID]	[Entity Name]	08/08/2011	10/23/2015	1	07/25/2011	LOCD	Face To Face Review	Nursing Facility	Process_Data Conversion	LOCD Completed - Waiting for MA	Active
[Application ID]	[Member ID]	[First Name]	[Last Name]	[Entity ID]	[Entity Name]	07/01/2011	10/23/2015	1	06/17/2011	LOCD	Face To Face Review	Nursing Facility	Process_Data Conversion	LOCD Completed - Waiting for MA	Active

- Take note of the LOCD application status
- Completed LOCD tools will have the Member ID listed
- To review the qualifying Door information click on the Application ID hyperlink

The screenshot displays the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo and tabs for 'My Inbox', 'Provider', and 'Member'. Below this is a secondary navigation bar with icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows a breadcrumb trail: 'Provider Portal > LOCD List > Manage LOCD > LOCD List'. A toolbar contains buttons for 'Close', 'Create', 'Renew', and 'Emergency/Involuntary Transfer'. A sidebar on the left lists 'Qualifying Doc' (Active), 'Application ID', 'Doors', 'Freedom of Choice', and 'Helpful Links'. The central modal window, titled 'Application Information', contains the following fields:

- Level of Care Determination:** Close, Reset
- Basic Information:** Application Information
- Application Information:** CHAMPS Provider ID: [redacted]
- Beneficiary Information:**
 - Medicaid ID: [redacted]
 - First Name: [redacted] *
 - Middle Initial: [redacted]
 - Last Name: [redacted] *
 - Representative (If Applicable): [redacted]
 - Program Type: NURSING FACILITY *
 - NPI: [redacted] *
 - Date of Birth: [redacted] *
 - SSN (Last 4 Digits): [redacted]
 - Facility Name: [redacted]
- LOCD Information:**
 - LOCD Create Date: 10/12/2015
 - LOCD Method: Face To Face Review *
 - Name (Person Completing LOCD): [redacted] *
 - Phone (Person Completing LOCD): [redacted] *
 - Expedited LOCD:

The modal window footer shows 'Page ID: pgManageLOCD(Member)' and 'Done'. The browser status bar at the bottom indicates 'Trusted sites | Protected Mode: Off' and '100%' zoom.

- The door information will then appear in a separate screen from CHAMPS
- The information is not editable once the LOCD tool has been submitted only viewable

Close Create Renew Emergency/Involuntary Transfer

LOCD List

Qualifying Door: 1 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 Created On Date	Modified Date	Qualifying Door	LOCD End Date	Review Type	LOCD Method	Program Type	Created By User	LOCD Application Status	Operational Status
						10/07/2014	10/23/2015	1	10/31/2017	LOCD	Face To Face Review	Nursing Facility	Process_Data Conversion	Completed	Active
						08/24/2011	10/23/2015	1	06/19/2011	LOCD	Face To Face Review	Nursing Facility	Process_Data Conversion	Completed	Active
						11/02/2004	10/23/2015	1	10/31/2017	LOCD	Face To Face Review	Nursing Facility	Process_Data Conversion	Completed	Active
						07/20/2005	10/23/2015	1	10/31/2017	LOCD	Face To Face Review	Nursing Facility	Process_Data Conversion	Completed	Active
						09/29/2015	10/29/2015	1		LOCD	Face To Face Review	Nursing Facility		LOCD Completed - Waiting for LOC	Active
						01/04/2010	10/23/2015	1	01/01/1900	LOCD	Face To Face Review	Nursing Facility	Process_Data Conversion	LOCD Completed - Waiting for MA	Active
						08/15/2011	10/23/2015	1	08/01/2011	LOCD	Face To Face Review	Nursing Facility	Process_Data Conversion	LOCD Completed - Waiting for MA	Active
						07/01/2011	10/23/2015	1	06/17/2011	LOCD	Face To Face Review	Nursing Facility	Process_Data Conversion	LOCD Completed - Waiting for MA	Active
						08/08/2011	10/23/2015	1	07/25/2011	LOCD	Face To Face Review	Nursing Facility	Process_Data Conversion	LOCD Completed - Waiting for MA	Active
						07/01/2011	10/23/2015	1	06/17/2011	LOCD	Face To Face Review	Nursing Facility	Process_Data Conversion	LOCD Completed - Waiting for MA	Active

- After the query has ran and returned results click the Save TOXLS button to allow the query to open within a Microsoft Excel worksheet

CHAMPS My Inbox Provider Member

Provider Portal > LOCD List

Close Create Renew Emergency/Involuntary Transfer

LOCD List

Qualifying Door 1 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 Created On Date	Modified Date	Qualifying Door	LOCD End Date	Review Type	LOCD Method	Program Type	Created By User	LOCD Application Status	Operational Status
						09/03/2015	10/23/2015	1	10/31/2017	LOCD	Face To Face Review	Nursing Facility		LOCD Completed - Waiting for MA	Active
						03/23/2007	10/23/2015	1	10/31/2017	LOCD	Face To Face Review	Nursing Facility	Process,Data Conversion	Completed	Active

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

File Download: Do you want to open or save this file? Name: pgLOCDList.xls Type: Microsoft Excel 97-2003 Worksheet From: sson01.mdch.state.mi.us Open Save Cancel

While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. What's the risk?

- Once the Microsoft Excel window pops up select either open or save

pgLOCDList[1] [Protected View] - Microsoft Excel

Protected View This file originated from an Internet location and might be unsafe. Click for more details. Enable Editing

Application ID	Member ID	First Name	Last Name	Completed	Completed	LOCD Cre:	Modified	D Qualifying	LOCD End	Review Ty	LOCD Met	Program T	Created B	LOCD App	Operational	Status
						10/12/2011	10/29/2011	1			Face To F	Nursing Fa		LOCD Con	Active	
						09/29/2011	10/29/2011	1			Face To F	Nursing Fa		LOCD Con	Active	
						10/26/2011	10/28/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa		Completed	Active
						10/28/2011	10/28/2011	1			LOCD	Face To F	Nursing Fa		LOCD Con	Active
						01/04/2011	10/23/2011	1		01/01/1901	LOCD	Face To F	Nursing Fa	Process, D	LOCD Con	Active
						12/09/2004	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						07/09/2001	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						03/26/2001	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						07/09/2014	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						03/18/2011	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						03/10/2014	10/23/2011	1		09/14/2014	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						03/23/2011	10/23/2011	1		04/22/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						06/30/2001	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						11/02/2004	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						05/14/2001	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						11/14/2014	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						07/30/2011	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						04/13/2012	10/23/2011	1		01/22/2012	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						04/22/2011	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						08/26/2001	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						05/20/2001	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						07/29/2011	10/23/2011	1		05/19/2011	LOCD	Face To F	Nursing Fa		Completed	Active
						10/25/2011	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						09/09/2014	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						07/14/2014	10/23/2011	1		05/17/2014	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						05/25/2012	10/23/2011	1		03/21/2014	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						10/06/2001	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						10/03/2011	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						11/15/2011	10/23/2011	1		06/10/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						10/19/2011	10/23/2011	1		12/03/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						10/16/2014	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						02/18/2001	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						01/01/2011	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						04/28/2001	10/23/2011	1		04/27/2001	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						12/17/2004	10/23/2011	1		08/15/2001	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						02/18/2001	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						10/23/2001	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						10/20/2011	10/23/2011	1		05/08/2012	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						10/06/2011	10/23/2011	1		06/27/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						07/29/2011	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa		Completed	Active
						02/26/2014	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						01/03/2011	10/23/2011	1		11/03/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						08/23/2001	10/23/2011	1		09/04/2001	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						02/13/2001	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						10/20/2001	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						08/21/2012	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						06/23/2001	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						06/29/2001	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						03/31/2001	10/23/2011	1		10/31/2011	LOCD	Face To F	Nursing Fa	Process, D	Completed	Active
						02/02/2011	10/23/2011	1		01/19/2011	LOCD	Face To F	Nursing Fa	Process, D	LOCD Con	Active
						11/19/2001	10/23/2011	1		09/01/2001	LOCD	Face To F	Nursing Fa	Process, D	LOCD Con	Active

- The query information will then be opened and displayed within Microsoft Excel

Additional Information

Additional Tips for the LOCD Tool

Activity did not occur

Activity did not occur during entire 7 days (regardless of ability).

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

Independent

No help or over

Supervision

Oversight, encor
only 1 or 2 time

Limited Assistance

Applicant highly
OR more help p

Extensive Assistance

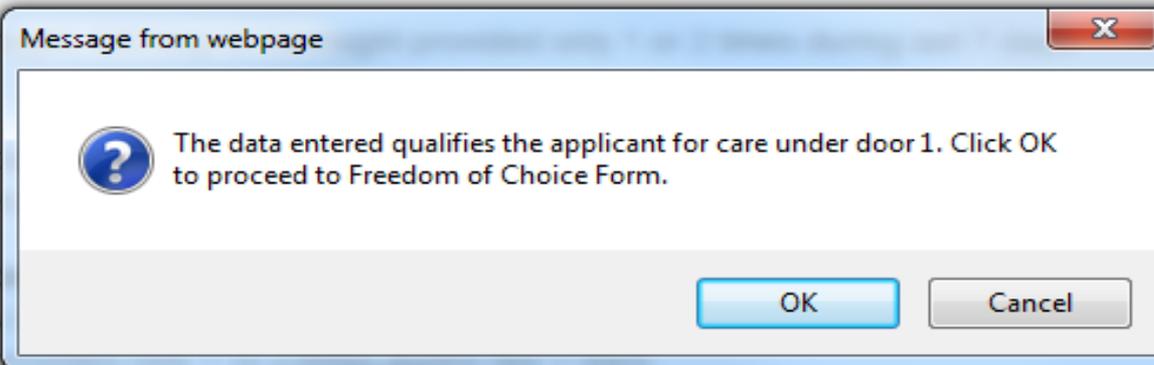
While the applicant performed part of activity over last 7-day period, help of following types(s) provided 3 or more times:

- 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



- This message will pop-up anytime during the LOCD tool completion process if the information reported qualifies the beneficiary through the applicable door

NPI: Name:

Latest updates

System Notification

Due to CHAMPS major release [R9-6.0] deployment, the CHAMPS system downtime will be down between 7:00 PM Friday, September 25th 2015 and 2:00 AM on Saturday, September 26th 2015. This outage will affect the CHAMPS system access for all functionality.

My Reminders

Filter By Go

Save Filters My Filters ▾

- Filter By
- Alert Date
- Alert Message
- Alert Type
- Due Date
- Read

	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/>	The member ID was received for the Member <input type="text"/>	10/22/2015	11/21/2015	Y
<input type="checkbox"/>	LOCD Completed Message	10/22/2015	11/21/2015	N
<input type="checkbox"/>	LOCD Completed Message	10/22/2015	11/21/2015	N
<input type="checkbox"/>	LOCD Completed Message	10/28/2015	11/27/2015	N
<input type="checkbox"/>	LOCD Completed Message	10/28/2015	11/27/2015	N

- The My Inbox page will display messages under the 'My Reminders' box to notify providers a beneficiary ID has been added to an LOCD tool

LOCD Edits

- CARC 96 and N216 - LOCD record not active/not complete/not met
- CARC 26 - LOCD start date not within the line from/to date of service (CURRENTLY not active)
- CARC B7 - Billing NPI number does not match the NPI number in the LOC 02 authorized record (Currently not active)

IMPORTANT: The old N146 will be inactivated but will still be reported on the Remittance advice as information only.

Provider Resources

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

Thank you for participating in the Michigan Medicaid Program