Michigan Medicaid Nursing Facility Level of Care Determination

Applicant's Name:

Field 1 (Last) ____________ (First) ____________ (M.I.)

Medicaid ID:

Field 2 ____________

Provider Contact Name:

Field 6 (Last) ____________ (First) ____________

Date of Birth:

Field 3 ____________ / ____________ / ____________

00 / 00 / 0000

Provider Day Phone:

Field 7 ( ) ________ - ____________

Door 1: Activities of Daily Living

A. Bed Mobility: How the applicant moves to and from lying position, turns side to side, and positions body while in bed (sleeping surface).

Field 8 ☐ Independent
No help or oversight, OR help or oversight provided only 1 or 2 times during last 7 days.

Field 9 ☐ 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.

Field 10 ☐ 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.

Field 11 ☐ 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

Field 12 ☐ Total Dependence
Full performance of activity by another during entire 7 days.

Field 13 ☐ Activity did not occur during entire 7 days (regardless of ability).

B. Transfers: How the applicant moves between surfaces, to/from bed (sleeping surface), chair, wheelchair, standing position (exclude to/from bath/toilet).

Field 14 ☐ Independent
No help or oversight, OR help or oversight provided only 1 or 2 times during last 7 days.
Field 15 ☐ 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.

Field 16 ☐ 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.

Field 17 ☐ 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

Field 18 ☐ Total Dependence
Full performance of activity by another during entire 7 days.

Field 19 ☐ Activity did not occur during entire 7 days (regardless of ability).

C. 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.

Field 20 ☐ Independent
No help or oversight, OR help or oversight provided only 1 or 2 times during last 7 days.

Field 21 ☐ 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.

Field 22 ☐ 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.

Field 23 ☐ 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

Field 24 ☐ Total Dependence
Full performance of activity by another during entire 7 days.

Field 25 ☐ Activity did not occur during entire 7 days (regardless of ability).

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

Field 26 ☐ Independent
No help or oversight, OR help or oversight provided only 1 or 2 times during last 7 days.

Field 27 ☐ 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.
Field 28 □ **Limited Assistance**  
Applicant received physical help in guided maneuvering of limbs or other assistance 3 or more times, OR more help provided only 1 or 2 times during last 7 days.

Field 29 □ **Extensive Assistance**  
While the applicant performed part of activity over last 7-day period, help of the following type provided 3 or more times:  
- Full performance by another during part, but not all, of last 7 days

Field 30 □ **Total Dependence**  
Full performance of activity by another during entire 7 days.

Field 31 □ **Activity did not occur** during entire 7 days (regardless of ability).

<table>
<thead>
<tr>
<th>Scoring Door 1: The applicant must score at least six points to qualify under Door 1.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(A) Bed Mobility, (B) Transfers, and (C) Toilet Use:</strong></td>
</tr>
<tr>
<td>• Independent or Supervision = 1</td>
</tr>
<tr>
<td>• Limited Assistance = 3</td>
</tr>
<tr>
<td>• Extensive Assistance or Total Dependence = 4</td>
</tr>
<tr>
<td>• Activity Did Not Occur = 8</td>
</tr>
<tr>
<td><strong>(D) Eating:</strong></td>
</tr>
<tr>
<td>• Independent or Supervision = 1</td>
</tr>
<tr>
<td>• Limited Assistance = 2</td>
</tr>
<tr>
<td>• Extensive Assistance or Total Dependence = 3</td>
</tr>
<tr>
<td>• Activity Did Not Occur = 8</td>
</tr>
</tbody>
</table>

Door 2: Cognitive Performance (Does the applicant have any problems with memory or making decisions?)

A. **Short-term memory okay** (seems/appears to recall after 5 minutes)
Field 32 □ Memory Okay
Field 33 □ Memory Problem

B. **Cognitive skills for daily decision-making** (made decisions regarding tasks of daily life for last 7 days).
Field 34 □ 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.

Field 35 □ 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.

Field 36 □ Moderately Impaired  
The applicant's decisions were poor; the applicant required reminders, cues, and supervision in planning, organizing, and correcting daily routines.

Field 37 □ Severely Impaired  
The applicant's decision-making was severely impaired, the applicant never (or rarely) made decisions.
C. Making self understood (expressing information content, however able).

Field 38 □ Understood
The applicant expresses ideas clearly, without difficulty.

Field 39 □ 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.

Field 40 □ 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).

Field 41 □ 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).

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Scoring Door 2: The applicant must score under one of the following three options to qualify under Door 2.

1. “Severely Impaired” in Decision Making.
2. “Yes” for Memory Problem, and Decision Making is “Moderately Impaired” or “Severely Impaired.”
3. “Yes” for Memory Problem, and Making Self Understood is “Sometimes Understood” or “Rarely/Never Understood.”

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Door 3: Physician Involvement (Is the applicant under the care of a physician for treatment of an unstable medical condition?)

Field 42 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.

□ □

Field 43 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.

□ □
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?)

Complete each item below, either Yes or No.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>44/45</td>
<td>A. Stage 3-4 pressure sores</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46/47</td>
<td>B. Intravenous or parenteral feedings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48/49</td>
<td>C. Intravenous medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50/51</td>
<td>D. End-stage care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52/53</td>
<td>E. Daily tracheostomy care, daily respiratory care, daily suctioning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>54/55</td>
<td>F. Pneumonia within the last 14 days</td>
<td></td>
<td></td>
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<tr>
<td>56/57</td>
<td>G. Daily oxygen therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>58/59</td>
<td>H. Daily insulin with two order changes in last 14 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60/61</td>
<td>I. Peritoneal or hemodialysis</td>
<td></td>
<td></td>
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</tbody>
</table>

Scoring Door 4: The applicant must score "yes" in at least one of the nine categories and have a continuing need to qualify under Door 4.

Door 5: Skilled Rehabilitation Therapies (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
1. Speech Therapy   
Fields 62 63

2. Occupational Therapy
Fields 64 65

3. Physical Therapy
Fields 66 67

**Scoring Door 5:** The applicant must have required at least 45 minutes of active ST, OT or PT (scheduled or delivered) in the last 7 days and continues to require skilled rehabilitation therapies to qualify under Door 5.

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

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:

A. **Wandering** - Moved with no rational purpose, seemingly oblivious to needs and safety.
   Fields 68 69 70 71

B. **Verbally Abusive** - Others were threatened, screamed at, cursed at.
   Fields 72 73 74 75

C. **Physically Abusive** - Others were hit, shoved, scratched, sexually abused.
   Fields 76 77 78 79

D. **Socially Inappropriate/Disruptive** - 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.
   Fields 80 81 82 83

E. **Resists Care** - Resisted taking medications or injections, ADL assistance or eating.
   Fields 84 85 86 87
Problem Condition Code: If present at any point in last 7 days, code either Yes or No.

**Problem Conditions:**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Delusions</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fields 88 89</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Hallucinations</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fields 90 91</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Scoring Door 6:** The applicant must score under one of the following 2 options to qualify under Door 6.

1. A “Yes” for either delusions or hallucinations within the last 7 days.
2. The applicant must have exhibited any one of the following behaviors for at least 4 of the last 7 days (including daily): Wandering, Verbally Abusive, Physically Abusive, Socially Inappropriate/Disruptive, or Resisted Care.

**Door 7: Service Dependency**

The applicant is currently a resident of a Medicaid-certified nursing facility, or a current participant in Mi Choice, PACE or Mi Health Link.

**Field 92** ☐ 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).

**Field 93** ☐ 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).

**Scoring Door 7:** The applicant must be a current participant, demonstrate service dependency, and meet all three criteria to qualify under Door 7.
FREEDOM OF CHOICE

Applicant's Name: ___________________________ Field 94 Date of Birth: ___________________________ Field 95

Representative (if any): ___________________________ Field 96

SECTION I – FUNCTIONAL/MEDICAL ELIGIBILITY

Based on an assessment of functional abilities and needs conducted on ___________________________ Field 97, the applicant indicated above: (date)

Field 98
☐ Does meet the functional/medical eligibility criteria for Medicaid LTC programs by scoring in Door ___________________________ Field 99.

Field 100
☐ Does Not meet the functional/medical eligibility criteria for Medicaid NF Level of Care (please proceed to Section III)

Field 101 Signature of professional completing assessment
Field 102 Title
Field 103 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:

Field 104 ☐ MI Choice Program. I have received local referral information.

Local Referrals: ____________________________________________ Field 105

Field 106 ☐ Nursing facility care. I have received information about nursing facilities in my area.

Field 107 ☐ PACE Program. I have received information about the PACE program.

Field 108 ☐ MI Health Link. I have received information about MI Health Link.

Field 109 Signature of applicant
Field 110 Signature of applicant's representative
Field 111 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.

Field 112 Signature of applicant
Field 113 Signature of applicant's representative
Field 114 Date