
Fact Sheet: **Medicaid Level of Care Determination**

What is the Medicaid Nursing Facility Level of Care Determination (LOCD)?

The Level of Care Determination (LOCD) is the process the Michigan Medicaid program uses to decide if a person needs the kind of care provided in a nursing home or the services of two programs (MI Choice and PACE) that help people who need long term care but want to remain in the community.

When does a person need an LOCD?


- When a person wants to be admitted to a nursing home, the MI Choice program, or the Program for All-Inclusive Care for the Elderly (PACE) and needs Medicaid to pay for his or her long term care
- When a person's health improves
- When a person needs a new LOCD (usually every year)

How does a person qualify for Medicaid services?

The LOCD looks at a person's abilities in seven areas (sometimes referred to as "doors"). The areas include how the person manages daily activities like getting in and out of bed, using the bathroom, and eating. It also considers whether the person has short-term memory loss, needs help in making decisions, or has certain treatments or medical conditions. If a person meets the requirements under any **one** of the seven areas, including service dependency, she or he is medically eligible for Medicaid services.

What is Service Dependency?

If a person has received nursing home, MI Choice, or PACE services for at least one year, and if the person could not maintain his or her level of functioning if he or she left the program, and there were no other programs available to provide assistance, then the person may qualify as "service dependent".



What if a person does not qualify under one of the seven areas?

If you think you need nursing home care or services from MI Choice or PACE but are told you don't qualify under any of the seven areas, there are three options.

1. Secondary Review

You, the nursing home, MI Choice program, or PACE may request a Secondary Review from the Michigan Peer Review Organization (MPRO). **To request a Secondary Review, you must call MPRO (1-800-727-7223) within three days after you receive a written notice that you do not qualify.** When making the request, tell MPRO that you, or your friend or family member, want to talk with them about your care and service needs. This is a way for you to give MPRO information about your care that may not be in your written records.

MPRO will review your records to decide if there are other reasons that you should qualify for Medicaid services. MPRO will either approve Medicaid coverage or, if MPRO decides you do not qualify medically, it will send you a notice that explains your appeal rights.

2. Medicaid Fair Hearing

If you do not ask for a secondary review or if MPRO conducts a review and determines that you do not qualify, you can request a Medicaid Fair Hearing. To do so, you must complete a "Request for an Administrative Hearing" form (DCH-0092). This form is included with the notice that you do not meet the LOCD criteria. We suggest faxing the form so it reaches the state in time. The fax number is **517 763-0146**

The Medicaid Fair Hearing request must be received within **90 days** of the date of the notice from MPRO, the nursing home, MI Choice or PACE. You may be able to get free legal help for your appeal from your local legal services program. The Long Term Care Ombudsman Program can give you contact information.

3. Request another LOCD

If you think you should have qualified through one of the seven areas but the person completing the LOCD did not consider all of your needs, you can ask that the LOCD be redone.

Michigan Long Term Care Ombudsman Program

Free and Confidential Help

1-866-485-9393

Email: MLTCOP@meji.org

Website: MLTCOP.org