

MI Choice Intake Guidelines

Interviewer Instructions

Note: Text in Italics indicates interviewer instructions

*The following dialogue may be used when conducting this screen:
(Scoring will be assigned using the MI Choice Scoring Algorithm to Determine Waiting List Priority)*

I would like to have a conversation with you to find out how you do everyday tasks and to learn more about your health. This will take about fifteen minutes. It is important that you tell me how things really are going for you, as accurately as possible, so I can make sure you get the kind of assistance that will best meet your needs.

Part I

First I would like to understand more about your ability to do some everyday tasks. I am interested in your **ability** to do these tasks, not whether you actually did them.

Based on the information given, score each answer below using the following response options:

0. Independent—no help, set-up, or supervision
1. Set-up help only
2. Supervision—oversight, cueing
3. More assistance needed

1. **In the last three days, were you able to go shopping, including selecting items to buy and paying for them? (Exclude transportation)**

RESPONSE: _____

2. **In the last three days, were you able to prepare meals?**

RESPONSE: _____

3. **In the last three days, were you able to drive yourself, get in or out of a car, or use public transportation?**

RESPONSE: _____

4. **In the last three days, were you able to do work around the house, like doing dishes, making the bed, doing laundry, or tidying up?**

RESPONSE: _____

5. **In the last three days, were you able to manage your medications? (Includes remembering when to take your pills, opening the bottles, and taking the right dosages)**

RESPONSE: _____

6. **In the last three days, were you able to manage your finances, like paying bills, balancing your checkbook, or checking your credit card balance?**

RESPONSE: _____

Now I would like you to tell me about what you have done recently. I want to know what you have **actually done by yourself, or others have done for you**, not whether you are able to do these activities.

Based on the information given, score each answer below using the following response options:

- 0. More than 2 hours
- 1. Not performed or performed 2 hours or less

7. In the last three days, how much have you engaged in any physical activity, such as walking, cleaning the house, or exercising?

RESPONSE: _____

Based on the information given, score each answer below using the following response options:

- 0. No
- 1. Yes
- 2. Activity did not occur

8. In the last three days, has your condition required that meals be prepared FULLY by others?

RESPONSE: _____

Based on the information given, score each answer below using the following response options:

- 0. No assistive devices
- 1. Cane or walker
- 2. Wheelchair or scooter
- 3. Activity did not occur

9. In the last three days, what assistive devices have you used to move around indoors?

RESPONSE: _____

Based on the information given, score each answer below using the following response options:

- 0. Independent—no help, set-up, or supervision
- 1. Set-up help only
- 2. Supervision—oversight, cueing
- 3. More assistance needed
- 4. Activity did not occur

10. In the last three days, what kind of help did you get to move around indoors? (Note: if person used a wheelchair, rate for self-sufficiency once in wheelchair)

RESPONSE: _____

11. In the last three days, what kind of help did you get to dress yourself?

RESPONSE: _____

12. In the last three days, did you use any help to move around in bed? (Includes moving to and from a lying position, turning from side to side, and positioning body while in bed)

RESPONSE: _____

13. In the last three days, did you use any help to bathe, shower, or take a sponge bath?

RESPONSE: _____

14. In the last three days did you use any help to transfer from one position to another? (Includes moving from bed to chair or wheelchair, or rising out of a chair to a standing position)

RESPONSE: _____

15. In the last three days did you use any help to eat? (Includes taking in food by any method, including tube feeding)

RESPONSE: _____

Next, I would like to learn more about your living arrangements.

Based on the information given, score each answer below using the following response options:

- 0. No
- 1. Yes

16. Are there any hazards that make it difficult for you to enter, move around in, or leave your home?

RESPONSE: _____

17. In the last 90 days, have you moved in with others, or have others moved in with you?

RESPONSE: _____

Based on the information given, score each answer below using the following response options:

- 0. No—person is never or hardly ever left alone
- 1. Yes—person is left alone, even if only for about one hour

18. In the last three days, have you been left alone in the morning or afternoon?

RESPONSE: _____

Based on the information given, score each answer below using the following response options:

- 0. No
- 1. Yes

19. Do you, or does your main helper, if any, believe that you would be better off elsewhere?

RESPONSE: _____

Now I would like to ask you a few questions about your health.

20. In the last three days, have you had a flare-up of a recurrent or chronic health problem?

RESPONSE: _____

21. In the last three days, have you had any troubling skin conditions, such as burns, tears, open lesions, bruises, or rashes?

RESPONSE: _____

22. In the last three days, have you received any of the following care:

a. Care of a wound or pressure ulcer, or moving/turning to prevent skin breakdown

RESPONSE: _____

b. Home care aid

RESPONSE: _____

c. Physical therapy

RESPONSE: _____

d. Monitoring by a nurse

RESPONSE: _____

e. Treatment with IV (intravenous) medication

RESPONSE: _____

For question 23 (a), based on the information given, score each answer using the following response options:

- 0. Behavior not present
- 1. Behavior present, consistent with usual functioning
- 2. Behavior present, appears different from usual functioning (e.g., new onset or worsening)

For question 23 (b), based on the information given, score each answer using the following response options:

- 0. Behavior not present
- 1. Behavior present

23. In the past three days, have you had any of the following problems?

a. Been easily distracted, had trouble paying attention, become sidetracked

RESPONSE: _____

b. Threatened, cursed, or screamed at others

RESPONSE: _____

Score the following items based on your conversation with the individual. If interviewing a third party, ask as questions.

Based on the information given, score each answer using the following response options:

- 0. Person is understood even if s/he has difficulty finding words or finishing thoughts
- 1. Person is limited to making concrete requests or is rarely or never understood

24. In the last three days, how well has the person been able to make themselves understood?

RESPONSE: _____

Based on the information given, score each answer using the following response options:

- 0. Person made decisions independently
- 1. Person made decisions, but with difficulty, or decisions were poor and required supervision
- 2. Person rarely or never made decisions

25. In the last three days, how well did the person make decisions about organizing the day, for example, when to get up or have meals, what clothes to wear, what to do?

RESPONSE: _____

Based on the information given, score each answer using the following response options:

- 0. Behavior not present
- 1. Behavior present, consistent with usual functioning
- 2. Behavior present, appears different from usual functioning (e.g., new onset or worsening)

26. In the last three days, did the person have disorganized speech, ramble from subject to subject, or lose their train of thought?

RESPONSE: _____

Part II

Financial Questions

The following questions are **optional**. Please note that the Department of Human Services makes the final determination for Medicaid financial eligibility.

For question 1 select a response using the following information given:

- 0. No (proceed to next question regarding current income)
- 1. Yes (enter Medicaid ID located in Participant node, other items do not have to be answered)

1. Is the individual currently enrolled in Medicaid?

For questions 2-3 select a response using the following information given:

- 0. No
- 1. Yes

2. Is the individual's total monthly/gross income below the official dollar amount for Medicaid eligibility? (Just for person being referred. Click Help button to determine the amounts; use the most recent annual amount available for your response).

3. What is the amount of the individual's assets from all sources? Click help button to determine appropriate amounts for most recent year.

a. Less than \$2,000?

RESPONSE: _____

b. If NO, more than \$10,000?

RESPONSE: _____

c. If married, click Help button to determine appropriate amount for most recent year.

Enter any comments you may have in the comment box at the end of this section.

Part III

Quality Assessment Questions

The following questions are optional.

For question 1, enter the number of minutes it took to complete this screening.

1. How many minutes did this screening take?

For question 2 select a response using the following information given:

0. Caller accurately estimated the individual's condition
1. Caller under-estimated the individual's condition
2. Caller over-estimated the individual's condition
3. Caller was otherwise inaccurate (did not appear to know the person's condition, gave conflicting information, etc.)

2. What was your overall impression of the caller's accuracy in answering the screening questions?

For question 3, enter the number of the question and any issues or concerns you may have regarding the question.

3. Indicate any issues or concerns you have regarding specific screening questions, by number.

For question 4, enter the waiver agency code, the name of the person who performed the screen, and the date the screen was conducted.

4. Entering Information

1. Agency
2. User
3. Date

MI Choice Waiver Service Eligibility

(these were included in an appeal determination; some information is redacted)

SECTION 1 – GENERAL INFORMATION

MI Choice is a waiver program operated by the Michigan Department of Community Health (MDCH) to deliver home and community-based services to elderly persons and persons with physical disabilities who meet the Michigan nursing facility level of care criteria that supports required long-term care (as opposed to rehabilitative or limited term stay) provided in a nursing facility. The waiver is approved by the Centers for Medicare and Medicaid Service (CMS) under section 1915(c) of the Social Security Act. MDCH carries out its waiver obligations through a network of enrolled providers that operate as organized health care delivery systems (OHCDs). These entities are commonly referred to as waiver agencies. MDCH and its waiver agencies must abide by the terms and conditions set forth in the waiver.

MI Choice services are available to qualified participants throughout the state and all provisions of the program are available to each qualified participant unless otherwise noted in this policy and approved by CMS. (p. 1).

* * *

SECTION 2 - ELIGIBILITY

The MI Choice program is available to persons 18 years of age or older who meet each of three eligibility criteria:

- An applicant must establish his/her financial eligibility for Medicaid services as described in the Financial Eligibility subsection of this chapter.
- The applicant must meet functional eligibility requirements through the online version of the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD).
- It must be established that the applicant needs at least one waiver service and that the service needs of the applicant cannot be fully met by existing State Plan or other services.

All criteria must be met in order to establish eligibility for the MI Choice program. MI Choice participants must continue to meet these eligibility requirements on an ongoing basis to remain enrolled in the program. (p.1, emphasis added).

* * *

2.2.A. MICHIGAN MEDICAID NURSING FACILITY LEVEL OF CARE DETERMINATION

MI Choice applicants are evaluated for functional eligibility via the Michigan Medicaid Nursing Facility Level of Care Determination. The LOCD is available online through Michigan's Single Sign-on System. Refer to the Directory Appendix for website information. Applicants must qualify for functional eligibility through one of seven doors.

These doors are:

- Door 1: Activities of Daily Living Dependency
- Door 2: Cognitive Performance
- Door 3: Physician Involvement
- Door 4: Treatments and Conditions
- Door 5: Skilled Rehabilitation Therapies
- Door 6: Behavioral Challenges
- Door 7: Service Dependency

The LOCD must be completed in person by a health care professional (physician, registered nurse (RN), licensed practical nurse (LPN), licensed social worker (BSW or MSW), or a physician assistant) or be completed by staff that have direct oversight by a health care professional.

The online version of the LOCD must be completed within fourteen (14) calendar days after the date of enrollment in MI Choice for the following:

- All new Medicaid-eligible enrollees
- Non-emergency transfers of Medicaid-eligible participants from their current MI Choice waiver agency to another MI Choice waiver agency
- Non-emergency transfers of Medicaid-eligible residents from a nursing facility that is undergoing a voluntary program closure and who are enrolling in MI Choice

Annual online LOCDs are not required; however, subsequent redeterminations, progress notes, or participant monitoring notes must demonstrate that the participant continues to meet the level of care criteria on a continuing basis. If waiver agency staff determines that the participant no longer meets the functional level of care criteria for participation (e.g., demonstrates a significant change in condition), another face-to-face online version of the LOCD must be conducted reflecting the change in functional status. This subsequent redetermination must be noted in the case record and signed by the individual conducting the determination. (pp. 1-2).

In order to be found eligible for MI Choice Waiver services, Petitioner must meet the requirements of at least one Door. [REDACTED]

[REDACTED] generally, however, applicant did not meet any of the criteria for Doors [REDACTED]

Door 1
Activities of Daily Living (ADLs)

Scoring Door 1: The applicant must score at least six points to qualify under Door 1.

(A) Bed Mobility, (B) Transfers, and (C) Toilet Use:

- Independent or Supervision = 1
- Limited Assistance = 3
- Extensive Assistance or Total Dependence = 4
- Activity Did Not Occur = 8

(D) Eating:

- Independent or Supervision = 1
- Limited Assistance = 2
- Extensive Assistance or Total Dependence = 3
- Activity Did Not Occur = 8

[REDACTED] applicant was found to be independent with bed mobility, transfers, toilet use and eating. As such, Petitioner did not qualify under Door [REDACTED]

Door 2
Cognitive Performance

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."

~~petitioner appeared to have a memory problem but was found to be only minimally independent and able to make herself understood. As such, Appellant did not qualify under Door 2.~~

Door 3 Physician Involvement

Scoring Door 3: The applicant must meet either of the following to qualify under Door 3

1. At least one Physician Visit exam AND at least four Physicians Order changes in the last 14 days, OR
2. At least two Physician Visit exams AND at least two Physicians Order changes in the last 14 days.

~~petitioner reported 0 physician's visits and 0 physician change orders within the 14 day period leading up to the LOC Determination. As such, Petitioner did not qualify under Door 3.~~

Door 4 Treatments and Conditions

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

In order to qualify under Door 4 the applicant must receive, within 14 days of the assessment date, any of the following health treatments or demonstrated any of the following health conditions:

- 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

~~Petitioner reported none of the conditions or treatments associated with Door 4. Accordingly, Petitioner did not qualify under Door 4.~~

Door 5
Skilled Rehabilitation Therapies

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.

[REDACTED] was not currently receiving any skilled rehabilitation therapies at the time of the assessment. Accordingly, Petitioner did not qualify under Door 5.

Door 6
Behavior

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.

[REDACTED] did not have any delusions or hallucinations within seven days of the LOC determination. Petitioner did not exhibit any of the challenging behaviors associated with Door 6 within the 7 days prior to the assessment. Accordingly, Petitioner did not qualify under Door 6.

Door 7
Service Dependency

Scoring Door 7: The applicant must be a current participant and demonstrate service dependency under Door 7.

The LOC Determination provides that Petitioner could qualify under Door 7 if she is currently (and has been a participant for at least one (1) year) being served by either the MI Choice Program, PACE program, or Medicaid reimbursed nursing facility, requires ongoing services to maintain current functional status, and no other community, residential, or informal services are available to meet the applicant's needs.

[REDACTED] Petitioner has not been a participant in the Waiver Program for at least one year. As such, Petitioner did not qualify under Door 7.

[REDACTED] based on the information at the time of the LOC determination, Petitioner did not meet

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; Attention: MAHS Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30763
Lansing, Michigan 48909-8139