

Level of Care Determination

Door 7: Service Dependency and
Door 8: Exception Criteria

Door 7 Service Dependency

There are 3 criteria to qualify:

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).

Door 7: Service Dependency

For beneficiaries who have resided in the nursing facility for less than a year and are assigned a Door 0 because they do not meet the one-year requirement of Door 7 but meet the other criteria:

If the beneficiary files an appeal and during the process of the involuntary discharge and waiting for the appeal date, the beneficiary then reaches 1 year in the facility, they should be re-assessed for Door 7 at that time.

Door 8: Exception Criteria - General Information

- The beneficiary needs to have resided within the facility for one consecutive year (no break in coverage)
- It can only be accessed via a Secondary Review
- The Exception Criteria looks at 3 areas of functionality: Frailty, Behaviors, Treatments

Door 8: Exception Criteria - Frailty

The applicant has a significant level of frailty as demonstrated by at least one of the following categories:

- Applicant performs late loss ADLs (bed mobility, toileting, transferring, and eating) independently but requires an unreasonable amount of time
- Applicant's performance is impacted by consistent shortness of breath, pain, or debilitating weakness during any activity
- Applicant has experienced at least two falls in the home in the past month
- Applicant continues to have difficulties managing medications despite the receipt of medication set-up services
- Applicant exhibits evidence of poor nutrition, such as continued weight loss, despite the receipt of meal preparation services
- Applicant meets criteria for Door 3 when emergency room visits for clearly unstable conditions are considered

Door 8: Exception Criteria - Behaviors

The applicant has at least a one-month history of any of the following behaviors, and has exhibited two or more of any these behaviors in the last seven days, either singly or in combination:

- Wandering
- Verbal or physical abuse
- Socially inappropriate behavior
- Resists care

Door 8: Exception Criteria - Treatments

The applicant has demonstrated a need for complex treatments or nursing care.

Door 8: Exception Criteria - Treatments

Here are some examples of complex care that might warrant a Door 8 review by iMPROve Health:

Secondary Review

- Facility staff have the right to request a Secondary Review of any Door 0 that they enter for any resident.
- Secondary Review is designed as a safety net for both facility staff and residents.
- There is no punitive action taken towards the facility if a Door 0 is overturned in favor of a qualifying Door.
- Please provide all documentation in the resident's file so the reviewer can assess for all doors including Door 8.
- Secondary Review is designed to deal with any errors that or questions of a clinical nature.
- The phone number for Secondary Review is 800-727-7223.

Request for Medicaid Fair Hearings

Though it is not required, if you are assisting a beneficiary with submitting the Request for an Administrative Hearing (DCH-0092). Please include the Action Notice that was provided to the resident that initiated the Request for Medicaid Fair Hearing.

We are seeing an increase in requests without that Action Notice, the Administrative Law Judges want the Action Notice included with the hearing packets and this would streamline things for a number of state staff across different divisions.

Request for Medicaid Fair Hearing

If a beneficiary is likely to appeal a Door 0 determination, please advise them or their representatives to initiate both a Secondary Review and the Medicaid Fair Hearing. If questions of a clinical nature are brought up in the hearing, an ALJ may not rule until the clinical questions are addressed.

- Medicaid Fair Hearing is to determine if all policies were followed by facility staff in determining and notifying the resident that they no longer functionally qualify for Medicaid reimbursed Long-Term care services. **(It is not intended to address any clinical or care questions.)**
- Secondary Review is to address any clinical or care questions by facility staff or the resident and their representatives.
