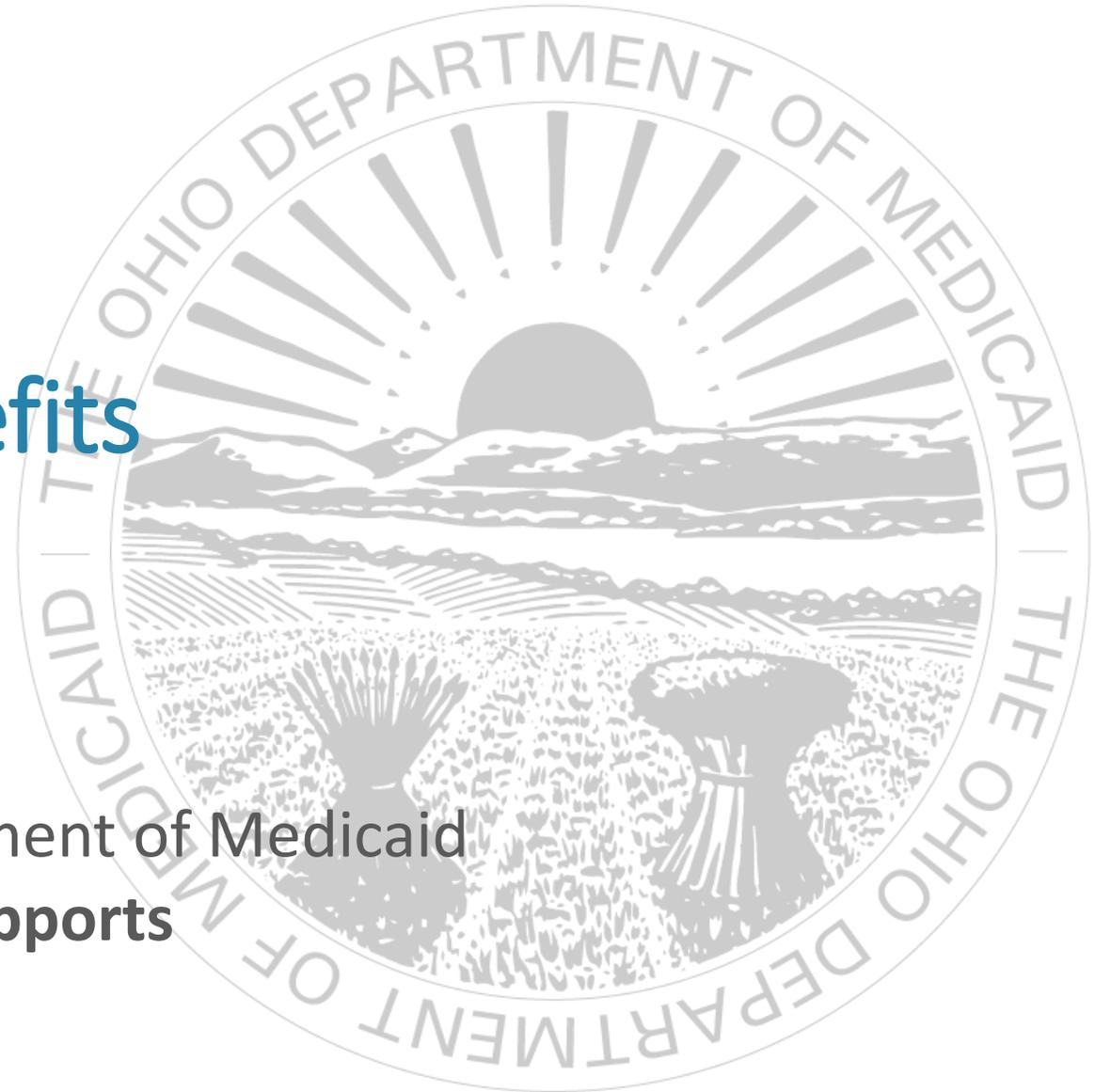


# ODM 9401 and Ohio Benefits PAA Refresher Webinar

A presentation given by: Ohio Department of Medicaid  
**Bureau of Long-Term Services and Supports**  
*Front Door Policy Section*



*Making Ohio Better*

# Discussion Items

- Admissions and Enrollments
- Discharges and Disenrollments
- Transfers
- Journal Notes
- Important Updates and Fixes
- LOC Exemptions and Validations
- “Pending Medicaid Numbers”
- Waiver Referrals
- County Guidance
- Questions

# Admissions and Enrollments

- The following entities enter admissions and enrollments into Ohio Benefits:
  - » **Fee-For-Service Nursing Facility (NF) admissions** → PASSPORT Administrative Agencies (PAAs)
  - » **Managed Care NF admissions** → Ohio Department of Medicaid
  - » **ICF-IID or DC admissions** → Department of Developmental Disabilities (DODD)
  - » **Aging waiver enrollments** → PAAs
  - » **DD waiver enrollments** → DODD
  - » **Ohio Home Care waiver enrollments** → Case Management Agencies (CMAs)
  - » **MyCare Ohio waiver enrollments** → PAAs and CMAs
- County workers should not create any pending and/or verified LTC Detail Screens for facility admissions
  - » The PAAs and will enter this information into Ohio Benefits when required

# Nursing Facility (NF) Admissions

<b>Name:*</b> Brennan Hiegel	<b>LTC Category:*</b> Facility/Institutional	<b>LTC Type:*</b> Nursing Facility
<b>LTC Request Date:*</b> 08/01/2016		
<b>Facility Information</b>		
<b>Facility Name:</b>	<b>Provider Number:</b> 1234567	
<b>Expected Length of Stay:</b> Greater than 90 days	<b>LOC Begin Date:*</b> 08/01/2016	<b>LOC End Date:</b>
<b>Level of Care:</b> Intermediate	<b>Discharge Date:</b>	
<b>Admission Date:*</b> 08/01/2016		
<b>LTC Status:</b> Approved		
<b>Additional Information</b>		
<b>Baseline Date:</b>	<b>Begin Date of First Period of Institutionalization:</b>	
<b>Court Ordered CSRA:</b>		
<b>Begin Date:*</b> 8/1/2016	<b>Date:</b>	
<b>Verified:*</b> Verified		

“Begin Date” of the record should be the Admission Date

- The following fields **must be entered:**

- » Name
- » LTC Category of “Facility/Institutional”
- » LTC Type of “Nursing Facility”
- » LTC Request Date
- » Provider Number (7 digits)
- » Expected Length of Stay of “Greater than 90 days”
- » Level of Care
- » LOC Begin Date
- » Admission Date
- » LTC Status of “Approved”
- » Begin Date
- » **Verified**

# Waiver Enrollment

<b>Name:*</b> Brennan Hiegel	<b>LTC Category:*</b> HCBS	<b>LTC Type:*</b> Ohio Home Care Waiver
<b>LTC Request Date:*</b> 10/19/2016		
<b>Waiver/PACE Information</b>		
<b>Level of Care:</b> Intermediate	<b>LOC Begin Date:*</b> 10/19/2016	<b>LOC End Date:</b>
<b>Waiver/PACE Begin Date: *</b> 10/19/2016	<b>Waiver/PACE End Date:</b>	
<b>Cost of Care:</b>	<b>Cost of Care Begin Date:</b>	<b>Cost of Care End Date:</b>
<b>LTC Status:</b> Approved		
<b>Additional Information</b>		
<b>Baseline Date:</b>	<b>Begin Date of First Period of Institutionalization:</b>	
<b>Court Ordered CSRA:</b>	<b>CS:</b>	
<b>Begin Date:*</b> 10/19/2016	<b>Date:</b>	
<b>Verified:*</b> Verified		

“Begin Date” of the record should be the Waiver/PACE Begin Date

- The following fields are required:
  - » Name
  - » LTC Category of “HCBS”
  - » LTC Type
  - » LTC Request Date
  - » Level of Care
  - » LOC Begin Date
  - » Waiver/PACE Begin Date
  - » LTC Status of “Approved”
  - » Begin Date
  - » **Verified**
- **Cost of Care** is not filled out for Aging waivers or MyCare waivers

# Always Open LTC Detail Screens!

“Begin Date” on a record does not mean that the LTC Detail Screen is complete.

Name	LTC ID	LTC Category	LTC Type	Begin Date	End Date	Action
<input type="checkbox"/> <a href="#">Hiegel, Brennan</a>	1146784	Facility/Institutional	Nursing Facility	08/01/2016		<input type="button" value="Edit"/>

A record that “looks” complete could actually be missing all the data in the “Facility Information” section. This causes delays in cases being able to be run.

<b>Name:*</b> Brennan Hiegel	<b>LTC Category:*</b> Facility/Institutional	<b>LTC Type:*</b> Nursing Facility
<b>LTC Request Date:*</b> 08/01/2016		
<b>Facility Information</b>		
<b>Facility Name:</b>	<b>Provider Number:</b>	
<b>Expected Length of Stay:</b>		
<b>Level of Care:</b>		
<b>Admission Date:</b>	<b>Discharge Date:</b>	
<b>LTC Status:</b>		
<b>Additional Information</b>		
<b>Baseline Date:</b>	<b>Begin Date of First Period of Institutionalization:</b>	
<b>Court Ordered CSRA:</b>	<b>Court Ordered MIA for CS:</b>	
<b>Begin Date:*</b> 08/01/2016	<b>End Date:</b>	
<b>Verified:*</b> Verified		

# Admissions and Enrollments

- “Begin Date” of the record needs to be either the **Admission Date** or the **Waiver/PACE Begin Date**
- Every required field needs to be filled out, even if not denoted by an asterisk (\*)
- Ensure that you VERIFY the record
  - » This is just processing step for EDBC to save county workers time

# Program Block Warning Message

Warning! This individual is not currently Active or Pending on a Medicaid Program block with a Requested Medicaid Type of LTC.

In order for an alert to be generated for the worker assigned to the program block on which the individual has a Requested Medicaid Type of LTC, this program block must be created, and a worker assigned, prior to saving the record.

To create a Medicaid Program block with a Requested Medicaid Type of LTC for this individual, click 'Cancel'. Click 'Continue' to proceed without creating the program block.

Note: If 'Continue' is selected, an alert will not be generated for this worker upon save of this record.

Continue

Cancel

An alert will be generated for the CDJFS **when the LTC Detail screen is created.** Subsequent edits to the LTC Detail Screen will not generate an alert until the Medicaid Program Block with a requested type of LTC is created.

**Always select continue when this warning message appears.**

# Discharges and Disenrollments

- The following entities will be data entering discharges and disenrollments into Ohio Benefits:
  - » **Fee-For-Service Nursing Facility (NF) discharges** → Ohio Department of Medicaid
  - » **Managed Care NF discharges** → Ohio Department of Medicaid
  - » **ICF-IID or DC discharges** → Department of Developmental Disabilities (DODD)
  - » **Aging waiver disenrollments** → PAAs
  - » **DD waiver disenrollments** → DODD
  - » **Ohio Home Care waiver disenrollments** → Case Management Agencies (CMAs)
  - » **MyCare Ohio waiver disenrollments** → PAAs and CMAs
- County workers should not “End Date” any LTC record in Ohio Benefits
  - » ODM, PAAs, or the CMAs will properly discharge or disenroll individuals when required

# Discharges and Disenrollments

<input type="checkbox"/>	Name	LTC ID	LTC Category	LTC Type	Begin Date	End Date	Action
<input type="checkbox"/>	<a href="#">Hiegel, Brennan</a>	1146784	Facility/Institutional	Nursing Facility	08/01/2016		<a href="#">Edit</a>

**A discharge has not been completed for this NF stay**

<input type="checkbox"/>	Name	LTC ID	LTC Category	LTC Type	Begin Date	End Date	Action
<input type="checkbox"/>	<a href="#">Hiegel, Brennan</a>	1146784	Facility/Institutional	Nursing Facility	08/01/2016	10/17/2016	<a href="#">Edit</a>

An **end date** on a record does not mean that a NF discharge has been entered

# Discharges and Disenrollments

- A properly discharged or end dated NF span will look like the following in Ohio Benefits:

<input type="checkbox"/>	Name	LTC ID	LTC Category	LTC Type	Begin Date	End Date	Action
<input type="checkbox"/>	<a href="#">Hiegel, Brennan</a>	1146784	Facility/Institutional	Nursing Facility	08/01/2016	10/17/2016	Edit
<input type="checkbox"/>	<a href="#">Hiegel, Brennan</a>	1146803	Facility/Institutional	Nursing Facility	10/18/2016		Edit

Remove Add

- There will be **two spans** for the facility stay
  - » One end-dated approved record
  - » One open-ended discharge record (*until a new record of the same **Category and Type** has been entered*)

# NF Discharge

<b>Name:*</b> Brennan Hiegel	<b>LTC Category:*</b> Facility/Institutional	<b>LTC Type:*</b> Nursing Facility
<b>LTC Request Date:*</b> 08/01/2016		
<b>Facility Information</b>		
<b>Facility Name:</b> [ ]	<b>Provider Number:</b> 1234567	
<b>Expected Length of Stay:</b> Greater than 90 days		
<b>Level of Care:</b> Intermediate	<b>LOC Begin Date:*</b> 08/01/2016	<b>LOC End Date:</b> 10/16/2016
<b>Admission Date: *</b> 08/01/2016	<b>Discharge Date:</b> 10/17/2016	<b>One day before date of discharge</b>
<b>LTC Status:</b> Approved	<b>Date of discharge</b>	
<b>Additional Information</b>		
<b>Baseline Date:</b> [ ]	<b>Begin Date of First Period of Institutionalization:</b> [ ]	
<b>Court Ordered CSRA:</b> [ ]	<b>Court Ordered MIA for CS:</b> [ ]	
<b>Begin Date:*</b> 08/01/2016	<b>End Date:</b> 10/17/2016	
<b>Verified:*</b> Verified	<b>Date of discharge</b>	

- ODM will amend the “approved” record with the following fields
  - » LOC End Date
  - » Discharge Date
  - » End Date (of record)
- Select the **Discharge/Disenroll** button to create a copy of this record

# NF Discharge

- The **Discharge/Disenroll** button will automatically create a discharge record
- All fields are copied over from the approved record
- The system will automatically put the appropriate “Begin Date” on the discharge record
- LTC Status Reason code **769** is selected for NF discharges
- **Save and Return** the record

<b>Name:*</b> Brennan Hiegel	<b>LTC Category:*</b> Facility/Institutional	<b>LTC Type:*</b> Nursing Facility
<b>LTC Request Date:*</b> 08/01/2016		
<b>Facility Information</b>		
<b>Facility Name:</b>	<b>Provider Number:</b> 1234567	
<b>Expected Length of Stay:</b> Greater than 90 days	<b>Level of Care:</b> Intermediate	
<b>Admission Date:</b> 08/01/2016	<b>LOC Begin Date:*</b> 08/01/2016	<b>LOC End Date:</b> 10/16/2016
<b>LTC Status:</b> Discharged	<b>LTC Status Reason:*</b> 769	<b>LTC Status Reason #2:</b>
<b>LTC Status Reason #3:</b>	<b>LTC Status Reason #4:</b>	<b>LTC Status Reason #5:</b>
<b>Additional Information</b>		
<b>Baseline Date:</b>	<b>Begin Date of First Period of Institutionalization:</b>	
<b>Court Ordered CSRA:</b>	<b>Court Ordered MIA for CS:</b>	
<b>Begin Date:*</b> 10/18/2016	<b>End Date:</b>	
<b>Verified:*</b> Verified		

One day AFTER date of discharge

# Waiver Disenrollment

- The following fields should be entered on the “Approved” record:
  - » LOC End Date
  - » Waiver/PACE End Date
  - » End Date (of the record)
- Select the **Discharge/Disenroll** button to create a copy of this record

**Name:** Brennan Hiegel  
**LTC Category:** HCBS  
**LTC Request Date:** 07/07/2016

**Waiver/PACE Information**

**Level of Care:** Skilled  
**LOC Begin Date:** 07/07/2016  
**LOC End Date:** 10/17/2016  
**Waiver/PACE Begin Date:** 07/07/2016  
**Waiver/PACE End Date:** 10/17/2016  
**Cost of Care:**  
**Cost of Care Begin Date:**  
**Cost of Care End Date:**

**LTC Status:** Approved

**Additional Information**

**Baseline Date:**  
**Begin Date of First Period of Institutionalization:**  
**Court Ordered CSRA:**  
**Court Ordered MIA for CS:**

**Begin Date:** 07/07/2016  
**End Date:** 10/17/2016  
**Verified:** Verified

The “Waiver/PACE End Date” entered should match the **Waiver Disenrollment Date** in PIMS

# Waiver Disenrollment

- The **Discharge/Disenroll** button will automatically create a disenrolled record
- All fields are copied over from the approved record
- The system will automatically put the appropriate “Begin Date” on the disenrollment record
- Must enter the appropriate **LTC Status Reason**
- **Save and Return** the record

<b>Name:*</b> Brennan Hiegel	<b>LTC Category:*</b> HCBS	<b>LTC Type:*</b> PASSPORT Waiver
<b>LTC Request Date:*</b> 08/01/2016		
<b>Waiver/PACE Information</b>		
<b>Level of Care:</b> Intermediate	<b>LOC Begin Date:*</b> 08/01/2016	<b>LOC End Date:</b> 10/19/2016
<b>Waiver/PACE Begin Date:</b> 08/01/2016	<b>Waiver/PACE End Date: *</b> 10/19/2016	
<b>Cost of Care:</b>	<b>Cost of Care Begin Date:</b>	<b>Cost of Care End Date:</b>
<b>LTC Status:</b> Disenrolled	<b>LTC Status Reason:*</b> 797	<b>LTC Status Reason #2:</b>
<b>LTC Status Reason #3:</b>	<b>LTC Status Reason #4:</b>	<b>LTC Status Reason #5:</b>
<b>Additional Information</b>		
<b>Baseline Date:</b>	<b>Begin Date of First Period of Institutionalization:</b>	
<b>Court Ordered CSRA:</b>	<b>Court Ordered MIA for CS:</b>	
<b>Begin Date:*</b> 10/20/2016	<b>One day AFTER date of disenrollment</b>	<b>End Date:</b>
<b>Verified:*</b> Verified		

# LTC Detail Screen Date Confirmation Message

- This message will appear when the system finds a conflict with dates that were entered on the LTC Detail Screen

## Effective Dates Confirmation List

This is the record you have added or updated:

Ltc Category	Ltc Type	Begin Date	End Date
Facility/Institutional	Nursing Facility	10/20/2016	

The system will make corrections to your additions/updates:

The system will adjust the effective dates of this record:

Ltc Category	Ltc Type	Begin Date	End Date
Facility/Institutional	Nursing Facility	08/01/2016	10/19/2016

Click Save to continue or Cancel to undo this action.

Save

Cancel

This message will differ based on the type of conflict the system finds (e.g. make corrections to a screen or delete a record)

Cancel out of the message and double check your date fields before saving

# Transfers

- Processed the same way as admission, enrollments, discharges or disenrollments
- If you are adding a new **facility** admission **before the discharge** has been added:
  - » Enter a journal note and instruct the county worker **not to run the case** until the discharge record has been added
  - » This is only applicable for NF to NF transfers, not for any type of waiver transfer
- For a **waiver** to **NF** transfer:
  - » The Waiver/PACE Disenrollment Date should be the 90<sup>th</sup> day in the NF **not the NF admission date**
- To expedite a NF discharge, email [NFStay@medicaid.ohio.gov](mailto:NFStay@medicaid.ohio.gov) with the Date of Discharge or Waiver Enrollment Date

# Immediate NF to NF Transfers

**Name:\***  
Brennan Hiegel

**LTC Category:\***  
Facility/Institutional

**LTC Request Date:\***  
10/21/2016

**Facility Information**

**Facility Name:** \_\_\_\_\_

**Provider Number:** 1234671

**Expected Length of Stay:**  
Greater than 90 days

**Level of Care:**  
Intermediate

**Admission Date: \***  
10/21/2016

**LTC Status:**  
Approved

**Additional Information**

**Baseline Date:** \_\_\_\_\_

**Begin Date of First Period of Institutionalization:** \_\_\_\_\_

**Court Ordered CSRA:** \_\_\_\_\_

**Court Ordered MIA for CS:** \_\_\_\_\_

**Begin Date:\***  
10/22/2016

**End Date:** \_\_\_\_\_

**Verified:\***  
Verified

Name	LTC ID	LTC Category	LTC Type	Begin Date	End Date	Action
<input type="checkbox"/> <a href="#">Hiegel, Brennan</a>	1146784	Facility/Institutional	Nursing Facility	08/01/2016	10/20/2016	<a href="#">Edit</a>
<input type="checkbox"/> <a href="#">Hiegel, Brennan</a>	1146824	Facility/Institutional	Nursing Facility	10/21/2016	10/21/2016	<a href="#">Edit</a>
<input type="checkbox"/> <a href="#">Hiegel, Brennan</a>	1146903	Facility/Institutional	Nursing Facility	10/22/2016		<a href="#">Edit</a>

The "Begin Date" of the new facility record needs to be the **day after admission\***

*\*Instructions about this are wrong in the current job aid*

# Journal Notes

- Journal notes are an important part of keeping all entities up to date on cases
- Should be used in specific situations (transfers) or in any instance that you need to correspond with the CDJFS (e.g. after fixing a case and needing EDBC run)
- Be sure to accurately describe what you have done in a case or what you need done by the CDJFS when creating notes

# Journal Notes

- When in a case, select the **Journal** link in the top right of the screen
- This will open a list of all journal entries for the individual
- To add a new journal entry, select **Add Entry**

The screenshot displays the Ohio Department of Medicaid APSP System interface. The main window shows the 'Case Summary' for Case Name: Brennan Hiegel, Case Number: 6314161. The 'Journal' link is highlighted in the top right navigation bar. A red arrow points from this link to a secondary window titled 'APSP System - Internet Explorer' which displays the 'Journal List' for Case - 6314161 - Brennan Hiegel. The 'Journal List' window shows a table of entries with columns for Date, Type, and Description. The 'Add Entry' button is highlighted in green.

Date	Type	Description
<input type="checkbox"/> 10/17/2016	Narr	<a href="#">LtcList</a>
<input type="checkbox"/> 10/17/2016	Narr	<a href="#">LtcList</a>
<input type="checkbox"/> 07/07/2016	Assign	<a href="#">Assignment Worker Initiated</a>
<input type="checkbox"/> 07/07/2016	Assign	<a href="#">Assignment Worker Initiated</a>

# Journal Notes

APSP System - Internet Explorer

**Journal List** Add Entry

Case -

Journal List		List Options
Results 1 - 11 of 11		
Date	Type	Description
<input type="checkbox"/> 09/23/2016	Activity	<a href="#">Managed Care Enrollment</a>
<input type="checkbox"/> 09/22/2016	Activity	<a href="#">Address Update</a>
<input type="checkbox"/> 09/21/2016	Activity	<a href="#">Demo change</a>
<input type="checkbox"/> 09/09/2016	Activity	<a href="#">Facility to Facility</a>
<input type="checkbox"/> 08/29/2016	Activity	<a href="#">LTC Detail Created</a>
<input type="checkbox"/> 08/25/2016	Activity	<a href="#">Managed Care Enrollment</a>
<input type="checkbox"/> 08/17/2016	Activity	<a href="#">Estimated soc per assessor at dh</a>
<input type="checkbox"/> 08/02/2016	Narr	<a href="#">Update due to RFC</a>
<input type="checkbox"/> 07/30/2016	Activity	<a href="#">Managed Care Enrollment</a>
<input type="checkbox"/> 07/30/2016	Conv	<a href="#">CRIS-E PIP Information</a>
<input type="checkbox"/> 07/30/2016	Conv	<a href="#">CRIS-E Converted ABD Case</a>

Print  With Details  Without Details

Add Entry

---

**Journal Entry** Check Spelling Save Cancel

( Kelsey K Gallagher, 95DM2T0312, Clinical Section Analyst)

**Case Number:**

**Case Name:**

**Journal Type: \***  **Journal Category: \***

**Short Description:**

**Long Description:**

Check Spelling Save Cancel

\* - Indicates required fields

**Type:** Activity

**Category:** Eligibility

**Short Description:**  
Indicate what you have just done to the case (e.g. NF/NF Transfer)

**Long Description:**  
Explain what you have done to the case and what you need the county worker to do  
"Save"

# Important Updates and Fixes

- When you have an LTC Detail Screen that needs to be deleted, please email [BHCP@medicaid.ohio.gov](mailto:BHCP@medicaid.ohio.gov)
- A revised ODM 9401 was released in September 2016
  - » This updated version includes a LOC Exemption field and Reason for Discharge (in order to properly prioritize 9401 data entry)
- ODM will be sending out an email with guidance on fixing cases that have been identified as having errors

# LOC Exemptions

The **LOC Exemption** field on the ODM 9401 will be used for NF admissions that **do not require a LOC determination** (e.g. hospice enrollment or Medicare Part A stay)

## Ohio Department of Medicaid FACILITY COMMUNICATION

Required fields are marked with an asterisk (\*). Only the required fields within the section that is being completed by the submitter must be answered.

I. RESIDENT INFORMATION			
<b>First Name*</b> Brennan	<b>Last Name*</b> Hiegel	<b>Middle Initial</b> M	
<b>Medicaid Number (12 digits)</b> 123456789101	<b>Social Security Number*</b> 111-11-1111		
<b>If individual does not have a Medicaid Number, has a Medicaid application been submitted?</b> <input type="checkbox"/> Yes (provide application date) <input type="checkbox"/> No <input type="checkbox"/> Unknown			<b>Application Date (mm/dd/yyyy)</b>
<b>Authorized Representative or Contact Person</b>		<b>Relationship to Resident</b>	
<b>Address</b>			<b>Apartment/Unit Number</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Telephone Number</b>
II. FACILITY INFORMATION - ADMISSION			
<b>Admission Date (mm/dd/yyyy)*</b> 10/17/2016	<b>Level of Care (LOC) Exemption?* (e.g. hospice enrollment or Medicare Part A stay)</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Level of Care (LOC) Validation Request?*</b> <input type="checkbox"/> Yes (if yes, select the type) <input checked="" type="checkbox"/> No	<b>Type of LOC Validation Request*</b> <input type="checkbox"/> Waiver <input type="checkbox"/> Readmission (same NF) after hospitalization (bed-hold days exhausted)		
<b>Facility Name*</b> Sunshine and Rainbows Nursing Facility			
<b>Street Address</b>			<b>Building Number</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Facility Telephone Number</b>

# LOC Exemptions

- When processing an ODM 9401 in which “LOC Exemption” has been indicated:
  1. Look in Ohio Benefits to confirm whether a facility LTC detail screen has been completed that **includes a Level of Care and LOC Begin Date**
  2. When the PAA confirms a complete LTC detail screen, the ODM 9401 does not need to be processed
  3. When the PAA finds an incomplete LTC detail screen in Ohio Benefits, the PAA shall complete the LTC detail screen using the information submitted on the ODM 9401 (like a regular admission) and the following guidelines:
    - Enter a **Level of Care** of “**Intermediate**”
    - Enter a **LOC Begin Date** using the **Admission Date** indicated on the ODM 9401

# LOC Validations

- The **LOC Validation** field on the ODM 9401 will be used for NF admissions that **do not require a full LOC determination** to be done by the PAA
  - » Individual enrolled on NF-based HCBS waiver seeking admission to NF
  - » NF resident seeking readmission to the same NF after hospitalization (leave days not expired)

## Ohio Department of Medicaid FACILITY COMMUNICATION

Required fields are marked with an asterisk (\*). Only the required fields within the section that is being completed by the submitter must be answered.

I. RESIDENT INFORMATION			
First Name*		Last Name*	
Brennan		Hiegel	
Middle Initial			
M			
Medicaid Number (12 digits)		Social Security Number*	
123456789101		111-11-1111	
If individual does not have a Medicaid Number, has a Medicaid application been submitted? <input type="checkbox"/> Yes (provide application date) <input type="checkbox"/> No <input type="checkbox"/> Unknown			Application Date (mm/dd/yyyy)
Authorized Representative or Contact Person		Relationship to Resident	
Address			Apartment/Unit Number
City	State	Zip Code	Telephone Number
II. FACILITY INFORMATION - ADMISSION			
Admission Date (mm/dd/yyyy)*		Level of Care (LOC) Exemption?* (e.g. hospice enrollment or Medicare Part A stay)	
10/17/2016		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Level of Care (LOC) Validation Request?*		Type of LOC Validation Request*	
<input checked="" type="checkbox"/> Yes (if yes, select the type)		<input type="checkbox"/> Waiver	
<input type="checkbox"/> No		<input checked="" type="checkbox"/> Readmission (same NF) after hospitalization (bed-hold days not exhausted)	
Facility Name*			
Street Address			Building Number
City	State	Zip Code	Facility Telephone Number

# LOC Validations

- When processing an ODM 9401 in which “LOC Validation” has been indicated:
  - » PAA conducts LOC validation in lieu of a face-to-face level of care determination within **one business day** from date of request
  - » Issue the PAR results letter from PIMS to NF indicating the individual’s LOC (this is more important than what is in MITS for billing claims)
- **Nothing needs to be entered or changed in Ohio Benefits**
- This field was added to the ODM 9401 in order to give NFs a way to request a LOC validation for specific cases

# Pending Medicaid Numbers

## Case Summary

Case Name	County					
▼ Companion Cases						
Case Number	Case Name					
Display:						
12/01/2016	<a href="#">View</a>					
▼ Medicaid - MC 01 -						
Worker:	CaseBankB	Primary Applicant/Recipient:				
Worker ID:	<a href="#">49PA1N0204</a>	Spoken Language:	English			
Program Status:	<b>Pending</b>	Phone Number:				
		Authorized Representative:				
		Application Date:	08/05/2016			
Name	Requested Medicaid Type	Role	Role Reason	Status	Status Reason	Referred to FFM
	Medicaid	<b>MEM</b>		Pending		No
<a href="#">View Details</a>						
▼ Medicaid - MC 02 -						
Worker:		Primary Applicant/Recipient:				
Worker ID:	<a href="#">49PA1N0107</a>	Spoken Language:	English			
Program Status:	<b>Pending</b>	Phone Number:				
		Authorized Representative:				
		Application Date:	08/05/2016			
Name	Requested Medicaid Type	Role	Role Reason	Status	Status Reason	Referred to FFM
	LTC	MEM		Pending		No
<a href="#">View Details</a>						

- “Pending Medicaid Number” no longer exists with Ohio Benefits
- PAAs should ensure the individual has either an **Active** or **Pending** Medicaid program block with a “Role” of **MEM**
  - » LOC requests can be processed if the individual has a *pending Medicaid program block*

# Waiver Referrals

- Waiver referrals (ODM 2399) should be sent to [WaiverReferrals@medicaid.ohio.gov](mailto:WaiverReferrals@medicaid.ohio.gov)
  - » Counties should only send the ODM 2399 to this mailbox. Referrals should not be sent from the county to the PAA.
- ODM staff will route the ODM 2399 to the appropriate entity from the WaiverReferrals box
  - » Apologies if the PAA receives multiple ODM 2399s for the same individual
  - » ODM does not know if the referral has been sent to multiple places when we forward emails from the WaiverReferral mailbox

# Guidance to Counties: **New** Medicaid Applicants Entering Facility

- Explore **BASE** Medicaid eligibility for all new Medicaid applicants in a facility
  - » Do not need an LTC Detail Screen to explore and approve base Medicaid
  - » Base Medicaid is separate from LTC eligibility
  - » **Don't create an LTC Detail Screen** - this will be created by the PAA when they receive an ODM 9401
- If base Medicaid passes, **LTC services will be paid** regardless of what is entered in Ohio Benefits
- If base Medicaid fails, **deny the Medicaid program block**
  - » Explore SIL in an LTC Program Block
  - » This LTC Program Block will 'pend' until the LTC Detail Screen has been completed
  - » Create a journal note indicating SIL individual and reach out to the PAA if there is a delay in the LTC Detail Screen completion for SIL cases
- **Don't create an LTC Detail Screen**
  - » This will be created by the PAA when they receive an ODM 9401

# Guidance to Counties: **Current** Medicaid Applicants Entering Facility

- Update Living Arrangement, change the address and make a Journal entry
- Run EDBC on **BASE and LTC Program Blocks** once you receive the LTC alert
- **Don't create an LTC Program Block or LTC Detail Screen**
  - » The PAA will create and complete the LTC Detail Screen when they receive an ODM 9401 from the NF indicating that the individual is a long-term resident
- Don't tell the facility that they can't bill until the LTC Program Block is approved
  - » LTC services will be paid if the person is open on base Medicaid

# Guidance to Counties: Facility Payment

- If **base Medicaid is approved**, all facilities (NFs, ICF-IIDs and DCs) can submit claims and will be reimbursed based on the claim submission
  - » Could be denied based on type of approved Medicaid
- The concept of “vendor payment” has been obsolete since July 2005
  - » A facility can be paid right away for any current Medicaid resident without anything happening in Ohio Benefits
- The LTC Detail Screen and level of care do not impact facility reimbursement unless the individual is only eligible under LTC/SIL

# “State LTC Worker” does not only mean ODM!

FUNCTION/ROLE	STATE LTC WORKER
Fee-For-Service Nursing Facility (NF) admission	PASSPORT Administrative Agency (PAA)
Managed Care NF admission	Ohio Department of Medicaid <i>*Information is entered when ODM receives the data from the Managed Care Plans; do not utilize the ODM 9401</i>
ICF-IID or DC admission and DD waiver enrollment	Department of Developmental Disabilities <i>*DODD has a separate process that does not utilize the ODM 9401</i>
Aging waiver enrollment	PAA
Ohio Home Care waiver enrollment	Case Management Agency (CMA)
MyCare Ohio waiver enrollment	PAA or CMA
Fee-For-Service NF discharge	Ohio Department of Medicaid
Managed Care NF discharge	Ohio Department of Medicaid <i>*Information is entered when ODM receives the data from the Managed Care Plans; do not utilize the ODM 9401</i>
ICF-IID or DC discharge and DD waiver disenrollment	Department of Developmental Disabilities <i>*DODD has a separate process that does not utilize the ODM 9401</i>
Aging Waiver disenrollment	PAA
Ohio Home Care waiver disenrollment	CMA
MyCare Ohio waiver disenrollment	PAA or CMA
Waiver Referral (ODM 2399)	<a href="mailto:WaiverReferrals@medicaid.ohio.gov">WaiverReferrals@medicaid.ohio.gov</a>

# Helpful Contacts

- For issues with Fee-For-Service NF discharges or ODM 9401 general questions
  - » Email [NFStay@medicaid.ohio.gov](mailto:NFStay@medicaid.ohio.gov)
- For issues with the Ohio Home Care Waiver
  - » Email Erick Draper at [Erick.Draper@medicaid.ohio.gov](mailto:Erick.Draper@medicaid.ohio.gov)
- For questions related to ICF-IID facilities, Developmental Centers and DD waivers
  - » Email Jessica McGonigle at [Jessica.McGonigle@dodd.ohio.gov](mailto:Jessica.McGonigle@dodd.ohio.gov)

# QUESTIONS?

**MAKING  
OHIO  
BETTER**

