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
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

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

*Begin Date” of the record should be the Admission Date*
## Waiver Enrollment

### Required Fields:
- 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

### Notes:
- 
- “Begin Date” of the record should be the Waiver/PACE Begin Date
- Cost of Care is not filled out for Aging waivers or MyCare waivers

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**Example:**

<table>
<thead>
<tr>
<th>Name: *</th>
<th>LTC Category: *</th>
<th>LTC Type: *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brennan Hiegel</td>
<td>HCBS</td>
<td>Ohio Home Care Waiver</td>
</tr>
</tbody>
</table>

**LTC Request Date:** 10/19/2016

**Level of Care:** Intermediate

**Waiver/PACE Begin Date:** 10/19/2016

**Verified:** Yes
Always Open LTC Detail Screens!

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

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.
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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>LTC ID</th>
<th>LTC Category</th>
<th>LTC Type</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hiegel, Brennan</td>
<td>1146784</td>
<td>Facility/Institutional</td>
<td>Nursing Facility</td>
<td>08/01/2016</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A discharge has not been completed for this NF stay

<table>
<thead>
<tr>
<th>Name</th>
<th>LTC ID</th>
<th>LTC Category</th>
<th>LTC Type</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Action</th>
</tr>
</thead>
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<tr>
<td>Hiegel, Brennan</td>
<td>1146784</td>
<td>Facility/Institutional</td>
<td>Nursing Facility</td>
<td>08/01/2016</td>
<td>10/17/2016</td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>LTC ID</th>
<th>LTC Category</th>
<th>LTC Type</th>
<th>Begin Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hiegel, Brennan</td>
<td>1146784</td>
<td>Facility/Institutional</td>
<td>Nursing Facility</td>
<td>08/01/2016</td>
<td>10/17/2016</td>
</tr>
<tr>
<td>Hiegel, Brennan</td>
<td>1146803</td>
<td>Facility/Institutional</td>
<td>Nursing Facility</td>
<td>10/18/2016</td>
<td></td>
</tr>
</tbody>
</table>

• 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

- 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.

Once the discharge is saved, the LTC Status Reason **769** is automatically applied. It is selected for NF discharges. The system will automatically put the appropriate “Begin Date” on the discharge record. After the discharge, one day **AFTER** the date of discharge, the status changes to **Discharged**.
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
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.
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:

<table>
<thead>
<tr>
<th>LTC Category</th>
<th>LTC Type</th>
<th>Begin Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility/Institutional</td>
<td>Nursing Facility</td>
<td>10/20/2016</td>
<td></td>
</tr>
</tbody>
</table>

The system will make corrections to your additions/updates:

The system will adjust the effective dates of this record:

<table>
<thead>
<tr>
<th>LTC Category</th>
<th>LTC Type</th>
<th>Begin Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility/Institutional</td>
<td>Nursing Facility</td>
<td>08/01/2016</td>
<td>10/19/2016</td>
</tr>
</tbody>
</table>

Click Save to continue or Cancel to undo this action.

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 90th day in the NF not the NF admission date

• To expedite a NF discharge, email NFStay@medicaid.ohio.gov with the Date of Discharge or Waiver Enrollment Date
Immediate NF to NF Transfers

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**
Journal Notes

**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

• 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)

<table>
<thead>
<tr>
<th><strong>I. RESIDENT INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Name</strong></td>
</tr>
<tr>
<td>Brennan</td>
</tr>
<tr>
<td><strong>Medicaid Number (12 digits)</strong></td>
</tr>
<tr>
<td>123456789101</td>
</tr>
<tr>
<td><strong>If Individual does not have a Medicaid Number, has a Medicaid application been submitted?</strong></td>
</tr>
<tr>
<td>Yes (provide application date)</td>
</tr>
<tr>
<td><strong>Authorized Representative or Contact Person</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>II. FACILITY INFORMATION - ADMISSION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Admission Date (mm/dd/yyyy)</strong></td>
</tr>
<tr>
<td>10/17/2018</td>
</tr>
<tr>
<td><strong>Level of Care (LOC) Exemption?</strong> <em>(e.g. hospice enrollment or Medicare Part A stay)</em></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td><strong>Level of Care (LOC) Validation Request?</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td><strong>Type of LOC Validation Request?</strong></td>
</tr>
<tr>
<td>Waiver</td>
</tr>
<tr>
<td><strong>Facility Name</strong></td>
</tr>
<tr>
<td>Sunshine and Rainbows Nursing Facility</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
</tr>
<tr>
<td><strong>City</strong></td>
</tr>
<tr>
<td><strong>Building Number</strong></td>
</tr>
<tr>
<td><strong>Facility Telephone Number</strong></td>
</tr>
</tbody>
</table>
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)
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*

<table>
<thead>
<tr>
<th>Case Name</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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
  » 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!

<table>
<thead>
<tr>
<th>FUNCTION/ROLE</th>
<th>STATE LTC WORKER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee-For-Service Nursing Facility (NF) admission</td>
<td>PASSPORT Administrative Agency (PAA)</td>
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<tr>
<td>Fee-For-Service NF discharge</td>
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<tr>
<td>Managed Care NF discharge</td>
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</tr>
<tr>
<td>ICF-IID or DC discharge and DD waiver disenrollment</td>
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<td>Aging Waiver disenrollment</td>
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<td>CMA</td>
</tr>
<tr>
<td>MyCare Ohio waiver disenrollment</td>
<td>PAA or CMA</td>
</tr>
<tr>
<td>Waiver Referral (ODM 2399)</td>
<td><a href="mailto:WaiverReferrals@medicaid.ohio.gov">WaiverReferrals@medicaid.ohio.gov</a></td>
</tr>
</tbody>
</table>
Helpful Contacts

• For issues with Fee-For-Service NF discharges or ODM 9401 general questions
  » Email NFStay@medicaid.ohio.gov

• For issues with the Ohio Home Care Waiver
  » Email Erick Draper at 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
QUESTIONS?