



Department of
Medicaid

John R. Kasich, Governor
Barbara R. Sears, Director

Tonya Hawkins, Front Door Section Chief

Medicaid Policy Updates: Today's Topics

- Nursing Facility 9401 process
 - » General process
 - » Medicaid waivers
 - » Specialized Recovery Services Program (SRSP)
- Level of care policy and rules
- Level of care questionnaire (LOCQ)
- Ohio Benefits Long-Term Services and Supports (OBLTSS)

ODM 9401 Process

- Find the ODM 9401 here:

<http://medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM09401fillx.pdf>

**Ohio Department of Medicaid
FACILITY COMMUNICATION**

The purpose of the form is to report admissions and discharges of nursing facility residents. Required fields are marked with an asterisk (*), but only the required fields within the section that is being completed by the submitter must be answered.

I. RESIDENT INFORMATION		
First Name*	Last Name*	Middle Initial
Medicaid Number (12 digits)	Social Security Number*	Date of Birth (mm/dd/yyyy)
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)
II. FACILITY INFORMATION – ADMISSION OR NF TRANSFER		
Admission Date (mm/dd/yyyy)*	Type of Admission* <input type="checkbox"/> Fee-For-Service (submit to PAA) <input type="checkbox"/> Managed Care (submit to ODM) <input type="checkbox"/> New Medicaid Applicant (submit to PAA) Plan Name:	
Comments:		
III. FACILITY INFORMATION – DISCHARGE, DEATH OR NF TRANSFER		
Date of Discharge* (mm/dd/yyyy)		
Reason for Discharge* <input type="checkbox"/> Waiver Enrollment <input type="checkbox"/> NF to NF Transfer <input type="checkbox"/> Death (mm/dd/yyyy): <input type="checkbox"/> Assisted Living Waiver Enrollment <input type="checkbox"/> Home/Community <input type="checkbox"/> Other:		
Comments:		
IV. SUBMITTER INFORMATION		
Submitter Name* (First and Last)	Facility Name*	Medicaid Provider Number* (7-9 digits)
Email Address*	Telephone Number*	Date* (mm/dd/yyyy)

Instructions for submitting the form:

SECTION COMPLETED	CIRCUMSTANCE	WHERE TO SUBMIT
Section II	Fee-For-Service (FFS) individual admitted to nursing facility or individual applying for Medicaid (new Medicaid applicant)	NF shall submit the form to the PAA within their region within 10 business days
Section II	Managed Care individual admitted to nursing facility	NF shall submit the form to ODM via secure email (NFStay@medicaid.ohio.gov) or FAX to 614-466-6945 or 614-387-7661 within 10 business days
Section III	FFS or Managed Care discharge from a nursing facility	NF shall submit the form to ODM via secure email (NFStay@medicaid.ohio.gov) or FAX to 614-466-6945 or 614-387-7661 within 10 business days

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ODM 9401 Process

- Purpose:
 - » Submit data on admission, discharge, and death of nursing facility residents who have Medicaid as the payer
 - » Data is used in the Medicaid eligibility system (Ohio Benefits) so the county department of job and family services (CDJFS) can process the case
 - » When the CDJFS runs the case, the data passes to MITS

ODM 9401 Process

- Submission instructions:
 - » Fee-For-Service:
 - Admissions go to local PAA
 - Discharges go to ODM
 - » Medicaid Managed Care or MyCare Ohio Plan
 - Admissions and discharges go to ODM

ODM 9401 Process

- What happens after submission?
 - » ODM staff enter data in Ohio Benefits
 - » LTC alert is sent to the county worker (CDJFS)
 - » When the county worker runs the case, the data passes to MITS
- If you don't see data in MITS, but you've submitted a 9401 to the proper entity, contact the CDJFS

ODM 9401 Process

- What about individuals on a Medicaid waiver?
 - » Send an ODM 9401 to the proper entity
 - » ODM has a specific process for the data entry in Ohio Benefits
 - » NFs should stay in close contact with the waiver case manager (CM) throughout the NF stay – length of stay is important
 - >90 days means disenrollment from the waiver – this is done by the CM and the CDJFS must run the case

ODM 9401 Process

- What about individuals on Specialized Recovery Services Program (SRSP)?
 - » Send an ODM 9401 to the proper entity
 - » ODM has a specific process for the data entry in Ohio Benefits
 - » NFs should stay in close contact with the Recovery Manager (RM) throughout the NF stay – length of stay is important
 - >90 days means disenrollment from SRSP – this is done by the RM and the CDJFS must run the case

ODM 9401 Process

- What about individuals on a Medicaid Managed Care Plan?
 - » Send an ODM 9401 to ODM
 - » NFs should contact the MCP at admission for prior authorization and the level of care process
 - » NFs should stay in close contact with the MCP throughout the NF stay – more communication is better!

The Future of the ODM 9401 Process

- Goal is to eliminate the paper ODM 9401 form
- Provide NFs a portal to directly enter admission, discharge and death information
- Data would be passed to Ohio Benefits so the CDJFS can run the case

Level of Care Policy and Rules

- New OAC rules on level of care criteria and process will be effective in 2018
- Will require the use of the new level of care tools
- Nursing facilities:
 - » Level of care questionnaire (LOCQ) – replaces ODM 3697 process
- Medicaid waivers:
 - » Adult comprehensive assessment tool (ACAT)
 - » Child comprehensive assessment tool (CCAT)

Level of Care Policy and Rules

- LOCQ will be automated in ODA's IT system (HENS)
 - » HENS currently used for PASRR purposes
- LOCQ can be completed by hospital or NF staff and will be sent to the PAA for a desk review level of care determination
- Submitter must include supporting documentation
 - » MDS
 - » Discharge summary
 - » Medicaid history and physical

Questions?

Ohio Benefits Long-Term Services and Supports (OBLTSS):

Improving access to long-term services and supports
(LTSS)

Diane Shinn

OBLTSS Contract Manager

Bureau of Long-Term Services and Supports

Front Door Policy Section

Ohio Benefits Long-Term Services and Supports (OBLTSS)

- OBLTSS is the Result of Ohio's participation in the Balancing Incentive Program (BIP)
 - » What does “balancing” mean?
 - » Historically, there was more Long-Term Services and Supports (LTSS) spending on facility-based care than Home and Community-Based Services (HCBS)
 - » BIP was designed to help balance the amount spent between facility-based care and HCBS by providing states with funding to expand access to HCBS
 - » Ohio reached its balancing goal in June 2014

11/21/2017

What is OBLTSS?

1. Network of physical locations
2. Information and referral website
3. Toll-free phone number

1 - Network of physical locations

1. Connect individuals of any age or any disability to resources and services to meet their needs
2. Medicaid or non-Medicaid

OBLTSS agencies

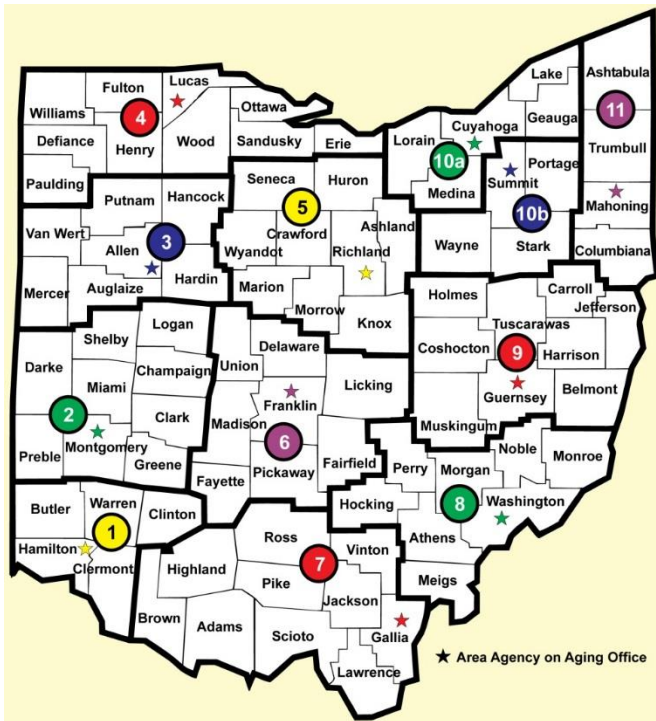
What are the OBLTSS agencies?

1. 12 Area Agencies on Aging
 - Serve as lead agencies in each region

2. 3 Case Management Agencies for Ohio Home Care Waiver
 - Council on Aging, CareStar, CareSource

3. 15 other community organizations
 - Senior Citizens Center, Easter Seals, Ability Center, 211

Ohio's Aging and Disability Resource Network (ADRN)



- 1 - Council on Aging of Southwestern Ohio
- 2 - Area Agency on Aging, PSA 2
- 3 - PSA 3 Agency on Aging
- 4 - Area Office on Aging of Northwestern Ohio
- 5 - Ohio District 5 Area Agency on Aging
- 6 - Central Ohio Area Agency on Aging
- 7 - Area Agency on Aging District 7
- 8 - Buckeye Hills Area Agency on Aging PSA 8
- 9 - Area Agency on Aging Region 9
- 10A - Western Reserve Area Agency on Aging
- 10B - Direction Home Akron Canton Area Agency on Aging and Disabilities
- 11 - Area Agency on Aging 11

2 – OBLTSS Website

1. Information and referral
2. Searchable database of community-based LTSS
3. For use by individuals and professionals
4. Directs users to toll-free phone number and to OBLTSS agencies for in-person assistance
5. www.benefits.ohio.gov/LTSS

3 – Toll-free phone number

1. Routes calls to OBLTSS agencies
2. 1-844-644-6582

OBLTSS Agency Functions

1. Long-Term Services and Supports Questionnaire
 - Consistent screening tool/common set of data
 - Identifies needs and directs referrals
 - » LTSS, Traumatic Brain Injury, Drug & Alcohol, Mental Health, Veterans Services, Developmental Disabilities, Dementia/Memory care
 - Determines the individual's relationship with Medicaid
 - Potential outcomes:
 - Referral to community-based services
 - Referral for a more comprehensive functional assessment
 - Medicaid application information – how/where to apply

OBLTSS Agency Functions

2. Support Navigation

- Over the phone or in-person guidance, support, direction, assistance
- Follow up with individuals and be a contact for future needs

What is the role of the NF in OBLTSS?

- Utilize OBLTSS as a resource for discharge planning
 - Refer individuals who want a Medicaid waiver or other home and community-based LTSS to the OBLTSS toll-free number
1-844-644-6582
- Refer individuals to the OBLTSS website to search for community-based LTSS resources
www.benefits.ohio.gov/ltss
- OBLTSS Support Navigators will help individuals whether they are on Medicaid or not

Questions?

- Tonya.hawkins@medicaid.ohio.gov
- Diane.shinn@medicaid.ohio.gov
- NFPolicy@medicaid.ohio.gov – general policy questions
- NFStay@medicaid.ohio.gov – ODM 9401 process
- OBLTSS@medicaid.ohio.gov – OBLTSS business cards