Ohio Department of Developmental Disabilities

John Kasich, Governor John L. Martin, Director

ICF/DC LOC Helpful Hints #4:

ICF/DCs and County Board must collaborate when moving an individual. The ICF/DC must complete the 9401 and submit it to the CDJFS upon discharge. The waiver cannot be enrolled until the 9401 has been received/processed by CDJFS. Please see the process below that must be followed in order for the transition to occur smoothly.

Level of Care (LOC)

• An individual who lives in an ICF or who is enrolled in a Waiver already has an existing LOC. Since the LOC follows the person, an individual is moving from one setting to another where a LOC already exists, you can follow the directions below.

Transitioning

- 1. If an individual is moving from an ICF to a Waiver
 - ICF completes a Discharge NICS
 - The County Board then completes the ICF to Waiver NICS
 - The County Board attests to the LOC on the NICS
 - After the NICS is processed by DODD (allow 30 days for processing), and the individual is enrolled, the County Board can (if they choose) complete a Change of Condition. *There is no packet required with the NICS, but the County Board may complete the LOC assessment and upload the medical/psychological evaluation if they choose rather than waiting until the next redetermination.
- 2. If an individual is moving from a waiver to an ICF
 - The County Board completes a Disenrollment NICS and uploads the supporting documentation.
 - The ICF then completes the Consent which gives them Read Access
 - The ICF then completes the NICS Admission
- 3. If an individual is moving from an **ICF to another ICF**
 - The ICF where the individual is currently residing completes a Discharge NICS
 - The ICF where the individual is moving to completes a Consent which gives them Read Access
 - The ICF where the individual is moving to completes the NICS Admission
 - Please remember: When submitting a Consent for an internal transfer (from one ICF to another within the same organization), the Consent must be submitted by the ICF that is doing the Admission.
- 4. ICF/DCs: Consent/ Authorization for the use and disclosure of individually identifiable health information
 - The correct social security number must be included to submit consents. Please note, do not use spaces or hyphens when entering the social security number.
 - If applicable, Guardianship papers must be uploaded.
 - ✤ Moving an individual's LOC (either from an ICF to a Waiver or a Waiver to an ICF or ICF to ICF) requires planned, ongoing coordination from both the parties to ensure that there is no gap in services.

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- When an individual has an active DODD Home Community-Based (HCB) waiver, but that waiver is in suspension during the time of admission, the ICF/DCs can now have <u>limited access</u> to an individual's record through the Notification of Change in Status (NICS) admission process. In addition to read access, the ICF/DCs have the ability to complete NICS for Jail/Hospital and NICS/Discharge
- The ICF/DC will <u>not</u> have the ability to create an LOC through the individual's eligibility management tab, or to request LOC date changes, or to complete a redetermination. *The responsibility to maintain an active LOC during a waiver suspension is the responsibility of the facilitating waiver County Board*. In the event the County Board dis-enrolls the individual from the waiver during their stay at the ICF/DC, the ICF/DC evaluator will create an ICF LOC with an effective span date from the original date of admission. By completing the waiver dis-enrollment gives the ICF/DC full access to the ICF because they would be responsible for maintaining the LOC if the individual has been dis-enrolled.

<u>Please note</u> when an ICF receives an alert that a NICS/admission has been rejected, please contact <u>LOC@dodd.ohio.gov</u> for the reason. Common reasons for rejecting NICS/admissions are because the ICF/DC failed to submit a consent for the admission; NICS/admission was not applicable because an initial LOC determination was required (you cannot attest to an LOC if the individual does not have an existing LOC determination).

Alerts <u>are not</u> sent to evaluators. The evaluator must check their dashboard regularly for alerts for incompletes and their Redet tab for completing redeterminations timely.

* <u>To resubmit documentation for an Incomplete status:</u>

- 1. The evaluator will receive an alert on their main evaluator dashboard under <u>Incompletes</u>. All evaluators assigned to that ICF will receive the same alert that an Individual's LOC has been determined incomplete
- 2. The **Incomplete LOC** will be displayed with the reason for the incomplete status (i.e. missing clinician's signature, etc.).
- 3. The evaluator can access the LOC from their main dashboard through the hyperlink on the left (i.e. LOC102345 or from the ICF's list of individuals by selecting the individual then selecting their eligibility management tab). The hyperlink will take the evaluator directly to that individuals LOC where the evaluator can upload and resubmit the required document. The evaluator will upload the document through <u>supporting</u> <u>documentation</u>; then select <u>Resubmit LOC</u>. This will be on the left and highlighted in green. The evaluator will then get a confirmation message "Have you uploaded the supporting documentation" yes or no.
- 4. If an LOC has been determined incomplete the evaluator has <u>15 calendar days</u> from the date the alert was issued to resubmit the requested documentation. If there is no action taken by the evaluator to resubmit, the LOC will be denied for failure to submit the requested documentation. As a result, the evaluator will be required to start the process over and complete/submit a new LOC.

<u>**Redeterminations**</u>: ICF/DCs have the ability to complete a redetermination by checking the attestation box for individuals. For further directions, **refer to page 81-82** of the ICF LOC product guide. If redeterminations are not completed within appropriate timelines required, the evaluator will be required to complete a new LOC.

NEW TO ICF/DC LOC date changes:

- 1. LOC date change are found on the LOC date change tab in the ICF portal
- 2. Submit only the new LOC end date
- 3. Choose a reason for the LOC date change
- 4. Attest that the individual continues to meet LOC
- 5. Submit the form
- 6. If the new waiver end date is within 90 days, then, you must attest to the redet in the redet pages. If you fail to attest to the redetermination, it could create a gap in services.
- 7. If the new waiver end date is outside of 90 days then the redet attestation is not due until within 90 days.

Rules for LOC date changes:

- 1. LOC date change can only be done for a date within the current span
 - a. Example: current span is 01/01/2016 to 12/31/2016. New waiver span date must be before 12/31/2016 and after 01/01/2016.
- 2. New waiver end date must be on or after the date of submission and cannot exceed the waiver span end date
 - a. Example: today is 03/04/2016. The span date is 01/01/2016 to 12/31/2016. New waiver end date can be between 03/04/2016 to 12/31/2016
- 3. LOC date changes cannot be done on placeholder data
- 4. If an attestation is not done before the new span ends then a change of condition must be entered

IAF's:

IAFs are required to be **originally submitted within 15 days** after the RPED. Any corrections are due within the allotted **grace period which is 45 days** after the RPED. The IAF roster is controlled through admissions and discharges done in LOC. However, should there be discrepancies between the two systems that you are unable to resolve as the end of the grace period approaches, you may contact Ashley Howard at 614-644-7596 or at Ashley.Howard@dodd.ohio.gov with your concerns. DODD staff can make manual changes in

Ashley.Howard@dodd.ohio.gov with your concerns. DODD staff can make manual changes in IAF on your behalf as a last resort so providers aren't in jeopardy of missing required timelines. It is still important to verify your updates are completed in LOC to assure both systems maintain accurate data.