

Office of the State Long-Term Care Ombudsman

Types of Long-Term Care Facilities and Community Based Long-Term Care Services

Definitions of Long-Term Care Provider Types

The following definitions are written as they appear in the Ohio Revised Code. Each type of provider will be explained in detail in the section following the definitions.

Nursing home means a home used for the reception and care of individuals who by reasons of illness or physical or mental impairment require skilled nursing care and of individuals who require personal services but not skilled nursing care. A nursing home is licensed to provide personal assistance and skilled nursing care.

Home for the Aging means a home that provides services as a residential care facility and a nursing home, except that the home provides its services only to individuals who are dependent on the services of others by reason of both age and physical or mental impairment.

County home means a home that is operated by and under the jurisdiction of the County Commissioners of the county in which the home is located. Services provided vary from county to county and not all counties have homes. Some may not be licensed if they do not accept Medicaid or Medicare as a payment source. They may also be licensed as residential care facilities. The range in service is from residential to skilled nursing. Some county homes with nursing care sections are licensed and certified for Medicaid and/or Medicare.

Residential care facility means a home that provides either of the following:

- (1) Accommodations for seventeen or more unrelated individuals and supervision and personal care services for three or more of those individuals who are dependent on the services of others by reason of age or physical or mental impairment or;
- (2) Accommodations for three or more unrelated individuals, supervision and personal care services for at least three of those individuals who are dependent on the services of others by reason of age or physical or mental impairment, and to at least one of those individuals, any of the skilled nursing care authorized by section 3721.011 of the Revised Code.

Adult care facility means an adult family home or an adult group home or any residence, facility, institution, hotel, assisted living facility, congregate housing project, or similar facility that provides accommodations and supervision to three to sixteen unrelated adults, at least three of whom are provided personal care services, is an adult

The Office of the State Long-Term Care Ombudsman
Resource Manual

care facility regardless of how the facility holds itself out to the public. There are Three types of Adult Care Facilities listed below:

Adult foster home means a residence, other than a residence certified or licensed by the Ohio Department of Mental Health, in which accommodations and personal care services are provided to one or two adults who are unrelated to the owners of the residence. The home may be certified by the Ohio Department of Aging through the Area Agencies on Aging for the purposes of receiving Residential State Supplement monies.

Adult family home means a residence or facility that provides accommodations to three to five unrelated adults, supervision and personal care services to at least three of those adults.

Adult group home means a residence or facility that provides accommodations to six to sixteen unrelated adults and provides supervision and personal care services to at least three of the unrelated adults.

Community-based long-term care services means health and social services provided to persons age sixty or older in their own homes or in community care settings, and includes any of the following:

Case management

Home health care

Homemaker services

Chore services

(5) Respite care

(6) Adult day care

(7) Home-delivered meals

(8) Personal care services

(9) Physical, occupational, and speech therapy

(10) Any other health and social services provided to persons age sixty or older that allow them to retain their independence in their own homes or in community-care settings.

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Client Rights Comparison**

NURSING HOMES; RESIDENTIAL CARE FACILITIES ORC 3721.13	NURSING FACILITIES* 42 CFR Part 483	ADULT CARE FACILITIES ORC 3722.12	HOME CARE 42 CFR Part 484
Post and Provide (3721.12)	Inform Orally and in writing Upon admission & during stay (b)(1)	Post and provide (3722.13)	Provide/Hotline
Post Statement of Deficiencies (3721.12)	Examine survey results & plan of correction; Posted in place readily accessible (g)		
Access to Advocates, etc. (3721.14)	Access to advocates, etc.; ombudsman access to records with permission (k)	Access to ODH, resident rights advocate, ombudsman (3722.15)	
Grievance Committee (3721.12)			
Safe & Clean Environment (1)	Safe & clean environment (483.15 (h))	Safe & clean environment (1)	
Dignity, Freedom from Abuse, Neglect, Exploitation (2)	Freedom from abuse, corporal punishment, involuntary seclusion (483.13 (b))	Dignity (2), freedom from abuse, neglect, exploitation (15)	
Appropriate Services without Discrimination (3)	Accommodation of needs (483.15 (e))		
Response to Requests (4)			
Clothing & Linen Changes (5)	Clean bed and bath linen in good condition (483.15 (h))		
Identity of Physician, other Caregivers (6)	Identity of physician and way of contacting (b)(8)		
Choice of Physician (7)	Choice of physician (d)(1)	Retain services of any health or social services practitioner (13)	

NURSING HOMES; RESIDENTIAL CARE FACILITIES ORC 3721.13	NURSING FACILITIES* 42 CFR Part 483	ADULT CARE FACILITIES ORC 3722.12	HOME CARE 42 CFR Part 484
Participate in decisions, including giving or withholding informed consent for treatment (8)	Make choices about his life (483.15 (b)(3)) Informed of health status/ condition (b)(3) Informed and participate in care planning (d)(2),(3) Refuse treatment (b)(4)	Refuse treatment or services (14)	Participate in planning care or treatment
Access to records (8)	Inspect & purchase copies - Written request & 24 hour notice (b)(2)	Examine records (18)	
Withhold Payment for Physician Visits if not Provided (9)			
Confidentiality of Records (10)	Confidentiality of records (e)	Confidentiality of records (19)	Confidentiality of records
Privacy during Care (11)	Privacy during medical treatment (e)		
Decline Participation in Research (12)	Refuse to participate in research (b)(4)		
Freedom from Chemical and Physical Restraint (13)	Freedom from physical restraint or psychoactive drugs not medically required (483.13 (a))	Freedom from physical restraint (16)	
Choice of Pharmacy (14)		(Retain any health practitioner (13))	
Civil Rights, Voting (15)	Exercise as resident & citizen (a)(1)	Legal rights (17)	
Access to Vocational, Educational, and Other Programs (16)			
Consume Alcohol			

NURSING HOMES; RESIDENTIAL CARE FACILITIES ORC 3721.13	NURSING FACILITIES* 42 CFR Part 483	ADULT CARE FACILITIES ORC 3722.12	HOME CARE 42 CFR Part 484
(17)			
Use Tobacco (18)			
Retire and Rise (19)	Self-determination and participation (483.15 (b))		
Observe Religious Obligations; Participate in Community Activities (20)	Interact with the community; Participate in social, religious, community activities (483.15 (b),(d))	Practice religion of choice (3); Participate in community activities (10)	
Private and Unrestricted Communications (21)	Private communications (e)(1), (i), (j), (l)	Private and unrestricted communications (9)	
Share Room with Spouse (22)	Share room with spouse (n)	Share room with spouse (22)	
Room Doors Closed (23)			
Personal Clothing and Possessions (24)	Description of manner of protecting funds (b)(7) personal clothing and possessions (m)	Personal clothing (5) and property (6)	Property treated with respect
Informed of Rate; Notice of Rate Change (25)	Mcd recipients: Informed of items covered & not covered, with rates & changes Each: services, charges, changes (b)(5),(6)	Informed of rate; Notice of rate change (20)	Charges, coverage, changes no later than 15 days after HHA aware
Monthly Itemized Bill (26)			
Manage Financial Affairs (Also 3721.15) Financial Records (27) Interest Bearing Account, Conveyance, Notice of Balance (3721.15)	Financial: freedom from exploitation Manage financial affairs (Also 3721.15) Financial records	Statement that resident may complain to survey agency re: abuse, neglect, misappropriation (b)(7)	Freedom from abuse, neglect, exploitation (15) Manage financial affairs (4)

NURSING HOMES; RESIDENTIAL CARE FACILITIES ORC 3721.13	NURSING FACILITIES* 42 CFR Part 483	ADULT CARE FACILITIES ORC 3722.12	HOME CARE 42 CFR Part 484
	(27) Interest bearing account, conveyance, notice of balance (3721.15)	Manage financial affairs (c)(1) Financial records (c)(4) Interest bearing account, conveyance, notice of balances (c)	
Access to Property (28)			
Notice of Room Change (29)	Notice of room change ((b),483.15 (e))		
Conditions for Transfer or Discharge (30 and 3721.16)	Admission, transfer, discharge rights (483.12)	Conditions for transfer or discharge (3722.14)	
Voice Grievances (31)	Voice grievances/prompt efforts to resolve (f) Exercise rights free of interference, etc. (a)(2)	State grievances (11)	Voice grievances; HHA must investigate and resolve
Change in Status Reported to Sponsor Within 12 Hours (32)	Change reported within 24 hours (b)(10)	Change in status reported to sponsor (21)	
Protected Outdoor Areas; Adequate Indoor Space (3721.14)	Private space for resident or family groups (483.15 (c))	Use common areas (7)	
	Refuse to perform services; perform services by choice under certain conditions (h)		
Self-Administration of Drugs with Physician Order - RCF Only	Self-administration of drugs (o)		

NURSING HOMES; RESIDENTIAL CARE FACILITIES ORC 3721.13	NURSING FACILITIES* 42 CFR Part 483	ADULT CARE FACILITIES ORC 3722.12	HOME CARE 42 CFR Part 484
(3701-17-14)			
		Engage in or refrain from activities (8)	
		Visit facility prior to admission (12)	
Sponsor May Act (3721.13 (B))	If resident adjudicated incompetent, legally appointed person may act (a)(3)	Sponsor, Dir. of ODH, Dir. of ODA, RR Advocate may act (3722.12 (C))	Family or guardian may exercise if patient incompetent
Waiver Void (3721.13 (C))		Waiver void (3722.12 (C))	
Cause of Action (3721.17 (I))		Cause of action (3722.12 (D))	
	Post and provide information about Medicare and Medicaid benefits (b)(9)		
		ADDED THROUGH RULES: Not Locked In Not Locked Out Not Isolated or Having Food or Services Withheld	

* Indicates federal citations (column 2):

483.10 Resident Rights

483.12 Admission, Transfer, and Discharge Rights

483.13 Resident Behavior and Facility Practices

483.15 Quality of Life

Office of the State Long-Term Care Ombudsman HOME CARE CLIENTS' RIGHTS & RESPONSIBILITIES

As a client receiving home care services from PASSPORT, your care will be provided under the direction of your case manager, and you have the right to expect:

1. That you will be fully informed of your rights.
2. That you will be treated in a considerate and respectful manner.
3. That you will be told the names and duties of any of our PASSPORT staff for contracting agency providing you with service.
4. That you have the right to privacy and that all communications and records pertaining to your care will be held confidential unless you sign for their release for purposes of coordination, continuity of care or reimbursement.
5. That you will be provided with information necessary to give informed consent pertaining to your plan of care/services/treatment in understandable terms.
6. That you will be provided with the opportunity to participate in the decision involved in developing and implementing your plan of care/services/treatment.
7. That you will be informed of your progress in responding to your plan of care/services/treatment.
8. That prior to being requested to sign any forms you will receive a full explanation as to their content and purpose.
9. That you may refuse care/services/treatment, to the extent permitted by law, and that you will be informed of the possible consequences of this decision, and given assistance in implementing this decision.
10. That you will be involved in the timely development of your plan of termination from home care to help you, you will be provided with information as to your continuing needs and alternative levels of care for meeting those needs.
11. That you will be provided with information about PASSPORT that will help you understand it as a provider of home care services.
12. That you will be provided with information about any policies or procedures relating to your care, including charges for services and reimbursement sources with affect you as a recipient of services from PASSPORT.
13. That you will be provided with services without discrimination as to age, race, religion, sex, national origin, sexual orientation or source of payment.

14. That staff of PASSPORT or contracting agencies entering home to provide you with service will show appropriate respect for you, your premises and property.
15. That you have the right to voice grievance and suggest changes in service or staff without fear of restraint or discrimination.
16. That you have the right to know the name and manner in which your case manager may be contacted.

As a client receiving services from PASSPORT, you are responsible for informing your case manager and provider agency when you will be away from your home on dates of scheduled services. You should inform them, for example, if you go away to visit relatives or friends, if you go to the hospital, or will not be at home at the time of scheduled services.

	<p align="center"><u>ABUSE</u> Occurs when client has been:</p>	<p align="center"><u>NEGLECT</u> Occurs when client is denied:</p>	<p align="center"><u>EXPLOITATION</u> Occurs when client has:</p>
<p align="center">I N D I C A T O R S</p>	<ul style="list-style-type: none"> • Hit with a hand, fist, or object • Kicked with a foot or knee • Bitten in a way that results in either temporary or permanent disfigurement. • Shoved, pushed, pulled, or tripped, or has an arm, leg, or neck twisted or wrenched, causing pain and partial or complete immobility of the affected area. • Exposed to extreme heat or cold, left unattended in a hostile environment, or abandoned by the caregiver. • Threatened with death, torture, physical punishment, or abandonment. • Scratched, hair pulled, or has been unnecessarily or excessively restrained (either physically or chemically). • Subjected to a harmful institutional treatment program. • Ridiculed excessively, made fun of, verbally teased, assaulted, or harassed. • Assaulted sexually. • Forced to take medicine that was not prescribed or to take prescribed medicine in amounts or on a schedule which is contrary to medical directions or healthful standards. • Locked in or forcibly confined to a room, closet, shed, or other area. • Forced to consume an excessive amount of food or liquid or denied good or liquid as a punishment. 	<ul style="list-style-type: none"> • Adequate medical treatment, including prescribed medicine at prescribed times, necessary surgery, first aid, or physical examination by a medical doctor when indicated. • Adequate amounts of nourishing food or liquid provided on a reasonable schedule to maintain bodily health and balanced nutrition. • Adequate care, including: <ul style="list-style-type: none"> - concern - interest - attention - privacy - supervision when needed - respect for personal, legal, sexual, and civil rights - socialization with others outside the residence - freedom of movement within the residence • Adequate shelter, including: <ul style="list-style-type: none"> - safe housing in good condition - sanitary and healthful living conditions - comfortable amounts of space, air, and light in immediate surroundings 	<ul style="list-style-type: none"> • Been forced out of home because of “urban renewal” or other economic pressures. • Been expected to perform housekeeping or childcare services that are physically or mentally beyond the client’s capabilities. • Been deprived by force or duplicity of civil, legal, personal, or sexual rights. • Been coerced verbally or threatened into participating in sexual activities against the client’s wishes or best interest. • Been subjected to sterilization without freely given, informed consent. • Been institutionalized unnecessarily by the family or other caregivers. • Been made a part of medical, scientific or behavioral experimentation without freely-given informed consent. • Been prevented from withdrawing consent from any experimentation. • Had property taken or stolen. • Had property sold and the profits stolen through fraud. • Lost money, income, investments, or property through another’s misappropriation of what rightfully belongs to the client. • Been bribed, through another’s deceit, to give away something of value without fair compensation or a real understanding of the value involved. • Been forced or duped into relinquishing monthly income, social security checks (or other retirement/disability) to the family or other caregivers for their benefit rather than the client’s.

Office of the State Long-Term Care Ombudsman

Methods of Payment for Long Term Care Services

	Nursing Homes	Residential Care Facilities	Adult Care Facilities	Foster Homes	Home & Community Based Services
Private Pay	X	X	X	X	X
Medicare	X	X Does not include room and board			X
Medicaid	X				X
Veteran's Admin.	X				
Long Term Care Insurance	X	X			X
RSS		X	X		



Overview of Preadmission Review

- PASRR
- Level Of Care
- Need for In-person Assessment



PASRR Terms

OAC 5101:3-3-151

5101:3-3-152

5122-21-03

5123:2-14-01

“NF” – Medicaid-certified nursing facility

“PASRR” – Pre-Admission Screening and Resident
Review
Federal Mandate



PASRR Terms cont.

ODJFS	Ohio Department of Job & Family Services (formerly ODHS)
ODMH	Ohio Department of Mental Health ~ Local Evaluators
ODMR/DD	Ohio Department of Mental Retardation/Developmental Disabilities ~ Local Boards
ODA	Ohio Department of Aging ~ PAA (PASSPORT Administrative Agency)



PASRR Terms cont.

“NEW ADMISSION”

- Ohio Medicaid-certified NF
- Admitted from another state, regardless of setting
- Discharged from NF (Excluding intervening hospital stays)
- Transfers and readmissions are NOT considered new admissions

“SIGNIFICANT CHANGE IN CONDITION”

Any of the following:

- No indications previously, but now has indications
- Had indications of one or the other but now has indications of both
- SMI - May impact mental health treatment or placement options
- MR/DD - May result in a change in the specialized services needs



PASRR Requirements

“PAS/ID” Pre-Admission Screening / Identification

- PAA
- New admissions

“CONVALESCENT EXEMPTION”

- Directly from hospital (in-patient)
- NF level of services for condition treated in hospital
- Physician certification, signed and dated no later than date of discharge that the stay will be 30 days or less

“FURTHER REVIEW”

- MH and/or MR/DD determination
- NF Need & Specialized Services



PASRR Requirements cont.

“CATEGORICAL DETERMINATION”

- ODMH, ODMR/DD
- Yes indications
- 14 days respite
- 7 days emergency

“RR/ID” Resident Review / Identification

- NF
- Likely to remain beyond time-limited stay
- Significant change in condition
- Transfer – no PASRR records available



MEDICAID



MUST HAVE PASRR DOCUMENTATION TO ADMIT

- Don't admit anyone, regardless of payment source, without PAS/ID results or documentation of Convalescent exemption.

MUST MEET RR REQUIREMENTS TO RETAIN RESIDENTS

- Complete RR/ID if required

ALL PASRR REQUIREMENTS MUST BE MET PRIOR TO LOC DETERMINATIONS

- This includes meeting the PAS requirements prior to admission, as well as meeting RR requirements when applicable after admission



MEDICAID



THE EFFECTIVE DATE OF THE LOC
DETERMINATION WILL BE NO
SOONER THAN THE DATE THE PASRR
REQUIREMENTS HAVE BEEN MET





MEDICAID



**IF THE RR/ID WAS NOT INITIATED, THEN
INITIATE IT AS SOON AS POSSIBLE**

- 5101:3-3-152 last sentence

**ODJFS WILL TURN VENDOR PAYMENT ON AND
OFF AS NEEDED**

**MAINTAIN ALL PASARR RECORDS IN RESIDENT'S
MEDICAL RECORD AT THE NF**

- For transfers, the sending NF must provide copies of prior PAS and any RR results to the receiving NF



NEW ADMISSION



SUBMIT ODHS 3622 FORM & SUPPORTING
DOCUMENTATION TO PAA



INDICATIONS OF SMI OR MR/DD?

NO

YES



REVIEW RESULTS
PROVIDED TO NF

PASRR FORWARDED TO
MH and/or MR/DD



NEW ADMISSION cont

↓
MAY ADMIT INDIVIDUAL

↓
FURTHER
REVIEW
DETERMINATION

YES NF NEED NO NF

NEED

NOT

ADMITTED

↓
MAY BE ADMITTED

↓
MAY
BE



NEW ADMISSION cont

**CONVALESCENT
EXEMPTION
DETERMINATION**



**GET AND RETAIN
SUPPORTING
DOCUMENTATION
FROM HOSPITAL**



CATEGORICAL



**SUBMIT 3622 &
DOCUMENTATION TO PAA
YES INDICATIONS
(INDICATE REQUEST FOR
CATEGORICAL)**





NEW ADMISSION cont

MAY ADMIT INDIVIDUAL
FORWARDS

PAA

PASRR
TO STATE MH or
MR/DD, WHO
ISSUES

DETERMINATION

LOOKS LIKE THE INDIVIDUAL WILL BE
STAYING BEYOND THE TIME LIMIT

(30 DAYS - CONVALESCENT)

(7 DAYS - EMERGENCY)

(14 DAYS - RESPITE)



NEW ADMISSION cont

OR

IDENTIFICATION OF A SIGNIFICANT CHANGE OF
CONDITION

(PROMPTLY UPON IDENTIFICATION)



INITIATE **RR/ID**

(NO LATER THAN THE DAY OF EXPIRATION–
BUT DON'T WAIT)



RR/ID IS DUE

NF COMPLETES AND REVIEWS 3622

NO INDICATIONS



NF PLACES 3622 IN
FORWARDS RESIDENT'S FILE
3622 AND

DOCUMENTATION

STATE

YES INDICATIONS



NF

SUPPORTING

DIRECTLY TO

MH and/or MR/DD



RR/ID IS DUE cont



ODMH and/or ODMR/DD
ISSUES DETERMINATION

YES NF NEED

NO NF NEED



NF PLACES
3622, SUPPORTING
DOCUMENTATION,
RETAINED
& DETERMINATION(S)
IN RESIDENT'S FILE

RESIDENT
MAY **NOT** BE



PASRR and Related Rules

- OAC 5101:3-3-151 Describes the PAS requirements and process
- OAC 5101:3-3-152 Describes the Resident Review requirements and process
- OAC 5101:6 describes the process for appeals of PASRR & LOC



PASRR and Related Rules

- OAC 5122-21-03 Describes the process and criteria by which individuals referred to ODMH will be further reviewed
- OAC 5123:2-14-01 Describes the process and criteria by which individuals referred to ODMR/DDH will be further reviewed



Overview of Level of Care (LOC)



What is Level of Care?

- Level of Care is a determination made by factoring in an individual's physical/functional, mental, and social/emotional capacity to meet his or her own needs.
- Level of Care is not based solely on an individual's diagnosis.



Points to Remember



- An intermediate LOC (ILOC) or skilled LOC (SLOC) is required for Medicaid vendor payment in a NF.
- It is also one of the eligibility requirements for PASSPORT HOME CARE



Points to Remember



- All PASRR requirements must be met prior to LOC determinations for individuals seeking Medicaid as their payment source
- The effective date of the LOC determination cannot be earlier than the date that the PASRR requirements were met



WHEN IS A LOC NEEDED?

- Non-Medicaid individuals converting to Medicaid
- New admissions to Medicaid certified long term care facilities with Medicaid as primary payor source
- Readmissions who have exhausted paid leave days
- Applicants to Medicaid HCBS waiver services
- Applicants to Medicaid RSS funded placement
- NF to NF transfers – when Medicaid is primary payor



LEVEL OF CARE (LOC) TERMS

- “ADL” Activity of Daily Living
- Personal or self-care skill performed, with or without the use of assistive devices, to meet basic life needs:
 - Mobility (bed, transfer, locomotion)
 - Bathing
 - Dressing
 - Grooming
 - Toileting
 - Eating



LEVEL OF CARE (LOC) TERMS

- "IADL" Instrumental Activities of Daily Living
- Community living skill performed, with or without the use of assistive devices, on a regular basis to manage living arrangement
- Shopping
- Meal preparation
- Environment management (housecleaning, heavy chores, yard work)
- Personal Laundry
- Accessing Community Services (telephoning, accessing transportation, managing legal and/or financial affairs)



LEVEL OF CARE (LOC) TERMS

- **“SUPERVISION”** Reminding the person to perform or complete an activity; or observing while an activity is performed to ensure health and safety.
- **“ASSISTANCE”** Hands-on provision of help in the initiation and/or completion of a task.



LEVEL OF CARE (LOC) TERMS

- **“SKILLED CARE LEVEL”** Not related to Medicare’s skilled care definition
- Ordered by a Physician
- Unstable
- Complex
- Delivered by licensed / certified professional



Level of Care Criteria

(Protective, Intermediate, Skilled)



Building Blocks of LOC

An individual must first meet the criteria for Protective LOC before being considered to be Intermediate...

<u>Skilled LOC</u>
<u>Intermediate LOC</u> <u>ICF/MR LOC</u>
<u>Protective LOC</u>
<u>No LOC</u>



PROTECTIVE LOC: OAC 5101:3-3-08

- Meets any of the following:
- Supervision of 1 ADL and assistance with 3 IADLs
- Supervision of medication administration and hands-on with 3 IADLs
- Due to a cognitive impairment, requires supervision to prevent harm LESS THAN 24 hours/day



INTERMEDIATE LOC: OAC 5101:3-3-06

- Meets any of the following:
- Assistance with 2 ADLs
- Assistance with 1 ADL and assistance with medication administration
- Skilled Nursing or Skilled Rehab. service at LESS THAN a skilled care level
- Due to a cognitive impairment, requires supervision to prevent harm **24 hours/day**



SKILLED LOC: OAC 5101:3-3-05

- Meets either of the following:
- Skilled Nursing service at the skilled care level daily
- Skilled Rehabilitation at the skilled care level 5 days/week



ICF-MR/DD LOC: OAC 5101:3-3-07

- Completed by ODJFS
- Send directly to ODJFS @ Bureau of Home and Community Services in Columbus
- Telephone: 614-466-6742
- FAX: 614-466-6945
- Include a psychological evaluation that has been completed within three years along with the completed 3697



IN-PERSON ASSESSMENTS

- OAC 5101:3-3-14
- Describes the process and criteria for determining whether Non-Medicaid individuals receive in-person assessments prior to admission, delayed, or exempt
- Offers alternatives as appropriate
- Informed decisions



IN-PERSON ASSESSMENTS

- OAC 5101:3-3-15
- Describes the process and criteria for determining whether individuals seeking Medicaid receive in-person assessments prior to admission, delayed, or exempt. Also addresses LOC determination process.
- Offers alternatives as appropriate
- Informed decisions



NEED FOR IN-PERSON ASSESSMENT

- EXEMPT from in-person assessment



- PAA issues Determination
- (PAS/ID and/or LOC as applicable)



NEED FOR IN-PERSON ASSESSMENT

- **DELAYED** IN-PERSON assessment required:



- PAA issues determinations
- (PAS/ID and/or LOC as applicable)
- PAA performs in-person assessment in NF within 180 days after admission (giving alternatives/options only---**NO PAS/ID, NO LOC**)



NEED FOR IN-PERSON ASSESSMENT

- In-person assessment required **PRIOR** to admission



- PAA performs in-person assessment and issues determinations (PAS/ID and/or LOC as applicable)



LEVEL OF CARE RULES

- **OAC 5101:3-3-05** Skilled Level of Care (SLOC) criteria
- **OAC 5101:3-3-06** Intermediate Level of Care (ILOC) criteria
- **OAC 5101:3-3-07** MR/DD Level of Care (ICF-MR) criteria
- **OAC 5101:3-3-08** Protective Level of Care (PLOC) criteria



- **PASRR** - INDICATIONS OF MI OR MR/DD

ADVERSE PAS = MAY NOT ADMIT (may be appealed)

- **LOC** – MEDICAID VENDOR PAYMENT

ADVERSE LOC = MEDICAID NOT PAY (may be appealed)

- **IN-PERSON ASSESSMENT** – OFFER ALTERNATIVES, INFORMED CHOICE

RECOMMEND ALTERNATIVES = NON-BINDING (may issue a complaint)