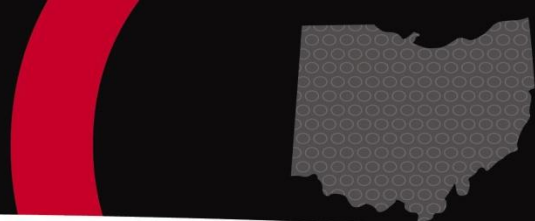




**Department of Job  
and Family Services**

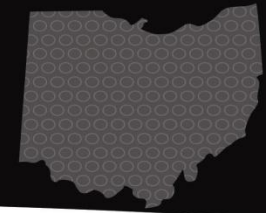
John R. Kasich, Governor  
Michael B. Colbert, Director



# Webinar

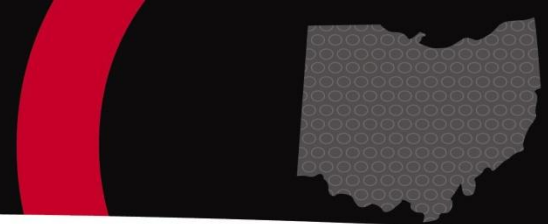
## New Medicaid Level of Care Rule Changes

**Kim Donica-ODJFS**  
**Jim Rosmarin-ODA**



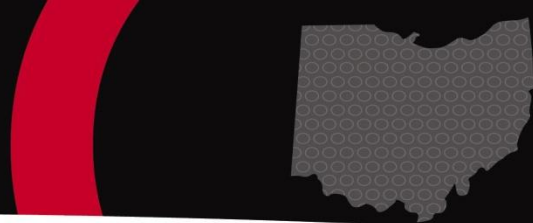
# Webinar Information

- Webinar handouts:
  - JFS HOME Choice website
    - <http://jfs.ohio.gov/OHP/consumers/HOMEChoice.stm>
  - See heading for “New Medicaid Level of Care Rule Changes Webinar”
    - Copies of new Level of Care rules
    - Copy of webinar power point presentation
    - Recorded webinar (coming soon)
    - FAQ document (coming soon)



# Webinar Information

- We will not be able to accept questions during the webinar
- If you have questions, wait until the webinar has concluded and email to [MFP@jfs.ohio.gov](mailto:MFP@jfs.ohio.gov)
- Frequently Asked Questions (FAQ) document will be posted on Level of Care Webinar link on HOME Choice website  
<http://jfs.ohio.gov/OHP/consumers/HOMEChoice.stm>



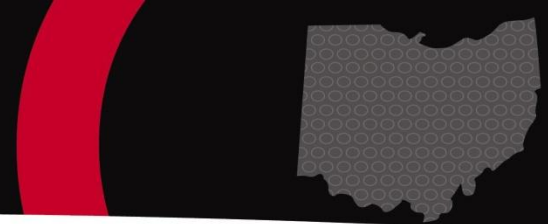
# Webinar Information

- New Level of Care Rules
  - Will be effective Monday, March 19, 2012
  - Will be issued in Long-Term Care Services and Supports Transmittal Letter (LTCSSSTL) No. 12-03
  - Will be posted to JFS eManuals site at:  
<http://emanuals.odjfs.state.oh.us/emanuals/>



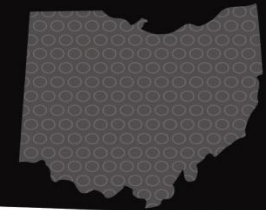
Department of Job  
and Family Services

John R. Kasich, Governor  
Michael B. Colbert, Director



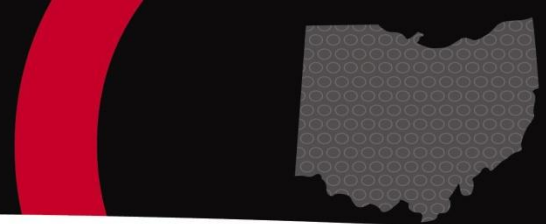
# New Level of Care Rules

OAC Rule 5101:3-3-05  
Level of care definitions.



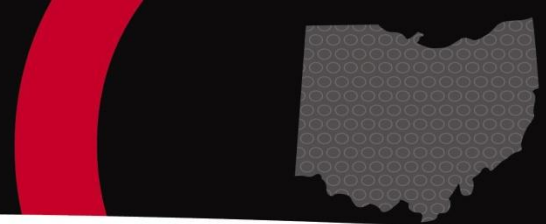
# 5101:3-3-05

- New Definition Rule
  - Takes definitions out of criteria rules and puts them all into one rule
  - Goal was to increase clarity and consistency
  - Applicable to all criteria rules



# (B)(2) Activity of Daily Living (ADL)

(a) Bathing means the ability of an individual to cleanse one's body by showering, tub or sponge bath, or any other generally accepted method.



## (B)(2) ADL, cont'd

(b) Dressing means the ability of an individual to complete the activities necessary to dress oneself and includes the following two components:

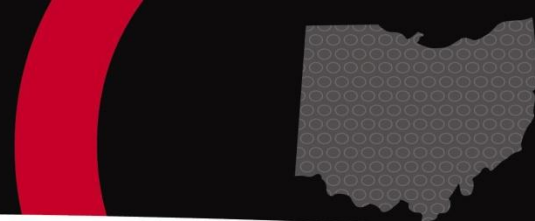
- (i) Putting on and taking off an item of clothing or prosthesis; and
- (ii) Fastening and unfastening an item of clothing or prosthesis.





## (B)(2) ADL, cont'd

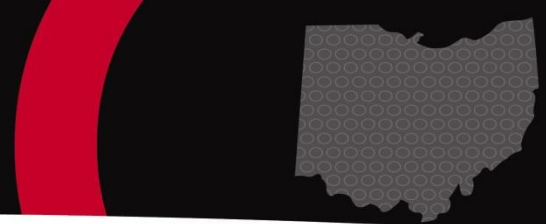
(c) Eating means the ability of an individual to feed oneself. Eating includes the processes of getting food into one's mouth, chewing, and swallowing, and/or the ability to use and self-manage a feeding tube.



## (B)(2) ADL, cont'd

(d) Grooming means the ability of an individual to care for one's appearance and includes the following three components:

- (i) Oral hygiene
- (ii) Hair care; and
- (iii) Nail care



## (B)(2) ADL, cont'd

(e) Mobility means the ability of an individual to use fine and gross motor skills to reposition or move from place to place and includes the following three components:

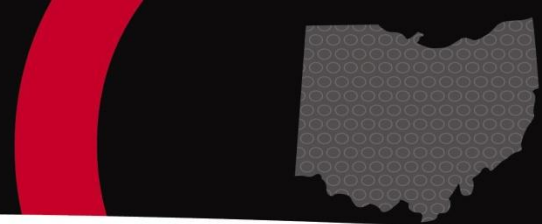
(i) Bed Mobility means the ability of an individual to move to or from a lying position, turn from side to side, or otherwise position the body while in bed or alternative sleep furniture;



## (B)(2) ADL, cont'd

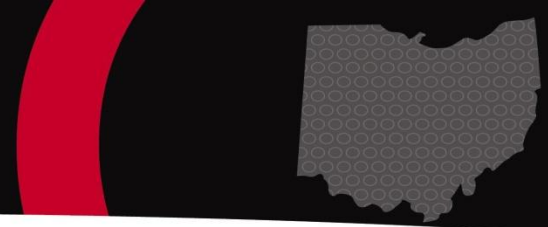
### (e) Mobility (cont'd)

- (ii) Locomotion means the ability of an individual to move between location by ambulation or by other means; and
- (iii) Transfer means the ability of an individual to move between surfaces, including but not limited to, to and from a bed, chair, wheelchair or standing position.



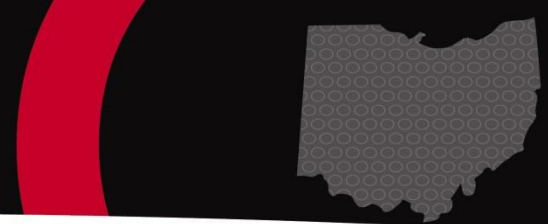
## (B)(2) ADL, cont'd

- (f) Toileting means the ability of an individual to complete the activities necessary to eliminate and dispose of bodily waste and includes the following four components:
- (i) Using a commode, bedpan, or urinal;
  - (ii) Changing incontinence supplies or feminine hygiene products;
  - (iii) Cleansing self; and
  - (iv) Managing an ostomy or catheter



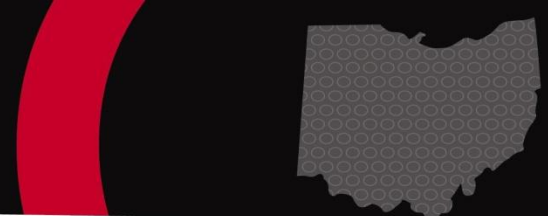
# (B)(5) Assistance

The hands-on provision of help in the initiation and/or completion of a task.



# (B)(6) Authorized Representative

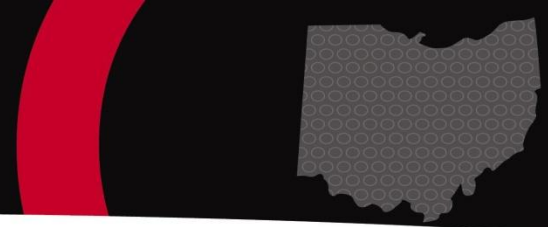
Has the same meaning as in rule 5101:1-37-01  
of the Administrative Code.



# (B)(9) Delayed Face-to-Face Visit

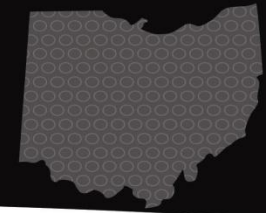
An in-person visit that occurs within a specified period of time after a desk review has been conducted that includes the elements of a long-term care consultation, in accordance with Chapter 173-43 of the Administrative Code, for the purpose of exploring home and community based services options and making referrals as appropriate.





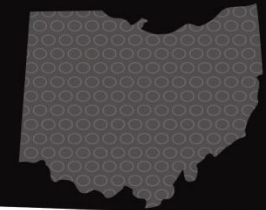
# (B)(10) Desk Review

A level of care determination process that is not conducted in person.



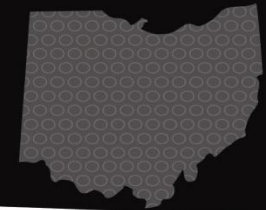
## (B)(12) Face-to-Face

An in-person level of care assessment and determination process with the individual for the purposes of exploring nursing facility services, or HCBS options and making referrals to the individual as appropriate, that is not conducted by a desk review only.



# (B)(17) Instrumental Activity of Daily Living (IADL)

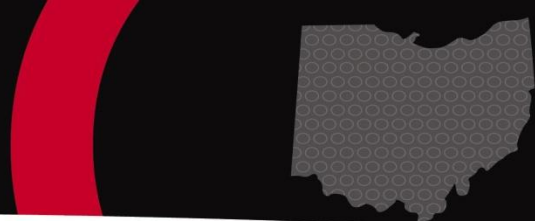
- (a) Community access means the ability of an individual to use available community services and supports to meet one's needs and includes the following three components:
- (i) Accessing transportation means the ability to get and use transportation.



## (B)(17) IADL, cont'd

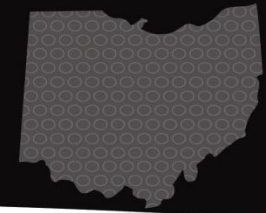
(a) Community access cont'd.

(ii) Handling finances means the ability of an individual to manage one's money and does not include transportation. Handling finances includes all of the following:



## (B)(17) IADL, cont'd

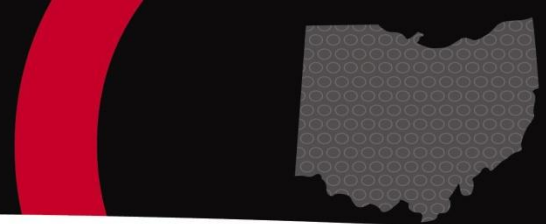
- (ii) Handling finances cont'd
  - (a) Knowing where money is;
  - (b) Knowing how to get money;
  - (c) Paying bills; and
  - (d) Knowing how to get and use benefits and services, including but not limited to:
    - (i) Health benefits and insurance;
    - (ii) Social benefits; and
    - (iii) Home utilities



# (B)(17) IADL, cont'd

(a) Community access cont'd.

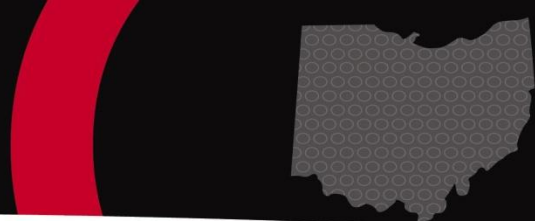
(iii) Telephoning means the ability to make and answer telephone calls or use technology to connect to community services and supports.



## (B)(17) IADL, cont'd

(b) Environmental management means the ability of an individual to maintain the living arrangement in a manner that ensures the health and safety of the individual and includes the following three components:

(i) Heavy chores means the ability to move heavy furniture and appliances for cleaning, turn mattresses and wash windows and walls; and



## (B)(17) IADL, cont'd

(b) Environmental management cont'd.

(ii) House cleaning means the ability to make beds, clean the bathroom, sweep and mop floors, dust, clean and store dishes, pick up clutter, and take out trash;

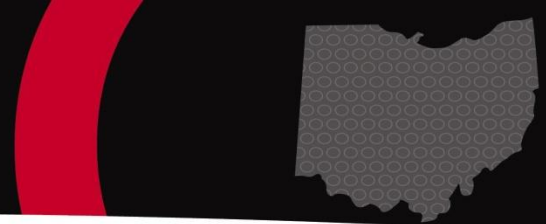




## (B)(17) IADL, cont'd

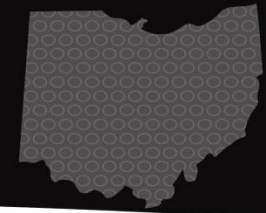
(b) Environmental management cont'd.

(iii) Yard work and/or maintenance means the ability to care for the lawn, rake leaves, shovel snow, complete minor home repairs and paint.



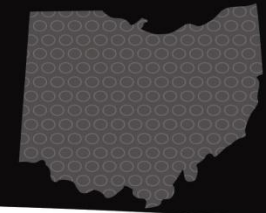
## (B)(17) IADL, cont'd

(c) Meal preparation means the ability of an individual to prepare or cook food for oneself.



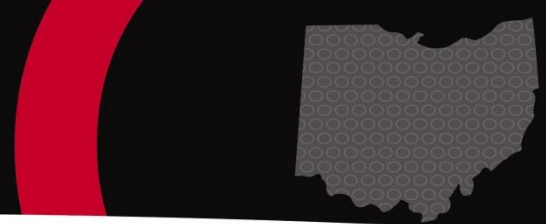
## (B)(17) IADL, cont'd

(d) Personal laundry means the ability of an individual to wash and dry one's clothing and household items by machine or by hand.



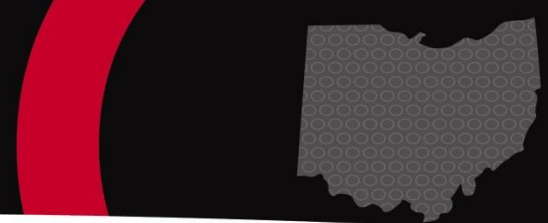
## (B)(17) IADL, cont'd

(e) Shopping means the ability to obtain or purchase one's necessary items. Necessary items include, but are not limited to, groceries, clothing, and household items. Shopping does not include handling finances or accessing transportation.



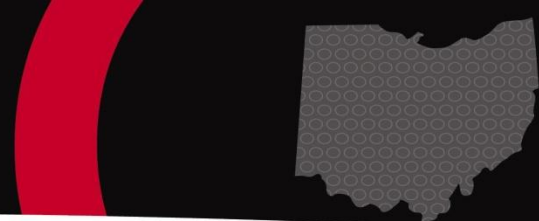
# (B)(18) Less than 24 Hour Support

An individual requires the presence of another person, or the presence of a remote monitoring device that does not require the individual to initiate a response, during a portion of a twenty-four hour period of time.



# (B)(19) Level of Care Determination

An assessment and evaluation by ODJFS or its designee of an individual's physical, mental, social, and emotional status, using the processes described in rules 5101:3-3-15, 5101:3-3-15.3, and 5101:3-3-15.5, to compare the criteria for all of the possible levels of care as described in rules 5101:3-3-06 to 5101:3-3-08 and make a decision about whether an individual meets the criteria for a level of care.



## (B)(20) Level of Care Validation

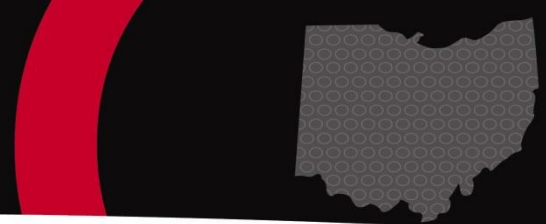
The verification process for ODJFS or its designee to review and enter an individual's current level of care in the electronic records of the individual that are maintained by ODJFS.



# (B)(25) Need

The inability of an individual to complete a necessary and applicable task independently, safely, and consistently.

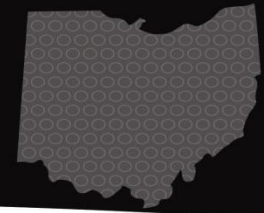




## (B)(25) Need, cont'd

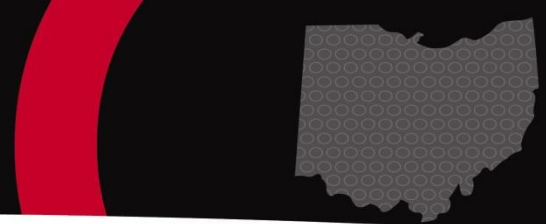
An individual does not have a need when:

- (a) The individual is not willing to complete a task or does not have the choice to complete a task.
- (b) The task can be completed with the use of available assistive devices and accommodations.



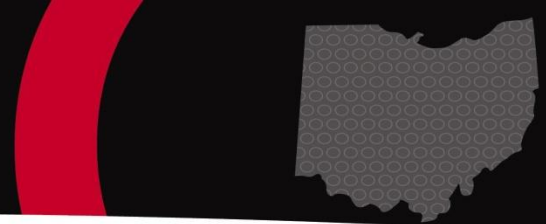
## (B)(36) Sponsor

An adult relative, friend, or guardian of an individual who has an interest in or responsibility for the individual's welfare.



# (B)(39) 24 Hour Support

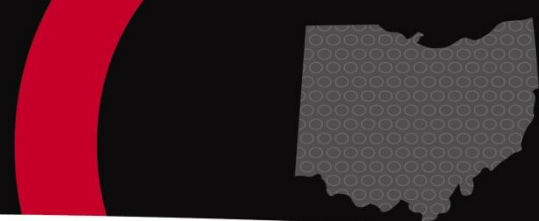
An individual requires the continuous presence of another person throughout the course of the entire day and night during a twenty-four hour period of time.



## (B)(40) Unstable medical condition

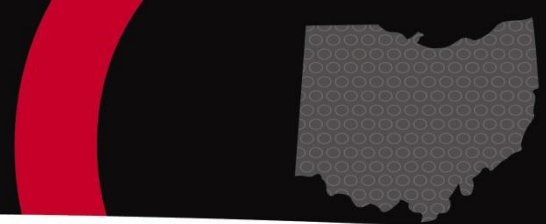
Unstable medical condition means clinical signs and symptoms are present in an individual and a physician has determined that:

- (a) The individual's signs and symptoms are outside of the normal range for that individual;



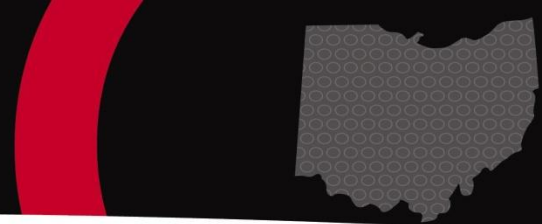
## (B)(40) Unstable medical condition, cont'd

(b) The individual's signs and symptoms require extensive monitoring and ongoing evaluation of the individual's status and care and there are supporting diagnostic or ancillary testing reports that justify the need for frequent monitoring or adjustment of the treatment regimen;



## (B)(40) Unstable medical condition, cont'd

(c) Changes in the individual's medical condition are uncontrollable or unpredictable and may require immediate interventions;



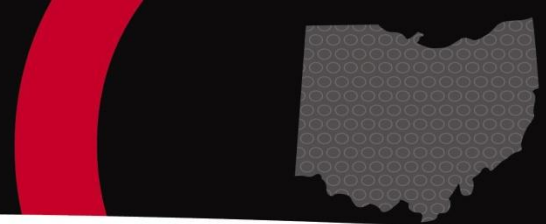
## (B)(40) Unstable medical condition, cont'd

(d) A licensed health professional must provide ongoing assessments and evaluations of the individual that will result in adjustments to the treatment regimen as medically necessary. The adjustments to the treatment regimen must happen at least monthly, and the designated licensed health professional must document that the medical interventions are medically necessary.



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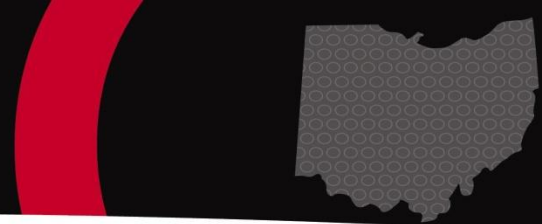


# New Level of Care Rules

OAC Rule 5101:3-3-06

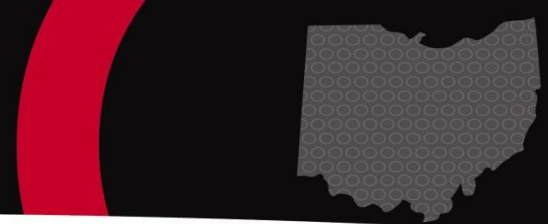
Criteria for the protective level of care.





# 5101:3-3-06

- New rule number (previously 5101:3-3-08)
- Clarifies whether there is a need in an ADL or IADL by specifying:
  - The exact number of sub-components that have to be met;
  - When it's a YES or NO; or
  - When ALL of sub-components have to be met



# (B)(3) Protective Criteria

**Protective Level of Care Criteria is met when the individual has a need for:**

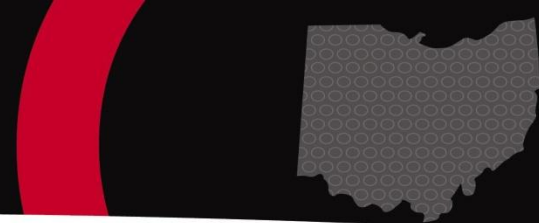
Less than 24 hour support in order to prevent harm due to a cognitive impairment, as diagnosed by a physician or other licensed health professional acting within his or her applicable scope of practice, as defined by law.

OR

**The individual has a need for:**

Supervision of 1 ADL OR Supervision of medication administration AND

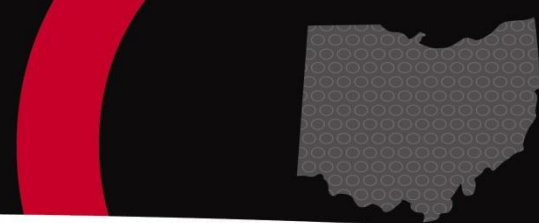
Assistance with 3 IADLs



# (C) Protective level of care: Breakdown of ADLs

## Supervision of 1 ADL

Mobility - at least 1 of 3:	Bed mobility	Locomotion		Transfer
Bathing:	Yes or No			
Grooming - ALL 3:	Oral hygiene	Hair care		Nail care
Toileting - at least 1 of 4:	Using commode/ bedpan/ urinal	Changing incontinence supplies/ feminine hygiene products	Cleansing self	Managing ostomy/ catheter
Dressing – at least 1 of 2:	Putting on and taking off item of clothing/ prosthesis		Fastening and unfastening item of clothing/ prosthesis	
Eating:	Yes or No			



# (D) Protective level of care: Breakdown of IADLs

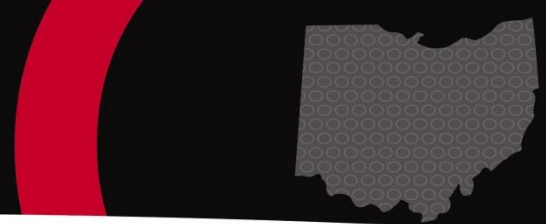
## Assistance with 3 IADLs

Meal Preparation:	Yes or No		
Environmental Management – ALL 3:	Heavy chores	House cleaning	Yard work and/or maintenance
Personal Laundry:	Yes or No		
Community Access- at least 1 of 3:	Accessing transportation	Handling finances	Telephoning
Shopping:	Yes or No		



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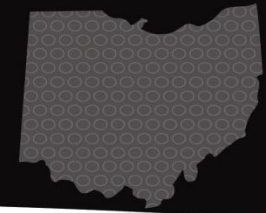
John R. Kasich, Governor  
Michael B. Colbert, Director



# New Level of Care Rules

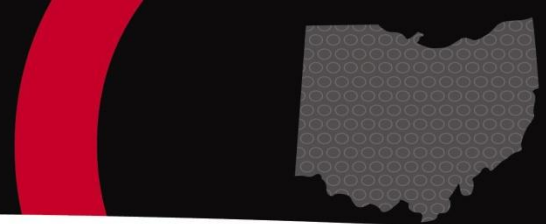
OAC Rule 5101:3-3-08

Criteria for nursing facility-based level  
of care.



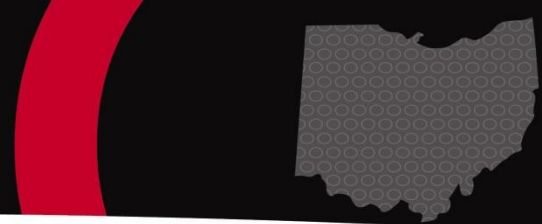
# 5101:3-3-08

- Combined previous Intermediate level of care and Skilled level of care rules
- New rule number (previously 5101:3-3-06 and 5101:3-3-05)



# 5101:3-3-08

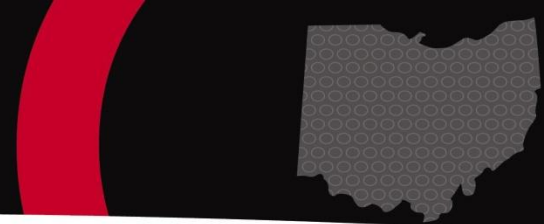
- Clarifies whether there is a need in an ADL by specifying:
  - The exact number of sub-components that have to met;
  - When it's a YES or NO; or
  - When ALL of sub-components have to be met



## 5101:3-3-08

- Removed definition for “skilled care level”
- Re-worded last paragraph (C)(3) of previous Skilled level of care rule for clarity
  - Person who at least meets the ICF-MR LOC can meet the higher medical needs of skilled LOC
  - The facility the individual is requesting can meet his or her needs





## (B)(4) Intermediate Criteria

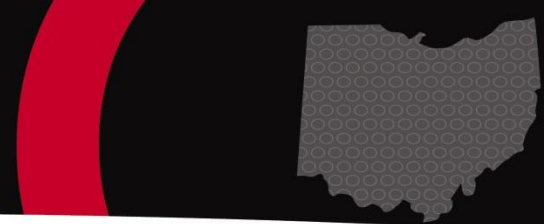
**Intermediate Level of Care Criteria is met when the individual has a need for at least 1 of the following:**

Assistance with at least 2 ADLs.

Assistance with at least 1 ADL AND assistance with medication administration.

At least 1 skilled nursing service OR skilled rehabilitation service.

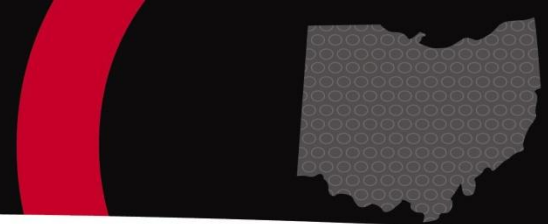
24 hour support in order to prevent harm due to a cognitive impairment, as diagnosed by a physician or other licensed health professional acting within his or her applicable scope of practice, as defined by law.



# (C) Intermediate level of care: Breakdown of ADLs

## Assistance with at least 2 ADLs

Mobility - at least 1 of 3:	Bed mobility	Locomotion		Transfer
Bathing:	Yes or No			
Grooming - ALL 3:	Oral hygiene	Hair care		Nail care
Toileting - at least 1 of 4:	Using commode/ bedpan/ urinal	Changing incontinence supplies/ feminine hygiene products	Cleansing self	Managing ostomy/ catheter
Dressing – at least 1 of 2:	Putting on and taking off item of clothing/ prosthesis		Fastening and unfastening item of clothing/ prosthesis	
Eating:	Yes or No			



## (D)(4) Skilled Criteria

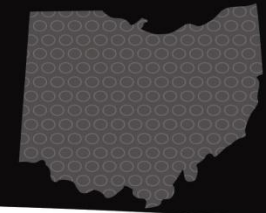
**Skilled Level of Care Criteria is met when the individual has a need for at least 1 of the following:**

1 Skilled nursing service within the day on no less than 7 days per week OR

1 Skilled rehabilitation service within the day on no less than 5 days per week

**AND**

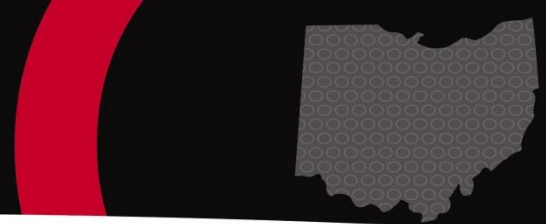
The individual has an unstable medical condition.



# New Level of Care Rules

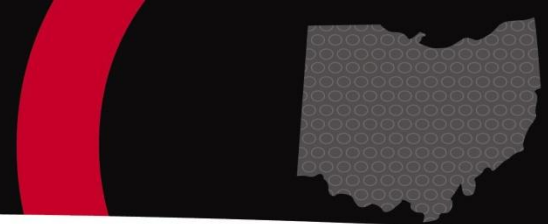
OAC Rule 5101:3-3-15

Process and timeframes for a level of care determination for nursing facility-based level of care programs.



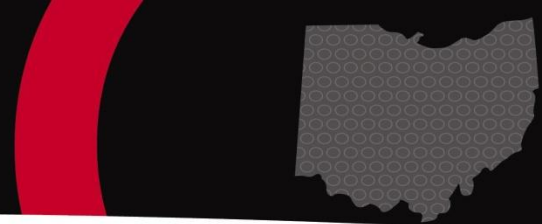
# 5101:3-3-15

- Same rule number as current NF-based level of care process rule.



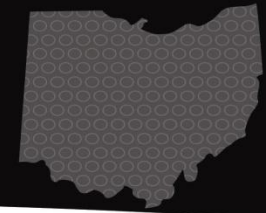
## Paragraph (A)

- (A)(1) This rule is not for making an ICF-MR-based level of care determination.
- (A)(3) Specifies more clearly that not just PAS requirements, but RR requirements must also be met.
  - PASRR determination has to be made before a LOC determination is made.
  - JFS may not authorize Medicaid payment if the PASRR determination is adverse.



## Paragraph (B)

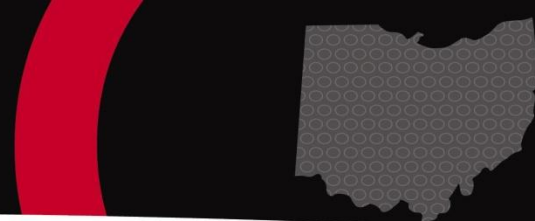
- (B)(1) Complete level of care request = completed JFS 03697 or alternative form.
- (B)(2) Necessary data elements
  - Only change is addition of **pending** Medicaid number as acceptable



# Paragraph (B)(3)(c)

- The exception to a physician certification – intended for individuals in the community whose health and welfare is at risk.
  - Allows for a verbal physician certification that is good for 30 days
  - Allows for written certification to be obtained during the same 30 day verbal certification time period





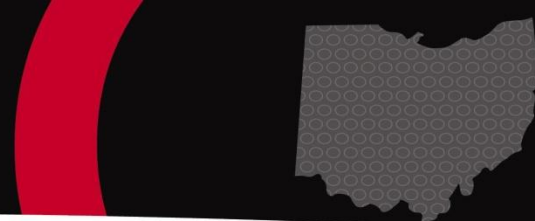
# Paragraph (C)

- (C)(1) First time “sponsor” appears in process rule
- (C)(2) References general Medicaid eligibility rules (application processing rules)



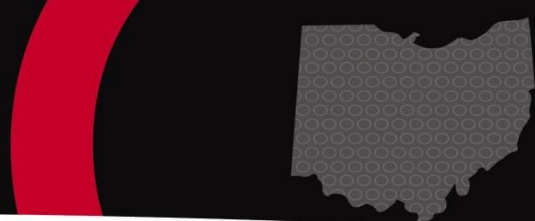
# Paragraph (D)

- (D)(1) Incomplete level of care request
  - LOC submitter has 14 calendar days to provide the information
  - Consistent with PASRR timeframes



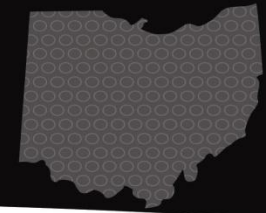
# Paragraph (E) Desk Review

- Shortest timeframe previously was 1 calendar day (Medicaid emergencies) and this has been eliminated.
  - Now 2 timeframes:
    - 1 business day; or
    - 5 calendar days



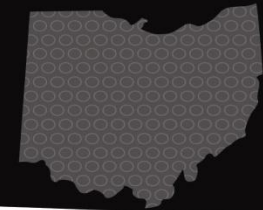
# Paragraph (E)(1) Desk Review

- Circumstances for **1 business day** timeframe:
  - Admission or re-admission to a NF from a hospital
  - Admission or re-admission to a NF from a hospital ER
  - Adult Protective Services (APS) referral with a completed JFS 03697 or alternative form



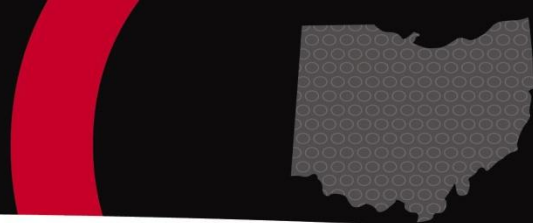
# Paragraph (E)(2) Desk Review

- Circumstances for **5 calendar day** timeframe:
  - NF resident that is changing payor from non-Medicaid to Medicaid
  - NF resident that is changing payor from Medicaid managed care to Medicaid fee-for-service
  - NF to NF transfer



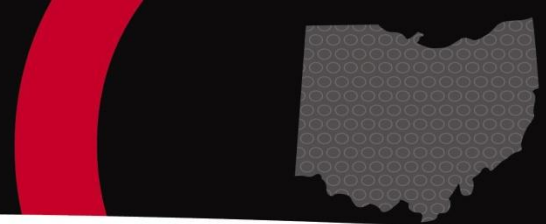
# Paragraph (F) Face-to-Face

- Previously timeframes were 1 business day for hospitalized individuals and 5 calendar days for all others. This has been changed.
  - Now 2 timeframes:
    - 10 calendar days; or
    - 2 business days



# Paragraph (F)(1) Face-to-Face

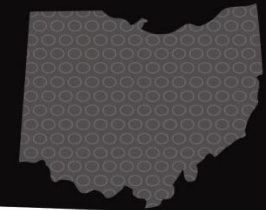
- Circumstances for **10 calendar day** timeframe:
  - Individual or the authorized representative requests a face-to-face
  - Adverse level of care determination
  - Information received is inconsistent
  - Individual resides in community and does not have a current NF-based level of care
  - Individual is pending disenrollment from a NF-based waiver due to no longer having a NF-based level of care.



# Paragraph (F)(2) Face-to-Face

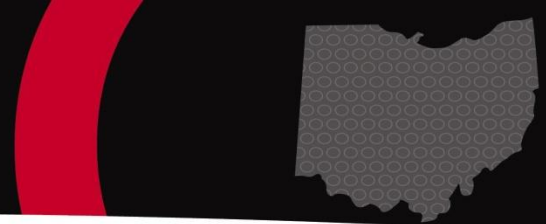
- Circumstance for **2 business day** timeframe:
  - APS referral without a completed JFS 03697 or alternative form





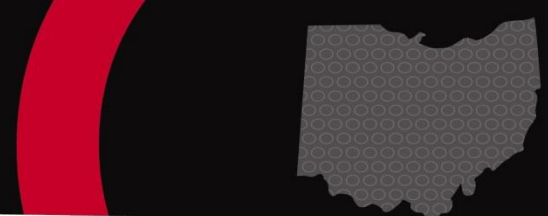
# Paragraph (G) Delayed Face-to-Face Visit

- Previously this timeframe was 180 days from NF admission.
- Now the delayed face-to-face must be completed within 90 days from the desk review.
- There are 3 circumstances for the delayed face-to-face.
- There are several exceptions to the delayed face-to-face.



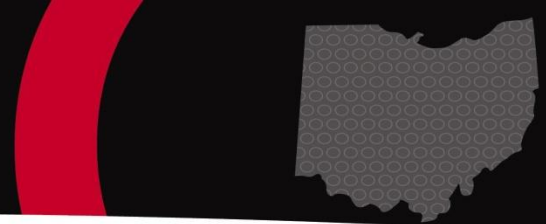
# Paragraph (G)(1) Circumstances for Delayed Face-to-Face Visit

- Admission or re-admission to a NF from a hospital
- Admission or re-admission to a NF from a hospital ER
- APS referral with a completed JFS 03697 or alternative form
- NF resident that is changing payor from non-Medicaid to Medicaid



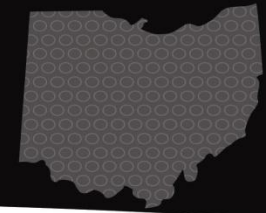
# Paragraph (G)(2) Exceptions to Delayed Face-to-Face Visit

- NF resident that is changing payor from Medicaid managed care to Medicaid fee-for-service
- NF to NF transfer
- Individual declines a delayed face-to-face visit



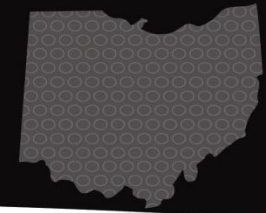
# Paragraph (G)(2) Exceptions to Delayed Face-to-Face Visit

- Individual has had LTC consultation since the NF admission
- Individual has had in-person Resident Review since the NF admission
- Individual is in Medicaid care management system:
  - Medicaid MCP or other case management, care management or care coordination model



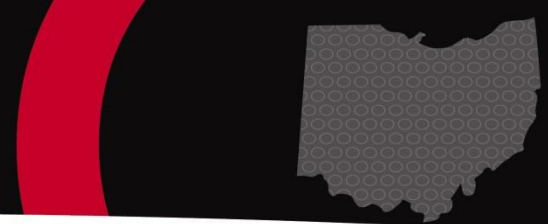
# Paragraph (H) Level of Care Validation

- This is a new option - in lieu of a face-to-face
- Defined in 5101:3-3-05
- Verifying an individual's current level of care in CRIS-E
- Timeframe is 1 business day



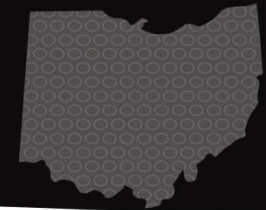
# Paragraph (H) Level of Care Validation

- Validation circumstances:
  - Individual on a NF-based waiver and seeking NF admission
  - NF resident seeking readmission to the same NF after a hospitalization



# Webinar Reminders

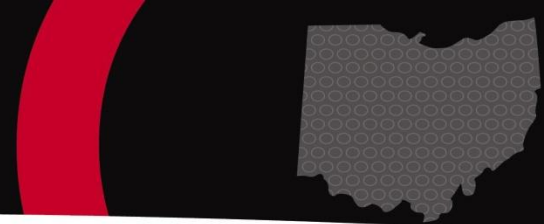
- New Level of Care Rules
  - Will be effective Monday, March 19, 2012
  - Will be issued in Long-Term Care Services and Supports Transmittal Letter (LTCSSSTL) No. 12-03
  - Will be posted to JFS eManuals site at:  
<http://emanuals.odjfs.state.oh.us/emanuals/>



# Webinar Reminders

- Webinar handouts:
  - JFS HOME Choice website
    - <http://jfs.ohio.gov/OHP/consumers/HOMEChoice.stm>
  - See heading for “New Medicaid Level of Care Rule Changes Webinar”
    - Copies of new Level of Care rules
    - Copy of webinar powerpoint presentation
    - Recorded webinar (coming soon)
    - FAQ document (coming soon)





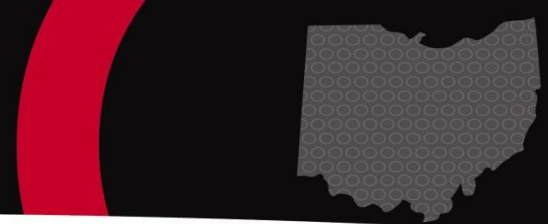
# Webinar Reminders

- We are not able to accept questions during the webinar
- If you have questions, email to [MFP@jfs.ohio.gov](mailto:MFP@jfs.ohio.gov)
- Frequently Asked Questions (FAQ) document will be posted to Level of Care Webinar link on <http://jfs.ohio.gov/OHP/consumers/HOMEChoice.stm>



**Department of Job  
and Family Services**

John R. Kasich, Governor  
Michael B. Colbert, Director



**This concludes the webinar  
presentation**