

ODM 09401 FACILITY COMMUNICATION
FREQUENTLY ASKED QUESTIONS (FAQ) – Updated 09/2016

This document was developed as a response to the webinars that the Ohio Department of Medicaid (ODM) held to train nursing facilities (NFs) on the new ODM 09401, Facility Communication (formally the Facility CDJFS Transmittal). The questions below were raised by the individuals that participated in the webinar. Some of the questions have been combined in order to provide a more accurate answer. For more information related to this new form and process, please use the following resources:

- [ODM Long-Term Care Facility webpage](#)
- Any additional questions should be sent to NFStay@medicaid.ohio.gov

SECTION I: RESIDENT INFORMATION

Q: We do not always know when someone is applying for Medicaid. How would we send a 09401? Will the 09401 be rejected if this information is not completed?

A: If the individual is not on Medicaid or not applying for Medicaid to pay for their NF stay, then the NF should not submit the ODM 09401.

Q: In Section I, which persons address is requested? The individual or the authorized representative/contact?

A: The address fields in Section I are for the Authorized Representative or additional contact person, not the individual. These fields are carried over from the previous version of the ODM 09401 and are not required to be completed.

SECTION II: FACILITY INFORMATION – ADMISSION

Q: In Section II, what is the building number?

A: If the building that your facility is located is designated by a building number, that additional address information should be entered. If your facility simply has a street address, this field should be left blank.

Q: For a Level of Care Validation Request, wouldn't a "type" be when a Medicaid individual coming from the community and PASSPORT has completed a face to face and the level of care to check that it is completed/validated?

A: Per Ohio Administrative Code (OAC) [5160-3-14](#), a level of care validation may be requested for an individual who is enrolled on a NF-based home and community-based services (HCBS) waiver seeking admission to a NF, or for a NF individual seeking readmission to the same NF after hospitalization who has exhausted their bed-hold days.

Q: How will the submitter know when a level of care validation request has been completed?

A: When the LOC validation request has been completed by the PASSPORT Administrative Agency (PAA), they will issue a Preadmission Review (PAR) results letter to the submitter.

Q: What date do we put in for "Admission Date" if they are going from Medicare to Medicaid? The date of Medicaid? Or the date they were admitted to the facility?

A: The date that should be entered for the "Admission Date" is the date that the individual was admitted to your facility, regardless of payer source.

SECTION III: FACILITY INFORMATION – UPDATE (Discharges and transfers)

Q: Are we now supposed to send an ODM 09401 that includes discharge information every time a Medicaid individual goes to the hospital?

A: As of 8/1/16, the revised ODM 09401 needs to be submitted to ODM for any discharge of an individual from your facility. Per [OAC 5160-3-16.4](#), a "NF Discharge" means the full release of a NF individual from the facility. Reasons for a discharge include, but are not limited to, the individual's transfer to another facility, exhaustion of NF bed-hold days for any pay source, the decision of the individual to reside in a community-based setting, or death.

Q: Do we need to do discharge 9401 for someone who is in facility less than 90 days?

A: Yes, any time an individual is discharged from your facility an ODM 9401 should be submitted to the Ohio Department of Medicaid.

Q: Do we need to send an ODM 09401 with discharge information completed when a Medicaid individual goes to the hospital even if they are returning and have not exhausted bed-hold days?

A: For questions about NF bed-hold days reference [OAC 5160-3-16.4](#). If an individual has not exhausted their bed-hold days, they are not considered to be discharged from the facility.

Q: Do we continue to bill bed-holds without a level of care when the person is in a skilled stay?

A: For questions about NF bed-hold days reference [OAC 5160-3-16.4](#). If an individual has not exhausted their bed-hold days, they are not considered to be discharged from the facility.

Q: If they already exhausted bed hold days and discharged to hospital do we do a discharge 9401?

A: As of 8/1/16, the revised ODM 09401 needs to be submitted to ODM for any discharge of an individual from your facility (e.g. any time Section III: Facility Information – Update is completed). Per [OAC 5160-3-16.4](#), a “NF Discharge” means the full release of a NF individual from the facility. Reasons for a discharge include, but are not limited to, the individual’s transfer to another facility, *exhaustion of NF bed-hold days for any pay source*, the decision of the individual to reside in a community-based setting, or death.

SECTION IV: RESIDENT INFORMATION – UPDATE (Deaths and financial updates)

Q: Families and/or individuals do not communicate with facilities directly about income and/or changes to income, but rather they communicate directly to the CDJFS about income.

A: Communication requirements between nursing facilities and the CDJFS is described in [OAC 5160-3-02](#).

Q: In Section IV (Individual Information – Update) does the nursing facility need to complete an ODM 09401 quarterly for each individual or can they continue to send the quarterly statements (in reference to the Personal Needs Allowance)?

A: For questions related to Personal Needs Allowance/Accounts (PNA), reference [OAC 5160-3-16.5](#).

Q: How will we know of any income changes? We don’t currently know unless we are their representative payee for Social Security.

A: Communication requirements between nursing facilities and the CDJFS is described in [OAC 5160-3-02](#).

SECTION V: SUBMITTER INFORMATION

Q: There is no comment section for the facility in this new form?

A: On the previous version of the ODM 09401 there was not a comment section for the facility to fill out. The only comment section that will be included on this form is in Section VI – County Information. If necessary, nursing facilities may attach additional information to the 09401 that they submit to the CDJFS.

SECTION VI: COUNTY INFORMATION

Q: What is the turnaround time for CDJFS to return completed form to the NF?

A: Per [OAC 5160:1-2-01\(K\)](#), the CDJFS has ten days from receipt of the ODM 09401 to return it back to the submitter.

Q: With discharge due to death, the counties will still respond to the nursing facilities, correct?

A: If a nursing facility completes Section IV: Individual Information – Update and submits it to the CDJFS in their region, they should receive a response back from the county within 10 business days per [OAC 5160:1-2-01\(K\)](#). If any other section is filled out on the ODM 9401 (Section II or Section III), the NF should not expect a response back from the PAA or ODM.

FORM SUBMISSION

Q: How do we find the PAA in our region?

A: Information about the PAA regions and contact information can be found here:
<http://aging.ohio.gov/services/passport/passportadministrativeagencies.aspx>

Q: Where can we find the appropriate contact information for various agencies? Where do we get the information on where to send the 9401's (fax # or email)?

A: Information about where and how to submit the ODM 09401 can be found on the bottom of the form itself and on the instruction sheet (ODM 09401i). Detailed instructions about where the form should be submitted to in different circumstances is outlined on the form and the instruction sheet as well.

Q: Is the 9401 available as a form that we can complete on the computer rather than hand writing and can it be emailed to whomever it should go to?

A: The form is posted here: <http://medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM09401fillx.pdf>. Submitters are able to type into the form and can either send via **secure email** to the appropriate entity, or they may print out the form and fax it.

Q: Does this new process eliminate the use of Provider Gateway to submit our 9401's?

A: Nursing Facilities should contact their respective CDJFS offices to outline a process for submitting the ODM 09401 beginning on 8/1/16. Please note, Provider Gateway is still a viable way to submit the ODM 9401 if the program has been updated with the new form. Per a representative at the vendor, Provider Gateway has been modified to enable the new forms to be submitted to the PAA's and to ODM. Changes are being made lockstep with the changes at State. The new fields and transactional changes mentioned in the webinars will be applied and modified in Provider Gateway within a few days.

Q: Will each NF be assigned a PAA caseworker like we currently are with CDJFS or will be just have a general number?

A: Nursing Facilities should contact their respective PAA to outline a process for submitting the ODM 09401 beginning on 8/1/16. Please see table below for additional contact information for each PAA.

PAA	Counties	Contact
1	Butler, Clermont, Clinton, Hamilton, Warren	Referrals@help4seniors.org
2	Clark, Greene, Montgomery	AAA2OBSupportStaff@info4seniors.org
CSS	Champaign, Darke, Logan, Miami, Preble, Shelby	obltcintake@cssmv-sidney.org
3	Allen, Auglaize, Hancock, Hardin, Mercer, Putnam, VanWert	ltcalerts@psa3.org
4	Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams, Wood	Medicaidalerts@areaofficeonaging.com
5	Ashland, Crawford, Huron, Know, Marion, Morrow, Richland, Seneca, Wyandot	Ltc_alerts@aaa5ohio.org
6	Delaware, Fairfield, Fayette, Franklin, Licking, Madison, Pickaway and Union	Screening@coaaa.org
7	Adams, Brown, Gallia, Highland, Jackson, Lawrence, Pike, Ross, Scioto, Vinton	jcorn@aaa7.org
8	Athens, Hocking, Meigs, Monroe, Morgan, Noble, Perry and Washington	Screening_PAA8@buckeyehills.org
9	Belmont, Carroll, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Muskingum, Tuscarawas	ltcservices@aaa9.org
10a	Cuyahoga, Geauga, Lake, Lorain, Medina	ltcalerts@psa10a.org
10b	Portage, Stark, Summit, Wayne	screening@directionhomeakroncantonton.org
11	Ashtabula, Columbiana, Mahoning, Trumbull	casebank@aaa11.org

Q: When an individual passes away, do we report it as a discharge AND a death? So the ODM 09401 will go to ODM and the CDJFS?

A: Yes, when an individual passes away, the ODM 09401 shall be completed with discharge and death information clearly identified. The form shall then be submitted to **both** the Ohio Department of Medicaid and the CDJFS.

Q: Does the 9401 go to the PAA when it's being submitted for a new application or Medicaid pending?

A: Yes.

Q: I am a little confused about when to send the 9401 to the PAA versus the County Caseworker. Will we not be sending 9401's to the local county caseworker anymore?

A: For any fee-for-service NF stay of greater than 90 days, for a new Medicaid applicant, or for any admission due to a NF-to-NF transfer, the NF shall submit the ODM 09401 to the PAA (Section II of the form has been completed). For any fee-for-service discharge (including death), the NF shall submit the ODM 09401 to the Ohio Department of Medicaid (Section III of the form has been completed). For any change in Individual Information, including death, the facility shall submit the ODM 09401 to the CDJFS (Section IV of the form has been completed).

Q: If an individual comes in as an estimated short-term and then ends up staying long-term, do we submit the form as soon as we know they are staying and use the original admission date?

A: As soon as the NF stay has become long-term (90 days), a facility should complete and submit the ODM 09401 to the PAA in their region. The Admission Date entered on the form should reflect the actual date the individual was admitted to the facility, not the date that the form was completed.

Q: We do a 9401 when the stay is greater than 90 days, does that mean we wait until 90 days is up to do the 9401 or does it mean the stay is expected to be long term we do the 9401 immediately?

A: As soon as the NF stay has become long-term (90 days), a facility should complete and submit the ODM 09401 to the PAA in their region. Submission of the ODM 09401 is not based on estimated length of stay, but is based on actual length of stay. The only exception is for new Medicaid applicants, when the NF should submit the ODM 09401 immediately to the PAA.

Q: How do we know if our 9401's were received and if there were any problems with them and how do we know when they will be processed?

A: Unless Section IV: Individual Information – Update is completed and submitted to the CDJFS, nursing facilities should not expect to receive a response from the PAA or ODM when they submit the ODM 9401. If there is an issue with the form that was submitted to either entity, a staff member will reach out to the NF for a correction.

Q: When do you start count of 90 days to send 9401? Calendar year or does every stay start a new count? Asking because there are some patients that are in and out.

A: The 90 day count begins on the day that the individual is admitted to your nursing facility. If an individual transfers to a new facility, the ODM 9401 should be submitted right away based on the instructions included on the form.

Q: Which PAA county should a 9401 be sent to for an admission, to the county MITS is stating the individual is active in, or to the county where the individual has now moved into?

A: The ODM 9401 should be submitted to the PAA that represents the county in which your NF is located. Please see table on the previous page to identify which PAA represents your county.

Q: Do I wait 90 days before sending a 9401 to report an admission for all Medicaid payers? Or, is the admission reported at the time the LOC is requested?

A: For any Medicaid fee-for-service NF stay of greater than 90 days, or for a new Medicaid applicant, the NF shall submit the ODM 09401 to the PAA in their region (Section II of the form has been completed). If an individual is being admitted to your facility and applying for Medicaid at the same time, the ODM 9401 and the LOC request (ODM 3697) can be submitted at the same time. For an individual who is already on Medicaid, but has now been in your facility greater than 90 days, the LOC request should have already been submitted at the time of admission.

Q: For a change of payer to Medicaid or for a NF individual enrolling on hospice, when do we submit the ODM 9401?

A: Please follow the guidelines below for submission of the ODM 9401 in the above mentioned scenarios:

Scenario	When to Submit ODM 9401
Individual currently residing in NF with Medicaid as primary payer enrolls in hospice	ODM 9401 does not need to be completed for this individual
NF individual with another primary payer (not Medicaid) enrolls in hospice	
Medicare or another primary payer (e.g. private pay) and individual changing to Medicaid as primary payer	Complete ODM 9401 and submit to PAA right away <i>(NF should also submit a LOC Request to the PAA)</i>
Individual being admitted to NF and enrolling on hospice	Complete ODM 9401 <i>(select LOC Exemption on form)</i> and submit to PAA right away
Medicare Part A stay individual	

MEDICAID INFORMATION TECHNOLOGY SYSTEM (MITS)

Q: Should we look up information in MITS? And if we do, what if the information provided on the ODM 9401 sent from the CDJFS is different than what is in MITS?

A: Yes, ODM recommends that Medicaid providers look in MITS for Medicaid eligibility, patient liability amounts/effective dates, and Restricted Medicaid Coverage periods for Medicaid individuals in their facilities. This should be done through a process established by the facility. Facilities should contact the CDJFS for more information if what is provided on the ODM 09401 differs from what is in MITS.

Q: How will the facility know when MITS is updated?

A: Facilities will not be notified when MITS has been updated. Therefore, providers should establish a process for checking MITS regularly for updates.

Q: Is MITS being updated when the NF sends the 9401?

A: When a long-term care (LTC) worker at the PAA and/or ODM inputs and saves information on the LTC screen in Ohio Benefits, an alert is generated for the county worker. Once the county worker “runs the case”, the data will be sent to MITS to be updated.

Q: If we find discrepancies in MITS related to patient liability, who do we reach out to get clarification?

A: If the nursing facility believes that the patient liability in MITS is incorrect, the NF should first contact their CDJFS to determine whether Ohio Benefits or MITS is correct. If the county determines that MITS is incorrect, the county should follow their current process for getting MITS corrected with ODM.

Q: If the facility is expected to check MITS to see if they can bill Medicaid, etc., how will they know if the individual's application is denied? This is important information for facilities as they decide how to collect payment and whether they should discharge someone from their facility.

A: For questions related to pending or denied Medicaid applications and the responsibilities of the NF, please reference [OAC 5160-3-02](#).

Q: Does MITS show a "vendor begin" date?

A: In the Provider Secure Portal view, MITS will show “Long Term Care Facility Placements” with information including Facility Type, Date of Admission, Effective Date of Medicaid Coverage (e.g. “vendor pay begin date”), End Date of Medicaid Coverage (e.g. “vendor pay end date”) and Date of Discharge.

Q: Will MITS show prorated PL's from D/C?

A: The Patient Liability panel in MITS does show pro-rated patient liability amounts, type, effective date and end date.

Q: Will newly approved cases be able to be searched in MITS without a LOC being completed? We are getting some feedback that individuals have been approved for case coverage, but we are unable to verify the Eligibility portion of the case in MITS or the IVR.

A: Yes, Medicaid eligibility can be found in MITS.

MEDICAID MANAGED CARE

Q: When you say Medicaid Managed Care plans does that include Mycare Ohio plans?

A: When "Medicaid Managed Care" is referenced, that includes Managed Care Plans and Mycare Ohio waiver.

Q: Please clarify if provider is to follow this new 9401 process for all Mycare Ohio plans. It is noted that we are NOT to submit 9401 for individuals enrolled in Managed Care Plan, is ODM including Mycare Ohio as Managed Care Plan? Is there still going to be due process for individuals? How will provider find pro-rated Patient Liability?

A: Yes, when an individual is enrolled in Mycare Ohio, they are enrolled in a managed care plan. There will be a different process. Per the PowerPoint presentation, NFs will not submit an ODM 09401 for individuals enrolled on a managed care plan.

Q: Will we be able to get copies off the system for a managed Medicaid?

A: Managed care enrollment spans, Patient Liability information, and Restricted Medicaid Coverage Period (RMCP) dates are all returned, if applicable, in the provider portal when verifying Medicaid eligibility.

Q: You have individuals who will need disenrollment from the Managed Care Medicaid programs after 90 days. Who do we contact for request to disenroll?

A: The managed care plans already have a process in place for requesting these disenrollments.

Q: So if an individual is on Mycare Managed Care policy do they not have a patient liability? Since we are not sending in a 9401 on them?

A: Mycare plans will continue to receive the patient liability amount on their enrollment files generated from MITS, which is populated with data from eligibility files. This is a current process and will continue as it does today.

Q: If Mycare person admitted and facility knows this is LTC individual do we submit a 9401 or will Mycare be managing this process?

A: The Mycare managed care plans will be submitting admission information to ODM though a separate process, and designated ODM staff will be entering the data in Ohio Benefits.

Q: Do we do 9401's for Buckeye and Molina individuals?

A: The Medicaid managed care plans will be submitting admission information to ODM though a separate process, and designated ODM staff will be entering the data in Ohio Benefits.

PATIENT LIABILITY

Q: How do we find out how much the Patient Liability is for a new admit planning on long-term stay?

A: Patient liability amounts and effective dates can be found in MITS.

Q: Do NFs charge patient liability for short term stays starting on admit date? Will there be Patient Liability for short-term stay (less than 90 days), or only once they are long-term stay (over 90 days)?

A: For questions related to Patient Liability, reference [OAC 5160:1-3-04.3](#). Patient Liability is determined subsequent to notification of an approved level of care and, if applicable, HCBS waiver agency approval or PACE site approval.

Q: So we can use MITS printout for Patient Pay if we are not submitting the 9401?

A: Yes.

Q: If it is a spousal case and they just came in how we know what the liability will be if we don't do a 9401 at admission. Will liability not start until after 90 days for all admissions?

A: When the county determines eligibility for long-term care, patient liability will be determined at the same time.

Q: When does the patient start paying patient liability day of admission or 90 days from admission?

A: When the county determines eligibility for long-term care, patient liability will be determined at the same time.

MISCELLANEOUS

Q: What about 9401's that we are waiting on ODJFS to complete from before 8/1/2016, do we need to send them for the new submission or still work with the county? Do we submit a new ODM 9401 for all current long-term individuals on 8/1/16?

A: NFs do not need to complete the new version of the 9401 when submitting backlogged 9401s to ODM. The NF can re-submit the original 9401 that was submitted to the CDJFS. Admission and discharge 9401s are the only category that CDJFS have been instructed not to process and return a copy to the submitter. **NFs should send any unprocessed admission or discharge ODM 9401s, submitted to the CDJFS prior to 8/1/16, to the Ohio Department of Medicaid at nfstay@medicaid.ohio.gov with the subject line "backlogged ODM 9401".**

Q: Where do we submit past medical requests?

A: Facilities should contact their CDJFS to find out how to submit past medical requests.

Q: If we report a long-term admission to the PAA, how is the county made aware of the decision?

When processing the ODM 09401, the PAA will create and save the long-term care (LTC) detail in Ohio Benefits. This will generate an alert to the county worker who will then process LTC eligibility for the individual.

Q: How do NF individuals apply for Medicaid with the CDJFS and how long does the CDJFS have to process the application?

A: The individual may apply one of three ways:

- 1) **Online** through the Ohio Benefits self-service portal (SSP) at <https://ssp.benefits.ohio.gov>. The individual should answer "yes" to the question about if they are seeking long-term care services.
- 2) **Telephone** through the Medicaid Consumer Hotline at (800) 324-8680. The individual should indicate to the hotline representative that he/she is living in a nursing facility.
- 3) **Paper** application through the ODM 7216 – Application for Health Coverage & Help Paying Costs. The individual should answer "yes" to question 9.

Per [OAC 5160:1-2-01\(K\)](#), the CDJFS must make an eligibility determination within 30 days. The CDJFS must make an eligibility determination within 90 days for applicants alleging blindness or disability.

Q: What is the ODM 9401 submission process for a NF to NF transfer?

A: See ODM 9401 instructions here: <http://medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM09401i.pdf>.

Q: What is the ODM 9401 submission process for a discharge from a NF to a waiver enrollment?

A: The discharging NF shall complete the ODM 9401 and submit it to ODM. If the NF is submitting the form via the NFStay@medicaid.ohio.gov mailbox, the subject line should include "expedited request". If the NF is submitting the form via FAX, they should send an immediate follow-up email to NFStay@medicaid.ohio.gov with the subject line "expedited request". The body of the email should indicate that an expedited discharge FAX has just been submitted and include the FAX number used by the NF.

Q: If there are pending applications at the county level who will be processing them now?

A: The CDJFS is still the entity that processes Medicaid applications.

Q: Do dual individuals not need a 9401 even if they are long term care?

A: An individual who is considered "dual" has Medicaid and Medicare. Since the individual is technically on Medicaid, the ODM 9401 should be sent to the PAA after the individual has been in the facility greater than 90 days. The admission date on the form should be the date they were originally admitted to your facility. If the individual is not admitted under a Medicare Part a stay or no longer qualifies for skilled care, a LOC should be submitted due to a change in payer. If a dual individual is discharged from your facility, the ODM 9401 should be submitted to the Ohio Department of Medicaid.

Q: Exactly what documentation do I have to have to be able to bill and get paid?

A: Requirements for submitting nursing facility per diem claims are outlined in [OAC 5160-3-39.1](#). The two main requirements for NFs to bill are verifying Medicaid eligibility and receiving verification from the PASSPORT Administrative Agency of an approved level of care. Additionally, the Ohio Department of Medicaid has provided guidance for institutional or facility-based claims here: <http://medicaid.ohio.gov/RESOURCES/Publications/ODMGuidance.aspx#1535543-provider-billing-instructions>.

Q: Who will update the mailing address of the client when the 9401 goes to the state for the NF/NF transfer?

A: The intention of the ODM 9401 is to update the LTC Detail screen in Ohio Benefits. LTC Workers at the state do not have access to edit demographic information in Ohio Benefits. Mailing address and other demographic information must be updated by the county worker.

Q: Do days used at another facility and hospital stays apply to the 90?

A: Please follow the instructions provided on the ODM 9401 for when to submit the form, specifically for transfers.

Q: Once I have sent 9401 and request for LOC on a new Medicaid Application to PAA and I have attended the Face to Face with JFS, what is process to get Medicaid approved? Do I check every day in MITS or will I receive 9401 notification from County of approval?

A: NFs can verify with the individual that they have received an approved Notice of Action (NOA) from the CDJFS or can check MITS for Medicaid eligibility.

LEVEL OF CARE/PASRR/WAIVER

Q: Please explain when and why we would need to do a level of care validation? When we have a change of payer, do we need to request a new level of care?

A: For questions related to level of care validation and determination reference [OAC 5160-3-14](#).

Q: For short-term waiver stays, how do we bill Medicaid?

A: For questions related to billing, contact NFDirectBill@medicaid.ohio.gov.

Q: Do we still follow same guidelines for level of care requests?

A: Yes, the process for level of care requests and determinations is not changing. For additional questions related to level of care, reference [OAC 5160-3-14](#).

Q: What if all admissions are anticipated permanent placement? Should a LOC be completed prior to admission?

A: A Level of Care Request (ODM 3697) should be completed in accordance with OAC [OAC 5160-3-14](#), regardless of expected length of stay. This process is independent from and not related to the ODM 9401 process. Additional information about when a LOC should be requested can be found on the "Most Common Scenarios Chart" here: <http://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/LongTermCare/IICF/MostCommonScenarios.pdf>.

Q: If the facility who transfers the individual, does the PASRR REMAIN VALID FOR TRANSFER?

A: To determine when an ODM 3622 (PAS/RR) is required, please reference the "Most Common Scenario Chart" here: <http://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/LongTermCare/IICF/MostCommonScenarios.pdf>

Q: So we don't need a new LOC if they are on a waiver correct?

A: When the individual being admitted to your NF is on a waiver, then the NF should select "LOC Validation" in Section II of the ODM 9401 and submit it to the PAA right away.

Q: For Medicaid waiver, is there a Medicaid pending number when the application is in process?

A: ODM has communicated to the PAAs that they should ensure that the individual has either a pending or active Medicaid program block in Ohio Benefits before returning the LOC request to the submitter as incomplete.

Q: Is a new LOC required if a long term individual is admitted to a hospital and returns skilled?

A: To determine when a LOC is required, please reference the "Most Common Scenario Chart" here: <http://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/LongTermCare/IICF/MostCommonScenarios.pdf>

Q: So we can leave the Medicaid # question on the level of care sheet blank when submitting a LOC to the PAA?

A: For a new Medicaid applicant, the ODM 9401 should be submitted with the ODM 3697 right away to the PAA in your area. The ODM 9401 has additional Medicaid application information on it that the PAA can utilize for the LOC request if the individual does not have a Medicaid number. ODM has communicated to the PAAs that they should ensure that the individual has either a pending or active Medicaid program block in Ohio Benefits before returning the LOC request to the submitter as incomplete.

Q: If a client is admitted for a stay less than 90 days do we need level of care?

A: The 90 day timeframe applies only to submission of the ODM 9401 to the PAA, and does not apply to a LOC request. The process for level of care requests and determinations is not changing. For additional questions related to level of care, reference [OAC 5160-3-14](#).

Q: Regarding Level of care Validations, could you please clarify, what you mean by validation?

A: A level of care validation is defined in OAC [5160-3-05](#), and the circumstances in which a NF can request a LOC validation are listed in OAC [5160-3-14](#) and are included on the ODM 9401. A LOC validation is a quicker way for the PAA to determine LOC for an individual seeking admission to a NF.

Q: If someone comes in under Medicare Part A, but needs Medicaid for coinsurance (new application), how do we get a LOC if there is not yet a payer change? Can we send the 9401 prior to a payer change? At times patients discharge to the community without needing to have a payer change but still need MCD for coinsurance.

A: The updated ODM 9401 will have a place for the NF to select "LOC Exemption", and therefore the form can be sent prior to the payer change. The LOC request can be sent at a later date when the change of payer has occurred.

Q: Do the MDS's still have to be sent with the LOC?

A: The level of care submission process has not changed with the updates to the ODM 9401. For additional questions related to level of care, reference [OAC 5160-3-14](#).

Q: When we request an inquiry in MITS and discover that someone is on a community waiver, who do we contact to have their case converted to nursing facility?

A: When the individual being admitted to your NF is on a waiver, then the NF should select "LOC Validation" in Section II of the ODM 9401 and submit it to the PAA right away.

Q: How will we know whether or not they are on a waiver?

A: There is no requirement for the NF to know if an individual being admitted is on a waiver. If the NF does know that the individual is on a waiver, then the NF should select "LOC Validation" in Section II of the ODM 9401 and submit it right away to the PAA in their region. If the NF does NOT know that the individual is on a waiver, then the NF should follow the regular instructions for submission of the ODM 9401.

AUDIT AND POST-PAYMENT REVIEW (PPR)

Questions related to the ODM audit process have been forwarded to the LTC Audit and Post-Payment Review (PPR) section at ODM. Additional updates will be provided by ODM regarding future processes for audit and post-payment review.

HOSPICE

Q: Do we need an effective date for Hospice?

A: For hospice enrollees, for the situations in which an ODM 9401 needs to be completed, Section II should be completed. There is no "effective date for hospice", but the field for "Admission Date" should be entered with the actual date the individual was admitted to the NF.

Q: If hospice enrollees have a share of cost (patient liability) does that show in MITS?

A: If a hospice enrollee has a patient liability, providers can view that information in MITS.

Q: On the hospice enrollment on the 9401, what is the admission date?

A: The admission date entered on the ODM 9401 is the date that the individual was admitted to the nursing facility.

Q: What is the best source for a hospice to determine the patient liability for nursing home room and board?

A: Providers should look in MITS for patient liability amounts and effective dates.

Q: What do you do when an individual disenroll from Hospice and returns to regular Medicaid?

A: When an individual disenrolls from hospice and returns to Medicaid as the primary payer, the NF can begin billing Medicaid as of the disenrollment date so long as the individual continued to reside in your NF throughout the hospice enrollment, and the level of care requirements were met per [OAC 5160-3-14](#).

Q: What about when someone enrolls in hospice after they have been in a SNF for a while and the Level of care is already in place for their admission (that was a few weeks ago)? Who would receive the 9401?

A: Please reference the scenario chart on page 5 of this document.

Q: I have an individual who is admitted to a hospital and is then admitted to either a hospital-based or stand-alone hospice, then returns to original facility. Do I need to do a 9401?

A: Please reference the scenario chart on page 5 of this document.

Q: I have a long term individual, on vendor payment for Medicaid, has changed payers to Hospice Medicaid where now I don't need vendor payment. Do I notify anyone with a 9401?

A: Please reference the scenario chart on page 5 of this document.

Q: If individual is a direct admit on hospice - should we do 9401 to notify ODM?

A: Please reference the scenario chart on page 5 of this document.