

5101:3-3-541 OUTLIER LONG-TERM CARE SERVICES FOR RECIPIENTS WITH SEVERE MALADAPTIVE BEHAVIORS DUE TO TRAUMATIC BRAIN INJURY (NF-TBI SERVICES).

- (A) PURSUANT TO SECTION 5111.257 OF THE REVISED CODE, THIS RULE SETS FORTH THE CONDITIONS UNDER WHICH ENHANCED PAYMENT IS AVAILABLE TO DISTINCT PART UNITS OF NURSING FACILITIES (NFs) FOR THE PROVISION OF PRIOR AUTHORIZED INTENSIVE REHABILITATION SERVICES TO INDIVIDUALS WITH SEVERE MALADAPTIVE BEHAVIORS DUE TO TRAUMATIC BRAIN INJURY (NF-TBI SERVICES). IT ALSO SETS FORTH THE PRIOR AUTHORIZATION PROCESS FOR INDIVIDUALS WHO ARE SEEKING MEDICAID PAYMENT FOR NF-TBI SERVICES. THE PROCEDURES FOR CONDUCTING THE REVIEW TO DETERMINE ELIGIBILITY FOR THE PRIOR AUTHORIZATION OF NF-TBI SERVICES SET FORTH IN THIS RULE ALSO INCORPORATE THE REQUIREMENTS OF RULE 5101:3-3-15 OF THE ADMINISTRATIVE CODE. THAT IS, FOR INDIVIDUALS SEEKING NF-TBI SERVICES, THE PROCEDURES SET FORTH IN THIS RULE REPLACE THE PROCEDURES FOR THE IN-PERSON ASSESSMENT AND THE LEVEL OF CARE REVIEW PROCESSES SET FORTH IN RULE 5101:3-3-15 OF THE ADMINISTRATIVE CODE.
- (B) DEFINITIONS:
- (1) "CLOSED HEAD INJURY" MEANS A SKULL AND WIDESPREAD BRAIN INJURY CAUSED BY EXTERNAL FORCE OR VIOLENCE IN WHICH THE DURA MATER CEREBRI AND DURA MATER ENCEPHALI (THE OUTER MEMBRANE COVERING THE BRAIN) REMAIN INTACT.
- (2) "COGNITIVE RETRAINING" MEANS A SYSTEMATIC, GOAL-ORIENTED PROGRAM OF COGNITIVE/PERCEPTUAL EXERCISES BASED ON THE ASSESSMENT AND UNDERSTANDING OF THE INDIVIDUAL'S NEURO-FUNCTIONAL DEFICITS, THAT IS PROVIDED BY QUALIFIED PRACTITIONERS, AND IS AIMED AT MAKING FUNCTIONAL CHANGES BY:
- (a) REINFORCING AND STRENGTHENING PREVIOUSLY LEARNED NORMAL PATTERNS OF DECISION MAKING, PROBLEM SOLVING, AND/OR RESPONDING; OR

TN #94-31 APPROVAL DATE 2-21-95
SUPERSEDES
TN #NEW EFFECTIVE DATE 1-1-94

- (b) BY ESTABLISHING NEW PATTERNS OF COGNITIVE ACTIVITY AS COMPENSATORY MECHANISMS FOR NEUROLOGIC SYSTEMS TOO IMPAIRED TO ALLOW A RETURN TO NORMAL FUNCTIONING.
- (3) "HOME AND COMMUNITY-BASED SERVICES (HCBS)" MEAN SERVICES FURNISHED UNDER THE PROVISIONS OF 42 CFR 441 SUBPART G WHICH ENABLE INDIVIDUALS TO LIVE IN A HOME SETTING RATHER THAN A NF, AN INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED (ICF-MR), OR HOSPITAL.
- (4) "INDIVIDUAL", FOR PURPOSES OF THIS RULE, MEANS ANY PERSON WHO IS SEEKING OR RECEIVING MEDICAID COVERAGE OF PRIOR AUTHORIZED INTENSIVE REHABILITATION SERVICES FOR TBI THAT IS PROVIDED BY AN OHIO MEDICAID-CERTIFIED NF WHICH HOLDS AN EFFECTIVE "NF-TBI SERVICES PROVIDER AGREEMENT" WITH THE OHIO DEPARTMENT OF HUMAN SERVICES (ODHS).
- (5) "LEVEL OF CARE (LOC) REVIEW" IS THE EVALUATION OF AN INDIVIDUAL'S PHYSICAL, MENTAL AND SOCIAL/EMOTIONAL STATUS TO DETERMINE THE LEVEL OF CARE REQUIRED TO MEET THE INDIVIDUAL'S SERVICE NEEDS. LEVEL OF CARE REVIEW IS CONDUCTED PURSUANT TO PARAGRAPH 1902 (a)(30)(A) OF THE SOCIAL SECURITY ACT AND INCLUDES ACTIVITIES NECESSARY TO SAFEGUARD AGAINST UNNECESSARY UTILIZATION. LOC DETERMINATIONS ARE BASED UPON THE CRITERIA REGARDING THE AMOUNT AND TYPE OF SERVICES NEEDED BY AN INDIVIDUAL THAT ARE SET FORTH IN RULES CONTAINED IN CHAPTER 5101:3-3 OF THE ADMINISTRATIVE CODE. THE LOC PROCESS IS ALSO THE MECHANISM BY WHICH MEDICAID VENDOR PAYMENT IS INITIATED.
- (6) "NEUROBEHAVIORAL REHABILITATION" MEANS A HIGHLY STRUCTURED, INDIVIDUALIZED, PROGRAM THAT INCORPORATES THE RESULTS OF A NEUROPSYCHOLOGICAL ASSESSMENT OF THE BRAIN-BEHAVIOR RELATIONSHIPS, LOCATIONS OF INJURY, AND THE BRAIN SYSTEMS INVOLVED IN THE INJURY, TO ADDRESS THE INDIVIDUAL'S DEFICIENCIES OF INTELLECT, PERSONALITY AND BEHAVIOR RESULTING FROM THE TBI, AND TO ASSIST THE INDIVIDUAL IN THE DEVELOPMENT OF APPROPRIATE ADAPTIVE BEHAVIORS.

TN # 94-31 APPROVAL DATE 2-24-95

SUPERSEDES

TN # NEW EFFECTIVE DATE 12/10/94

- (7) "OPEN HEAD INJURY" MEANS A SKULL AND WIDESPREAD BRAIN INJURY CAUSED BY EXTERNAL FORCE OR VIOLENCE IN WHICH THE DURA MATER CEREBRI AND/OR DURA MATER ENCEPHALI (THE OUTER MEMBRANES COVERING THE BRAIN) HAVE BEEN PENETRATED.
- (8) "PAS" MEANS PREADMISSION SCREENING AND REFERS TO THAT PART OF THE PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) PROCESS MANDATED BY SECTION 1919(e)(7) OF THE SOCIAL SECURITY ACT, AS AMENDED, WHICH MUST BE MET PRIOR TO ANY NEW ADMISSION TO A NF AND COMPLETED IN ACCORDANCE WITH RULE 5101:3-3-151 OF THE ADMINISTRATIVE CODE.
- (9) "PHYSICIAN" MEANS A DOCTOR OF MEDICINE OR OSTEOPATHY WHO IS LICENSED TO PRACTICE MEDICINE.
- (10) "PRIMARY DIAGNOSIS" HAS THE SAME MEANING AS IN RULE 5101:3-3-151 OF THE ADMINISTRATIVE CODE.
- (11) "REPRESENTATIVE" MEANS A PERSON ACTING ON BEHALF OF AN INDIVIDUAL WHO IS APPLYING FOR OR RECEIVING MEDICAL ASSISTANCE. A REPRESENTATIVE MAY BE A FAMILY MEMBER, ATTORNEY, HOSPITAL SOCIAL WORKER, NF SOCIAL WORKER, OR ANY OTHER PERSON CHOSEN TO ACT ON THE INDIVIDUAL'S BEHALF.
- (12) "SEVERE MALADAPTIVE BEHAVIOR WHICH PRECLUDES AN INDIVIDUAL FROM PARTICIPATING IN OTHER REHABILITATION SERVICES" MEANS ANY BEHAVIOR OR CONSTELLATION OF BEHAVIORS EXHIBITED BY AN INDIVIDUAL THAT IS OF SUCH FREQUENCY AND INTENSITY THAT IT CREATES A DANGER TO THE INDIVIDUAL OR OTHER PEOPLE AND/OR REQUIRES EXTENSIVE FORMAL INTERVENTION WITHOUT WHICH THE INDIVIDUAL WOULD BE UNABLE TO ACHIEVE A LEVEL OF SELF-CONTROL SUFFICIENT TO ALLOW PARTICIPATION IN INTENSIVE REHABILITATION SERVICES SUCH AS PHYSICAL THERAPY, OCCUPATIONAL THERAPY, OR OTHER RESTORATIVE TREATMENTS REQUIRING THE ACTIVE PARTICIPATION OF THE INDIVIDUAL. EXAMPLES OF SEVERE MALADAPTIVE BEHAVIORS INCLUDE, BUT ARE NOT LIMITED TO, KICKING, BITING, SCRATCHING, SPITTING, HITTING, THROWING ONESELF OUT OF A WHEEL-CHAIR, OR OTHER FORMS OF PHYSICAL OR COMBINED

TN # 94-31 APPROVAL DATE 2-21-95
SUPERSEDES
TN # New EFFECTIVE DATE 12/10/94

VERBAL AND PHYSICAL AGGRESSION THAT ARE SYMPTOMATIC OF TACTILE DEFENSIVENESS, LACK OF IMPULSE CONTROL AND/OR AN IMPAIRED CAPABILITY FOR SELF-DIRECTION SECONDARY TO TBI. UNCONTROLLED VERBAL AGGRESSION IN THE ABSENCE OF PHYSICAL AGGRESSION IS NOT CONSIDERED TO BE A SEVERE MALADAPTIVE BEHAVIOR WHICH PRECLUDES AN INDIVIDUAL FROM PARTICIPATING IN OTHER REHABILITATION SERVICES.

(13) "TRAUMATIC BRAIN INJURY (TBI)," FOR PURPOSES OF THIS RULE, IS DEFINED AS AN ACQUIRED INJURY TO THE BRAIN CAUSED BY AN EXTERNAL PHYSICAL FORCE, RESULTING IN TOTAL OR PARTIAL FUNCTIONAL DISABILITY OR PSYCHOSOCIAL IMPAIRMENT, OR BOTH. THE TERM APPLIES TO OPEN OR CLOSED HEAD INJURIES RESULTING IN IMPAIRMENTS IN ONE OR MORE AREAS, SUCH AS COGNITION; LANGUAGE; MEMORY; ATTENTION; REASONING; ABSTRACT THINKING; JUDGEMENT; PROBLEM-SOLVING; SENSORY, PERCEPTUAL, AND MOTOR ABILITIES; PSYCHOSOCIAL BEHAVIOR; PHYSICAL FUNCTIONS; INFORMATION PROCESSING; AND SPEECH. THE TERM DOES NOT APPLY TO BRAIN INJURIES THAT ARE CONGENITAL OR DEGENERATIVE, OR BRAIN INJURIES INDUCED BY BIRTH TRAUMA. TBI ALSO EXCLUDES BRAIN DAMAGE DUE TO ANOXIA, METABOLIC DISORDERS, CEREBRAL VASCULAR INSULTS, OR OTHER INTERNAL CAUSES.

(C) PRIOR AUTHORIZATION: NE-TBI SERVICES MUST BE PRIOR AUTHORIZED BY THE OHIO DEPARTMENT OF HUMAN SERVICES (ODHS) OR ITS DESIGNEE IN ACCORDANCE WITH THE PROCEDURES SET FORTH IN PARAGRAPHS (C)(1) TO (F) OF THIS RULE. UNLESS THE INDIVIDUAL IS SEEKING A CHANGE OF PAYOR, THE PRIOR AUTHORIZATION OF PAYMENT FOR NE-TBI SERVICES MUST OCCUR PRIOR TO ADMISSION TO THE NE-TBI UNIT; OR, IN THE CASE OF REQUESTS FOR CONTINUED STAY NO LATER THAN THE FINAL DAY OF THE PREVIOUSLY AUTHORIZED NE-TBI STAY.

(1) INITIAL REFERRAL. IN ORDER TO INITIATE THE APPLICATION PROCESS FOR THE PRIOR AUTHORIZATION OF NE-TBI SERVICES, THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE MUST SUBMIT TO ODHS OR ITS DESIGNEE, A WRITTEN REQUEST FOR THE PRIOR AUTHORIZATION OF NE-TBI SERVICES. THE REQUEST IS CONSIDERED TO BE "SUBMITTED" WHEN IT IS RECEIVED BY ODHS OR ITS DESIGNEE.

TN #94-31 APPROVAL DATE 2-21-95
SUPERSEDES

TN # 100W EFFECTIVE DATE 12/1/94

(2) INITIAL APPLICATION REQUIREMENTS. ODHS OR ITS DESIGNEE SHALL ASSIST THE INDIVIDUAL, AND/OR THE INDIVIDUAL'S REPRESENTATIVE IN THE COMPLETION OF THE APPLICATION REQUIREMENTS SET FORTH IN THIS RULE. IT IS THE RESPONSIBILITY OF THE INDIVIDUAL, AND/OR THE INDIVIDUAL'S REPRESENTATIVE TO ENSURE THAT ALL REQUIRED INFORMATION BE PROVIDED TO ODHS OR ITS DESIGNEE AS REQUESTED. PRIOR AUTHORIZATION FOR NF-TBI SERVICES SHALL NOT BE GIVEN UNTIL ALL OF THE INITIAL APPLICATION REQUIREMENTS SET FORTH IN THIS RULE HAVE BEEN MET.

(a) AN INITIAL APPLICATION FOR THE PRIOR AUTHORIZATION OF NF-TBI SERVICES IS CONSIDERED TO BE COMPLETE ONCE AN ODHS 3697, OR AN ALTERNATIVE FORM SPECIFIED BY ODHS, WHICH ACCURATELY REFLECTS THE INDIVIDUAL'S CURRENT MENTAL AND PHYSICAL CONDITION AND IS CERTIFIED BY A PHYSICIAN, HAS BEEN APPROPRIATELY COMPLETED, A LOC DETERMINATION HAS BEEN MADE, AND A DETERMINATION REGARDING THE FEASIBILITY OF COMMUNITY-BASED CARE HAS BEEN MADE. IF THE INDIVIDUAL IS REQUIRED BY RULE 5101:3-3-151 OF THE ADMINISTRATIVE CODE TO UNDERGO PAS, THE COMPLETED ODHS 3622 AND THE RESULTS OF ALL REQUIRED PAS DETERMINATIONS MUST ALSO BE ATTACHED TO THE ODHS 3697 OR APPROVED ALTERNATIVE FORM.

(b) THE ODHS 3697, OR THE ODHS-AUTHORIZED ALTERNATIVE FORM, MUST TO THE MAXIMUM EXTENT POSSIBLE BE BASED ON INFORMATION FROM THE MDS + , AND MUST INCLUDE THE FOLLOWING COMPONENTS AND/OR ATTACHMENTS:

(i) THE INDIVIDUAL'S LEGAL NAME; MEDICAID NUMBER; DATE OF ORIGINAL ADMISSION TO THE FACILITY, IF APPLICABLE; CURRENT ADDRESS; NAME AND ADDRESS OF RESIDENCE IF CURRENT RESIDENCE IS A LICENSED OR CERTIFIED RESIDENTIAL SETTING OR HOSPITAL; AND COUNTY WHERE THE INDIVIDUAL'S MEDICAID CASE IS ACTIVE.

(ii) A. COMPLETE MEDICAL HISTORY AND PHYSICAL EXAMINATION REPORT INCLUDING THE DATE OF INJURY

TN #94-31 APPROVAL DATE 2-21-95
SUPERSEDES
TN # NEW EFFECTIVE DATE 12/10/94

AND A HISTORY OF ANY PREVIOUS REHABILITATION;

- (iii) ALL OF THE INDIVIDUAL'S CURRENT DIAGNOSES WITH THE PRIMARY DIAGNOSIS SPECIFIED (IF SO SPECIFIED BY THE INDIVIDUAL'S PHYSICIAN), INCLUDING MEDICAL, PSYCHIATRIC AND DEVELOPMENTAL DIAGNOSES AND, IF AVAILABLE, THE DATES OF ONSET.
- (iv) RESULTS OF THE MOST RECENT "RANCHO LOS AMIGOS HOSPITAL LEVELS OF COGNITION FUNCTIONING SCALE";
- (v) A NEUROPSYCHOLOGICAL EVALUATION;
- (vi) A PSYCHOSOCIAL HISTORY;
- (vii) A NEUROLOGICAL EVALUATION;
- (viii) OCCUPATIONAL THERAPY (OT), PHYSICAL THERAPY (PT), AND SPEECH THERAPY (ST) EVALUATIONS, AS MAY BE APPROPRIATE TO THE INDIVIDUAL;
- (ix) A LISTING OF ALL MEDICATIONS, TREATMENTS, AND PROFESSIONAL MEDICAL SERVICES REQUIRED;
- (x) A STATEMENT REGARDING THE INDIVIDUAL'S FUNCTIONAL STATUS, INCLUDING AN ASSESSMENT OF CURRENT STATUS IN SELF CARE, MOBILITY, SELF-ADMINISTRATION OF MEDICATION, CAPACITY FOR INDEPENDENT LIVING, LEARNING, SELF-DIRECTION AND COMMUNICATION SKILLS;
- (xi) AN ASSESSMENT OF THE INDIVIDUAL'S CURRENT MENTAL /BEHAVIORAL STATUS;
- (xii) TYPE OF SERVICE SETTING FOR WHICH THE LQC DETERMINATION IS SOUGHT (NF-TBI UNIT);
- (xiii) A STATEMENT SIGNED AND DATED BY A PHYSICIAN CERTIFYING THAT ALL INFORMATION PROVIDED ABOUT THE INDIVIDUAL IS A TRUE AND ACCURATE REFLECTION;

TN # 94-31 APPROVAL DATE 2-21-95

SUPERSEDES

TN # NEW EFFECTIVE DATE 3/10/94

OF THE INDIVIDUAL'S CONDITION;

- (xiv) A PHYSICIAN CERTIFICATION OF THE INDIVIDUAL'S NEED FOR A SPECIFIC LEVEL OF INPATIENT CARE SHALL OCCUR ON OR NO MORE THAN FIFTEEN DAYS BEFORE THE DAY OF ADMISSION. FOR AN INDIVIDUAL WHO APPLIES FOR MEDICAID BENEFITS WHILE IN THE NE, PHYSICIAN CERTIFICATION MUST OCCUR PRIOR TO THE AUTHORIZATION OF PAYMENTS. THE FOLLOWING CONDITIONS SHALL BE MET TO CONSIDER THE CERTIFICATION VALID:
- (a) THE CERTIFICATION MUST BE IN WRITING;
 - (b) THE CERTIFICATION MUST BE SIGNED AND DATED AT THE SAME TIME BY A PHYSICIAN. A RUBBER STAMP IS NOT ACCEPTABLE. A FAXED OR PHOTOCOPIED COPY OF AN ORIGINAL DOCUMENT CONTAINING THE ORIGINAL SIGNATURE OF THE PHYSICIAN IS AN ACCEPTABLE SUBMISSION FOR LOC REVIEW PURPOSES.
- (xv) IF THE INDIVIDUAL IS REQUIRED TO UNDERGO PAS, A COPY OF THE ODHS 3622 FORM AND, WHERE APPLICABLE IN ACCORDANCE WITH RULE 5101:3-3-151 OF THE ADMINISTRATIVE CODE, THE NOTICES OF ALL RESULTS AND COPIES OF ALL ASSESSMENT FORMS, IF AVAILABLE, MUST BE INCLUDED AS ATTACHMENTS TO THE ODHS 3697 OR OTHER ODHS APPROVED FORM.
- (c) THE ODHS 3697, OR ALTERNATIVE FORM AUTHORIZED BY ODHS, MUST BE SUFFICIENTLY COMPLETE FOR A LOC DETERMINATION TO BE MADE.
- (3) ASSESSMENTS. ODHS OR ITS DESIGNEE SHALL CONDUCT A REVIEW OF THE INDIVIDUAL'S CONDITION AND SERVICE NEEDS TO DETERMINE THE LEVEL OF CARE REQUIRED TO MEET THE INDIVIDUAL'S NEEDS, TO DETERMINE WHETHER COMMUNITY BASED CARE IS A VIABLE OPTION FOR THE INDIVIDUAL, AND TO DETERMINE WHETHER THE INDIVIDUAL IS ELIGIBLE FOR NE-TBI SERVICES

TN #94-31 APPROVAL DATE 2-21-95
SUPERSEDES
TN # NEW EFFECTIVE DATE 12/10/94

ASSESSMENTS SHALL:

- (a) BE PERFORMED BY STAFF OF ODHS OR ITS DESIGNEE WHOSE QUALIFICATIONS INCLUDE BEING A REGISTERED NURSE (RN);
- (b) BE SCHEDULED AND PERFORMED ACCORDING TO THE FOLLOWING SCHEDULE:
 - (i) FOR HOSPITALIZED INDIVIDUALS, NOT LATER THAN ONE OF THE FOLLOWING:
 - (a) ONE WORKING DAY AFTER THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE SUBMITS A WRITTEN REQUEST TO ODHS OR ITS DESIGNEE FOR A NF-TBI PRIOR AUTHORIZATION; OR
 - (b) A LATER DATE REQUESTED BY THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE.
 - (ii) IN THE CASE OF AN EMERGENCY, NOT LATER THAN ONE CALENDAR DAY AFTER THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE SUBMITS A WRITTEN REQUEST TO ODHS OR ITS DESIGNEE FOR A NF TBI PRIOR AUTHORIZATION. ODHS OR ITS DESIGNEE SHALL DETERMINE WHETHER THERE IS AN EMERGENCY. SUCH DETERMINATIONS SHALL INCLUDE, BUT NOT BE LIMITED TO, ANY INDIVIDUAL IN A HOSPITAL EMERGENCY ROOM WHO WILL REQUIRE HOSPITALIZATION IF NOT PLACED IN A NF-TBI UNIT.
 - (iii) IN ALL OTHER CASES, NOT LATER THAN ONE OF THE FOLLOWING:
 - (a) FIVE CALENDAR DAYS AFTER THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE SUBMITS A WRITTEN REQUEST TO ODHS OR ITS DESIGNEE FOR A NF-TBI PRIOR AUTHORIZATION; OR
 - (b) A LATER DATE REQUESTED BY THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE:

TN #94-31 APPROVAL DATE 2-21-95
SUPERSEDES

- (c) INCLUDE A FACE-TO-FACE VISIT WITH THE INDIVIDUAL AND, IF APPLICABLE, THE INDIVIDUAL'S PARENTS OR GUARDIAN AND, TO THE EXTENT POSSIBLE, THE INDIVIDUAL'S FORMAL AND INFORMAL CARE GIVERS AND ANY OTHER APPROPRIATE REPRESENTATIVE, TO REVIEW AND DISCUSS THE INDIVIDUAL'S CARE NEEDS AND PREFERENCES, AND TO OBTAIN INFORMATION NECESSARY TO COMPLETE A LEVEL OF CARE DETERMINATION, EVALUATE THE VIABILITY OF COMMUNITY-BASED CARE, AND TO MAKE THE DETERMINATION OF ELIGIBILITY FOR NE-TBI SERVICES;
- (d) INCLUDE THE GATHERING OF INFORMATION, FROM SOURCES OTHER THAN THOSE PRESENT DURING THE FACE-TO-FACE VISIT, FOR THE COMPLETION OF AN ODHS 3697 OR ALTERNATIVE AUTHORIZED FORM (INCLUDING OBTAINING THE CERTIFICATION BY THE PHYSICIAN IDENTIFIED BY THE INDIVIDUAL FOR THAT PURPOSE) AND, IF PAS IS REQUIRED, THE COMPLETION OF AN ODHS 3622 FORM;
- (e) RESULT IN A LEVEL OF CARE DETERMINATION BASED UPON A COMPARISON OF THE INDIVIDUAL'S CONDITION AND SERVICE NEEDS WITH THE LEVEL OF CARE CRITERIA SET FORTH IN RULES 5101:3-3-05, 5101:3-3-06, 5101:3-3-07, AND 5101:3-3-08 OF THE ADMINISTRATIVE CODE;
- (i) IF ODHS OR ITS DESIGNEE ATTEMPTS TO COMPLETE THE ODHS 3697, OR AN ALTERNATIVE AUTHORIZED FORM, BUT IS UNABLE TO OBTAIN ALL OF THE NECESSARY INFORMATION, ODHS OR ITS DESIGNEE SHALL NOTIFY IN WRITING THE INDIVIDUAL, THE CONTACT PERSON INDICATED ON THE ODHS 3697 OR ALTERNATIVE AUTHORIZED FORM, THE INDIVIDUAL'S REPRESENTATIVE, AND THE NE OR OTHER ENTITY RESPONSIBLE FOR THE SUBMISSION OF THAT LOC REQUEST, THAT ADDITIONAL DOCUMENTATION IS NECESSARY IN ORDER TO COMPLETE THE LOC REVIEW. THIS NOTICE SHALL SPECIFY THE ADDITIONAL DOCUMENTATION THAT IS NEEDED AND SHALL INDICATE THAT THE INDIVIDUAL OR ANOTHER ENTITY HAS TWENTY DAYS FROM THE DATE ODHS OR ITS

TN # 04-31 APPROVAL DATE 2-21-95
SUPERSEDES
TN # 196W EFFECTIVE DATE 12/10/94

DESIGNEE MAILES THE NOTICE TO SUBMIT ADDITIONAL DOCUMENTATION OR THE APPLICATION WILL BE DENIED FOR INCOMPLETENESS WITH NO LOC AUTHORIZED, AND NO PRIOR AUTHORIZATION FOR NF-TBI SERVICES ISSUED. IN THE EVENT AN INDIVIDUAL OR OTHER ENTITY IS NOT ABLE TO PROVIDE THE NECESSARY INFORMATION IN THE TIME SPECIFIED, ODHS OR ITS DESIGNEE SHALL, UPON GOOD CAUSE, GRANT ONE EXTENSION OF NO MORE THAN FIVE WORKING DAYS WHEN AN EXTENSION IS REQUESTED BY THE INDIVIDUAL OR OTHER ENTITY.

- (ii) IF WITHIN THE PERIODS SPECIFIED IN PARAGRAPH (C)(3)(e)(i) OF THIS RULE, THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE SUBMITS THE REQUIRED DOCUMENTATION, ODHS OR ITS DESIGNEE SHALL ISSUE A LOC DETERMINATION NO LATER THAN ONE WORKING DAY FOLLOWING RECEIPT OF THE REQUIRED INFORMATION;
- (f) RESULT IN A DETERMINATION OF WHETHER COMMUNITY BASED CARE IS A VIABLE OPTION FOR THE INDIVIDUAL; AND, IF SO, INCLUDE THE DEVELOPMENT OF A PLAN, IN CONSULTATION WITH THE INDIVIDUAL AND THE INDIVIDUAL'S REPRESENTATIVE, TO ALLOW THE INDIVIDUAL AND THE INDIVIDUAL'S REPRESENTATIVE TO MAKE AN INFORMED DECISION FROM AVAILABLE HOME AND COMMUNITY-BASED SERVICE ALTERNATIVES. IF THE PLAN IS ACCEPTED BY THE INDIVIDUAL, AND/OR, WHERE APPLICABLE, THE INDIVIDUAL'S REPRESENTATIVE, ODHS OR ITS DESIGNEE SHALL IMPLEMENT THE PLAN NOT LATER THAN ONE WORKING DAY AFTER THE PLAN IS AGREED TO UNLESS THE INDIVIDUAL'S HEALTH AND SAFETY WILL NOT BE JEOPARDIZED BY, AND THE INDIVIDUAL, AND/OR THE INDIVIDUAL'S REPRESENTATIVE, AGREES TO, A LATER IMPLEMENTATION DATE;
- (g) RESULT IN AN ELIGIBILITY DETERMINATION FOR NF-TBI SERVICES BASED UPON A COMPARISON OF THE INDIVIDUAL'S CONDITION, SERVICE NEEDS, AND THE REQUESTED PLACEMENT SITE, WITH THE ELIGIBILITY CRITERIA SET FORTH

TN # 94-31 APPROVAL DATE 2-21-95

SUPERSEDES

TN # 1111 EFFECTIVE DATE 12/10/94

IN PARAGRAPH (C)(4) OF THIS RULE; AND

- (h) IN THE EVENT THAT THE ASSESSMENT REVEALS EVIDENCE THAT NOT ALL OF THE ELIGIBILITY CRITERIA SET FORTH IN PARAGRAPH (C)(4) OF THIS RULE ARE MET, INCLUDE THE PREPARATION OF A WRITTEN REPORT OF THE FINDINGS OF THE FACE-TO-FACE VISIT. IN SUCH CASES, STAFF OF ODHS OR ITS DESIGNEE WHO ARE FAMILIAR WITH THE NF-TBI SERVICES PROGRAM REQUIREMENTS, OTHER THAN THE NURSE WHO CONDUCTED THE FACE-TO-FACE VISIT, SHALL MAKE A FINAL ELIGIBILITY DETERMINATION BASED UPON ALL OF THE AVAILABLE MATERIALS.
- (4) ELIGIBILITY CRITERIA. IN ORDER TO RECEIVE PRIOR AUTHORIZATION FOR MEDICAID PAYMENT OF NF-TBI SERVICES, ALL OF THE FOLLOWING CRITERIA MUST BE MET:
- (a) THE REQUESTED SERVICES MUST BE PROVIDED IN A MEDICAID-CERTIFIED NF THAT HAS A "NF-TBI SERVICES PROVIDER AGREEMENT" (FORM ODHS 3634) IN EFFECT WITH THE OHIO DEPARTMENT OF HUMAN SERVICES (ODHS);
- (b) THE SERVICES OR COMBINATION OF SERVICES REQUIRED TO MEET THE NEEDS OF THE INDIVIDUAL MUST DIFFER FROM THOSE GENERALLY AVAILABLE IN NFS IN THAT THE AREAS OF COGNITIVE RETRAINING AND NEUROBEHAVIORAL REHABILITATION UTILIZE EXTENSIVE, FORMAL INTERVENTIONS THAT ARE PLANNED AND COORDINATED BY AN INTERDISCIPLINARY TEAM COMPRISED OF PROFESSIONAL STAFF WHO ARE SPECIALISTS IN TBI AND IN THAT THE INTENSITY OF REHABILITATIVE CARE TO BE PROVIDED IS BEYOND THE LEVEL PAYABLE UNDER THE PAYMENT SYSTEM FOR THE RUG-III CATEGORIES SPECIFIED IN RULE 5101:3-3-41 OF THE ADMINISTRATIVE CODE. THE THERAPEUTIC AND TRAINING SERVICES TO BE AUTHORIZED ORDINARILY WOULD OCCUPY MOST OF THE DAY, WITH AT LEAST THREE HOURS PER DAY DURING A FIVE-DAY WEEK SPENT IN OCCUPATIONAL THERAPY, PHYSICAL THERAPY, PSYCHOLOGICAL, NEUROPSYCHOLOGICAL, AND/OR SPEECH-LANGUAGE PATHOLOGY SERVICES, IN ADDITION TO PHYSICIAN AND

TN # 94-3j APPROVAL DATE 2-21-95
SUPERSEDES

TN # NCLW EFFECTIVE DATE 12/15/9

NURSING SERVICES. THE INDIVIDUAL'S PROGRAM PLAN MUST INCLUDE COGNITIVE RETRAINING, AS DEFINED IN PARAGRAPH (B)(2) OF THIS RULE AND/OR NEUROBEHAVIORAL REHABILITATION AS DEFINED IN PARAGRAPH (B)(6) OF THIS RULE. THE INDIVIDUAL'S PROGRAM PLAN MUST INCLUDE INTERVENTION STRATEGIES FOR THE TWENTY-FOUR-HOUR A DAY, SEVEN DAY A WEEK REINFORCEMENT OF THE COGNITIVE RETRAINING AND/OR NEUROBEHAVIORAL REHABILITATION PROGRAMS DEVELOPED FOR THE INDIVIDUAL.

(c) THE INDIVIDUAL WHO WILL RECEIVE THE SERVICES MUST:

- (i) HAVE BEEN DETERMINED BY THE COUNTY DEPARTMENT OF HUMAN SERVICES (CDHS) TO MEET THE MEDICAID FINANCIAL ELIGIBILITY STANDARDS FOR INSTITUTIONAL CARE;
- (ii) IF PAS WAS REQUIRED, HAVE RECEIVED ONE OF THE FOLLOWING DETERMINATIONS IN ACCORDANCE WITH RULE 5101:3-3-151 OF THE ADMINISTRATIVE CODE:
 - (a) THAT THE INDIVIDUAL DOES NOT HAVE INDICATIONS OF EITHER SERIOUS MENTAL ILLNESS, OR MENTAL RETARDATION OR OTHER DEVELOPMENTAL DISABILITIES AND WAS NOT SUBJECT TO FURTHER PAS REVIEW; OR, IF THE INDIVIDUAL WAS SUBJECT TO FURTHER REVIEW,
 - (b) THAT THE INDIVIDUAL NEEDS THE LEVEL OF SERVICES PROVIDED BY A NE;
- (iii) HAVE A TBI AS DEFINED IN PARAGRAPH (B)(13) OF THIS RULE;
- (iv) BE PHYSICALLY ABLE TO PARTICIPATE IN AN INTENSIVE REHABILITATIVE PROGRAM SUCH AS THAT DESCRIBED IN PARAGRAPH (C)(4)(b) OF THIS RULE; —
- (v) MEASURE AT LEAST "4" ON THE "RANCHO LOS AMIGOS HOSPITAL LEVELS OF COGNITION FUNCTIONING SCALE"

TN # 94-31 APPROVAL DATE 2-21-95
SUPERSEDES
TN # NEW EFFECTIVE DATE 12/10/94

(SEE APPENDIX A OF THIS RULE);

- (vi) EXHIBIT DOCUMENTED SEVERE MALADAPTIVE BEHAVIORS WHICH HAVE PREVENTED THE INDIVIDUAL FROM SUCCESSFULLY PARTICIPATING IN REHABILITATION SERVICES IN THE ABSENCE OF AN INTENSIVE, SPECIALIZED, FORMAL COGNITIVE RETRAINING OR NEUROBEHAVIORAL REHABILITATION PROGRAM;
 - (vii) PROVIDE WRITTEN CERTIFICATION BY A PHYSICIAN THAT A SPECIALIZED REHABILITATIVE PROGRAM SUCH AS THAT SET FORTH IN PARAGRAPH (C)(4)(b) OF THIS RULE IS LIKELY TO RESULT IN MEASURABLE PROGRESS;
 - (viii) PROVIDE EVIDENCE OF A PRELIMINARY PLAN FOR POST-DISCHARGE PLACEMENT AND SERVICES. SUCH EVIDENCE MUST INCLUDE BUT IS NOT LIMITED TO A LIST OF POSSIBLE SERVICE OPTIONS, ASSURANCES FROM RESIDENTIAL FACILITIES THAT THE INDIVIDUAL WOULD BE ELIGIBLE FOR ADMISSION, OR ASSURANCES FROM OTHER RESOURCES SUCH AS FAMILY MEMBERS THAT THE INDIVIDUAL COULD LIVE WITH THEM, ONCE THE SEVERE MALADAPTIVE BEHAVIORS HAVE BEEN REMEDIED.
- (5) INITIAL LENGTH OF STAY. AT THE CONCLUSION OF THE ASSESSMENT, OR AT SUCH TIME AS THE INITIAL APPLICATION REQUIREMENTS HAVE BEEN MET, INDIVIDUALS WHO ARE DETERMINED TO HAVE MET THE ELIGIBILITY CRITERIA SET FORTH IN PARAGRAPH (C)(4) OF THIS RULE MAY BE APPROVED FOR AN INITIAL STAY OF UP TO A MAXIMUM OF NINETY DAYS. THE NUMBER OF DAYS THAT IS PRIOR AUTHORIZED FOR EACH ELIGIBLE INDIVIDUAL SHALL BE BASED UPON THE SUBMITTED APPLICATION MATERIALS, CONSULTATION WITH THE INDIVIDUAL'S ATTENDING PHYSICIAN, AND/OR ANY ADDITIONAL CONSULTATIONS OR MATERIALS REQUIRED BY THE ASSESSOR TO MAKE A REASONABLE ESTIMATION REGARDING THE INDIVIDUAL'S PROBABLE LENGTH OF STAY IN THE NF-TBI UNIT.

TN #94-31 APPROVAL DATE 2-21-95
SUPERSEDES
TN #NEW EFFECTIVE DATE 12/10/94

- (D) AUTHORIZATION FOR CONTINUED STAYS. PLACEMENTS IN FACILITIES HOLDING "NE-TBI SERVICES PROVIDER AGREEMENTS" ARE NOT INTENDED TO BE PERMANENT. THE INDIVIDUAL IS EXPECTED TO BE DISCHARGED TO THE SETTING SPECIFIED IN THE INDIVIDUAL'S DISCHARGE PLAN AT THE END OF THE PRIOR AUTHORIZED STAY, AND PROGRESS TOWARD THAT END SHALL BE MONITORED BY ODHS OR ITS DESIGNEE THROUGHOUT THE INDIVIDUAL'S NE-TBI UNIT STAY. HOWEVER, IN THE EVENT THAT IT IS NOT POSSIBLE TO IMPLEMENT THE INDIVIDUAL'S DISCHARGE PLAN, COVERAGE OF NE-TBI SERVICES MAY BE EXTENDED BEYOND THE PREVIOUSLY APPROVED LENGTH OF STAY VIA THE SUBMISSION TO ODHS OR ITS DESIGNEE OF A WRITTEN REQUEST FOR THE CONTINUATION OF NE-TBI SERVICES BY THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE. UNLESS THERE IS A SIGNIFICANT CHANGE OF CIRCUMSTANCES WITHIN THE WEEK PRECEDING THE EXPECTED DISCHARGE DATE WHICH PREVENTS IMPLEMENTATION OF THE DISCHARGE PLAN, SUCH REQUESTS MUST BE SUBMITTED AT LEAST ONE WEEK PRIOR TO THE LAST DAY OF THE PREVIOUSLY AUTHORIZED STAY.
- (1) CONTINUED STAY DETERMINATIONS SHALL BE BASED ON EITHER MONTHLY REPORTS FROM THE FACILITY REGARDING CRITICAL EVENTS AND THE STATUS OF THE INDIVIDUAL'S MEDICAL CONDITION, OR ON FACE-TO-FACE ASSESSMENTS. CONTINUED STAY REVIEWS MUST MEET THE ASSESSMENT REQUIREMENTS SET FORTH IN PARAGRAPHS (C)(3)(a), (C)(3)(b)(iii), (C)(3)(e), AND (C)(3)(f) TO (C)(3)(h) OF THIS RULE.
- (2) CONTINUED STAYS MAY BE APPROVED FOR MAXIMUM INCREMENTS OF SIXTY DAYS WHEN ODHS OR ITS DESIGNEE DETERMINES THAT THE INDIVIDUAL CONTINUES TO MEET THE ELIGIBILITY CRITERIA SET FORTH IN PARAGRAPHS (C)(4)(c)(iii) TO (C)(4)(c)(vi) OF THIS RULE AND THAT THE MONTHLY REPORTS FROM THE FACILITY DOCUMENT THAT MEASURABLE PROGRESS TOWARD SPECIFIC GOALS IS BEING MADE AND IS LIKELY TO CONTINUE ONLY IF THE INDIVIDUAL CONTINUES TO RECEIVE NE-TBI SERVICES.
- (E) NOTICE OF DETERMINATION. AT THE CONCLUSION OF EVERY ASSESSMENT, AND AT A TIME NOT LATER THAN THE TIME THE ASSESSMENT IS REQUIRED TO BE PERFORMED ACCORDING TO PARAGRAPH (C)(3)(b) OF THIS RULE, THE DEPARTMENT OR ITS DESIGNEE SHALL ISSUE A DETERMINATION OF THE INDIVIDUAL'S APPROPRIATE LEVEL OF CARE

TN # 94-31 APPROVAL DATE 2-21-95
SUPERSEDES
TN # NEW EFFECTIVE DATE 12/10/94

AND PROVIDE THE INDIVIDUAL WRITTEN NOTICE OF ALL OF THE DETERMINATIONS MADE, AND THE INDIVIDUAL'S STATE HEARING RIGHTS, IN ACCORDANCE WITH CHAPTER 5101:6-2 OF THE ADMINISTRATIVE CODE. NOTICE SHALL ALSO BE PROVIDED TO THE INDIVIDUAL'S REPRESENTATIVE, IF ANY. IF THE INDIVIDUAL HAS BEEN DETERMINED TO BE ELIGIBLE FOR NF-TBI SERVICES, THE NOTICE SHALL ALSO INCLUDE THE NUMBER OF DAYS FOR WHICH THE NF-TBI PLACEMENT IS AUTHORIZED; THE DATE ON WHICH PAYMENT IS AUTHORIZED TO BEGIN; AND THE NAME, LOCATION, AND PHONE NUMBER OF THE STAFF MEMBER OF ODHS OR ITS DESIGNEE WHO IS ASSIGNED TO MONITOR THE INDIVIDUAL'S PROGRESS IN THE FACILITY, PARTICIPATE IN THE INDIVIDUAL'S INTERDISCIPLINARY TEAM, AND MONITOR IMPLEMENTATION OF THE INDIVIDUAL'S DISCHARGE PLAN. IF NF-TBI SERVICES ARE DENIED, THE NOTICE SHALL ALSO INCLUDE AN EXPLANATION OF THE REASON FOR THE DENIAL. THE NOTICES SHALL BE SENT VIA MAIL OR ELECTRONIC FACSIMILE (FAX) TO THE INDIVIDUAL, THE INDIVIDUAL'S LEGAL GUARDIAN AND/OR REPRESENTATIVE (IF ANY), AND WHERE APPROPRIATE, THE FACILITY.

(F) AUTHORIZATION OF PAYMENT TO AN ELIGIBLE PROVIDER FOR THE PROVISION OF NF-TBI SERVICES SHALL CORRESPOND WITH THE EFFECTIVE DATE OF THE INDIVIDUAL'S LOC DETERMINATION AND NF-TBI ELIGIBILITY DETERMINATION SPECIFIED BY THE ASSESSOR. THIS DATE SHALL BE:

(1) THE DATE OF ADMISSION TO THE NF-TBI UNIT IF IT IS WITHIN THIRTY DAYS OF THE PHYSICIAN'S SIGNATURE; OR

(2) A DATE OTHER THAN THAT SPECIFIED IN PARAGRAPH (F)(1) OF THIS RULE. THIS ALTERNATIVE DATE MAY BE AUTHORIZED ONLY UPON RECEIPT OF A LETTER WHICH CONTAINS A CREDIBLE EXPLANATION FOR THE DELAY FROM THE ORIGINATOR OF THE REQUEST FOR THE PRIOR AUTHORIZATION OF NF-TBI SERVICES. IF THE REQUEST IS TO BACKDATE THE LOC AND NF-TBI ELIGIBILITY DETERMINATION MORE THAN THIRTY DAYS FROM THE PHYSICIAN'S SIGNATURE, THE PHYSICIAN MUST VERIFY THE CONTINUING ACCURACY OF THE INFORMATION AND NEED FOR INPATIENT CARE EITHER BY ADDING A STATEMENT TO THAT EFFECT ON THE ODHS 3697 OR ALTERNATIVE APPROVED FORM, OR BY ATTACHING A SEPARATE LETTER OF EXPLANATION; OR

(3) IF THE INDIVIDUAL WAS REQUIRED TO UNDERGO PAS AND FAILED TO

TN # 94-31 APPROVAL DATE 2-21-95
SUPERSEDES
TN # new EFFECTIVE DATE 12/10/94

DO SO PRIOR TO ADMISSION, THE EFFECTIVE DATE OF THE LOC DETERMINATION AND NF-TBI ELIGIBILITY DETERMINATION SHALL BE THE LATER OF THE DATE OF THE PAS DETERMINATION THAT THE INDIVIDUAL REQUIRED THE LEVEL OF SERVICES AVAILABLE IN A NF, OR THE DATE ESTABLISHED IN PARAGRAPH (F)(2) OF THIS RULE.

- (G) PROVIDER ELIGIBILITY. IN ORDER TO OBTAIN A "NF-TBI SERVICES PROVIDER AGREEMENT" AND QUALIFY FOR ENHANCED PAYMENT FOR THE PROVISION OF NF-TBI SERVICES, THE PROVIDER MUST MEET ALL OF THE FOLLOWING REQUIREMENTS:
- (1) BE AN OHIO MEDICAID-CERTIFIED NF;
 - (2) MEET THE REQUIREMENTS FOR A "LONG-TERM CARE PROVIDER AGREEMENT FOR NURSING FACILITIES" (QDHS 3623) SET FORTH IN RULE 5101:3-3-02 OF THE ADMINISTRATIVE CODE;
 - (3) PROVIDE NF-TBI SERVICES IN A DISTINCT PART UNIT DEDICATED TO THE PROVISION OF OUTLIER SERVICES FOR PERSONS WITH SEVERE MALADAPTIVE BEHAVIORS DUE TO TRAUMATIC BRAIN INJURY;
 - (4) OBTAIN AND/OR RETAIN ACCREDITATION AS A BRAIN INJURY MEDICAL INPATIENT PROGRAM FROM THE "COMMISSION ON THE ACCREDITATION OF REHABILITATION FACILITIES" (CARE) FOR A DISTINCT PART TBI UNIT. THE FACILITY SHALL PROVIDE THE DEPARTMENT WITH COPIES OF ANY COMMUNICATION REGARDING ACCREDITATION FROM AND TO THE COMMISSION IMMEDIATELY FOLLOWING RECEIPT OR SUBMITTAL. IF THE PROVIDER DOES NOT HAVE CURRENT ACCREDITATION FROM CARE ON THE EFFECTIVE DATE OF THE "NF-TBI SERVICES PROVIDER AGREEMENT". THE PROVIDER MUST BE ELIGIBLE FOR ACCREDITATION PENDING A SITE SURVEY AND EXPECT ACCREDITATION NO LATER THAN SIX MONTHS FOLLOWING THE EFFECTIVE DATE OF THE "NF-TBI SERVICES PROVIDER AGREEMENT."
 - (5) THE FACILITY MUST AGREE TO PROVIDE THE FOLLOWING, WITH THE EXCEPTION OF ANY SPECIFIC ITEMS THAT ARE DIRECT BILLED IN ACCORDANCE WITH RULE 5101:3-3-19 OF THE ADMINISTRATIVE CODE, AS NEEDED, TO INDIVIDUALS WHO RECEIVE PRIOR AUTHORIZATION FROM QDHS OR ITS DESIGNEE FOR THE RECEIPT OF

TN #9431 APPROVAL DATE 2/21/95
SUPERSEDES
TN #New EFFECTIVE DATE 12/10/94

NF-TBI SERVICES:

- (a) TWENTY-FOUR-HOUR SKILLED NURSING CARE AND SUCH PERSONAL CARE AS MAY BE REQUIRED FOR THE HEALTH, SAFETY, AND WELL-BEING OF THE INDIVIDUAL;
- (b) DIETARY SUPPLEMENTS USED FOR ORAL FEEDING, EVEN IF WRITTEN AS A PRESCRIPTION ITEM BY A PHYSICIAN;
- (c) SERIAL CASTING AND SPLINTING DELIVERED BY LICENSED PERSONNEL;
- (d) ORTHOTIC SERVICES DELIVERED BY LICENSED PERSONNEL;
- (e) OBTAIN AND IMMEDIATELY SUBMIT COPIES TO ODHS OR ITS DESIGNEE UPON RECEIPT OF, THE REPORTS REGARDING INITIAL INPATIENT CONSULTATION SERVICES BY PROFESSIONALS OF THE FOLLOWING SPECIALTIES, IF ORDERED BY A PHYSICIAN:
 - (i) AUDIOLOGY;
 - (ii) NEUROPSYCHOLOGY;
 - (iii) OPTOMETRY;
 - (iv) DERMATOLOGY;
 - (v) GASTROENTEROLOGY;
 - (vi) GENERAL SURGERY;
 - (vii) GYNECOLOGY;
 - (viii) INTERNAL MEDICINE;
 - (ix) NEUROLOGY;
 - (x) NEUROPSYCHIATRY;
 - (xi) NEUROSURGERY;

TN # 94-31 APPROVAL DATE 12/95
SUPERSEDES
TN # NEW EFFECTIVE DATE 12/04

- (xii) OPTHAMOLOGY;
 - (xiii) ORTHOPEDICS;
 - (xiv) OTORHINOLARYNGOLOGY;
 - (xv) PEDIATRICS;
 - (xvi) PHYSICAL MEDICINE AND REHABILITATION;
 - (xvii) PLASTIC SURGERY;
 - (xviii) PODIATRY;
 - (xix) UROLOGY;
- (f) THERAPEUTIC, AND TRAINING SERVICES CONSISTENT WITH THE INDIVIDUAL PROGRAM PLAN THAT ORDINARILY WOULD OCCUPY MOST OF THE DAY, WITH AT LEAST THREE HOURS PER DAY DURING A FIVE-DAY WEEK FROM OCCUPATIONAL THERAPY, PHYSICAL THERAPY, PSYCHOLOGY/NEUROPSYCHOLOGY, AND/OR SPEECH-LANGUAGE PATHOLOGY, AS WELL AS INTERVENTIONS FOR THE TWENTY-FOUR-HOUR A DAY, SEVEN-DAY A WEEK REINFORCEMENT OF THE COGNITIVE RETRAINING AND/OR NEUROBEHAVIORAL REHABILITATION PROGRAMS DEVELOPED FOR THE INDIVIDUAL TO EFFECT A CHANGE IN BEHAVIOR. IN ADDITION TO THE OTHER SERVICES DELIVERED BY PHYSICIANS AND NURSES.
- (i) PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, AUDIOLOGY, RESPIRATORY THERAPY, AND PSYCHOSOCIAL SERVICES OR SOCIAL WORK SERVICES MUST BE PROVIDED DIRECTLY OR SUPERVISED BY PROFESSIONALS WHO ARE LICENSED OR CERTIFIED AS APPROPRIATE, AND THE FACILITY MUST PROVIDE SUPPLIES REQUIRED FOR THE PROVISION OF THESE SERVICES.
 - (ii) AS INDICATED BY THE INDIVIDUAL PROGRAM PLAN.

TN # 94-31 APPROVAL DATE 2-21-95
SUPERSEDES
TN # NEW EFFECTIVE DATE 12/10/95

COGNITIVE RETRAINING AS DEFINED IN PARAGRAPH (B)(2) OF THIS RULE. THE INDIVIDUAL PROGRAM PLAN MUST INDICATE WHICH PROFESSIONALS HAVE RESPONSIBILITY FOR DOCUMENTATION AND EVALUATION OF THE COGNITIVE RETRAINING PROGRAM AND THEIR CORRESPONDING REINFORCEMENT INTERVENTIONS.

- (iii) AS INDICATED BY THE INDIVIDUAL PROGRAM PLAN, NEUROBEHAVIORAL REHABILITATION SERVICES AS DEFINED IN PARAGRAPH (B)(6) OF THIS RULE. THE INDIVIDUAL PROGRAM PLAN MUST INDICATE WHICH PROFESSIONALS HAVE RESPONSIBILITY FOR DOCUMENTATION AND EVALUATION OF THE NEUROBEHAVIORAL REHABILITATION SERVICES AND THEIR CORRESPONDING REINFORCEMENT INTERVENTIONS.
- (6) DEVELOP AND SUBMIT TO ODHS OR ITS DESIGNEE WITHIN FOURTEEN DAYS AFTER ADMISSION, ACCURATE ASSESSMENTS OR REASSESSMENTS BY AN INTERDISCIPLINARY TEAM WHICH ADDRESS THE INDIVIDUAL'S HEALTH, SOCIAL, PSYCHOLOGICAL, EDUCATIONAL, VOCATIONAL, AND CHEMICAL DEPENDENCY NEEDS, TO SUPPLEMENT THE PRELIMINARY EVALUATION CONDUCTED PRIOR TO ADMISSION;
- (7) DEVELOP AND SUBMIT TO ODHS OR ITS DESIGNEE WITHIN FOURTEEN DAYS AFTER ADMISSION, A COMPREHENSIVE, INDIVIDUALIZED PROGRAM PLAN FOR COORDINATED, INTEGRATED SERVICES BY THE INTERDISCIPLINARY TEAM, INCLUDING THE ODHS CASE MANAGER, IN CONJUNCTION WITH THE INDIVIDUAL AND OTHERS CONCERNED WITH THE INDIVIDUAL'S WELFARE. THE PLAN MUST STATE THE SPECIFIC OBJECTIVES NECESSARY TO ADDRESS THE INDIVIDUAL'S NEEDS AS IDENTIFIED BY THE COMPREHENSIVE ASSESSMENT, SPECIFIC TREATMENT MODALITIES, ANTICIPATED TIMEFRAMES FOR THE ACCOMPLISHMENT OF OBJECTIVES, MEASURES TO BE USED TO ASSESS THE EFFECTS OF SERVICES, AND PERSON(S) RESPONSIBLE FOR PLAN IMPLEMENTATION. THE PLAN MUST INCLUDE INTERVENTION STRATEGIES FOR THE TWENTY-FOUR-HOUR A DAY, SEVEN-DAY A WEEK REINFORCEMENT OF THE COGNITIVE

TN # 94-31 APPROVAL DATE 2-21-95
SUPERSEDES

TN # NEW EFFECTIVE DATE 12/1/10

RETRAINING AND/OR NEUROBEHAVIORAL REHABILITATION PROGRAMS DEVELOPED FOR THE INDIVIDUAL IN ORDER TO EFFECT A CHANGE IN BEHAVIOR. THE PLAN SHALL BE REVIEWED BY THE APPROPRIATE PROGRAM STAFF AT LEAST MONTHLY, REVISED AS NECESSARY, AND WHEN REVISIONS ARE MADE, SUBMITTED TO ODHS OR ITS DESIGNEE BY ELECTRONIC FACSIMILE (FAX) WITHIN THREE WORKING DAYS FOLLOWING THE REVISION;

- (8) DEVELOP AND SUBMIT TO ODHS OR ITS DESIGNEE WITHIN FOURTEEN DAYS AFTER ADMISSION, A WRITTEN DISCHARGE PLANNING EVALUATION DEVELOPED BY THE INTERDISCIPLINARY TEAM, INCLUDING THE ODHS CASE MANAGER, IN CONJUNCTION WITH THE INDIVIDUAL AND OTHERS CONCERNED WITH THE INDIVIDUAL'S WELFARE; INCLUDING RECOMMENDATIONS FOR ANY COUNSELING AND TRAINING OF THE INDIVIDUAL AND FAMILY MEMBERS OR INTERESTED PERSONS TO PREPARE THEM FOR POST-DISCHARGE CARE, AN EVALUATION OF THE LIKELY NEED FOR APPROPRIATE POST-DISCHARGE SERVICES, THE AVAILABILITY OF THOSE SERVICES, THE PROVIDERS OF THOSE SERVICES, THE PAYMENT SOURCE FOR EACH SERVICE, AND DATES ON WHICH NOTIFICATION OF THE INDIVIDUAL'S NEEDS AND ANTICIPATED TIMEFRAMES WAS OR WOULD BE MADE TO THE PROVIDERS OF THOSE SERVICES;
- (9) WHEN PERIODIC REASSESSMENTS OF THE DISCHARGE PLAN INDICATE THAT THE INDIVIDUAL'S DISCHARGE NEEDS HAVE CHANGED, THE FACILITY SHALL FAX THE RESULTS OF THE REASSESSMENTS AND THE REVISED DISCHARGE PLAN TO ODHS OR ITS DESIGNEE WITHIN THREE WORKING DAYS FOLLOWING THE REVISION;
- (10) THE FACILITY SHALL PREPARE AND PROVIDE TO ODHS OR ITS DESIGNEE A MONTHLY REPORT IN A FORMAT APPROVED BY ODHS THAT SUMMARIZES THE INDIVIDUAL'S PROGRAM PLAN, PROGRESS, CHANGES IN TREATMENT, AND DISCHARGE PLAN, INCLUDING REFERRALS MADE AND ANTICIPATED TIMEFRAMES;
- (11) AGREE TO COOPERATE WITH THE ODHS OVERSIGHT FUNCTION. NOTIFY ODHS OR ITS DESIGNEE AT LEAST ONE WEEK IN ADVANCE OF EACH TEAM MEETING, AND PROVIDE ODHS OR ITS DESIGNEE WITH MINUTES OF THOSE MEETINGS UPON REQUEST;

TN # 94-31 APPROVAL DATE 2-21-95
SUPERSEDES

TN # 1162 EFFECTIVE DATE 12/10/94

- (12) AGREE TO ACCEPT, AS PAYMENT IN FULL, THE PER DIEM RATE ESTABLISHED FOR NE-TBI SERVICES IN ACCORDANCE WITH RULE 5101:3-3-25 OF THE ADMINISTRATIVE CODE, AND TO MAKE NO ADDITIONAL CHARGE TO THE INDIVIDUAL, ANY MEMBER OF THE INDIVIDUAL'S FAMILY, OR TO ANY OTHER SOURCE FOR COVERED NE-TBI SERVICES;
- (13) AGREE TO MAINTAIN SUCH RECORDS NECESSARY TO FULLY DISTINGUISH THE COSTS OF OPERATING THE TBI UNIT, TO DISCLOSE THE EXTENT OF SERVICES PROVIDED BY THE TBI UNIT, AND TO MAINTAIN ALL INFORMATION REGARDING PAYMENTS CLAIMED BY THE PROVIDER FOR FURNISHING NE-TBI SERVICES FOR A PERIOD OF SIX YEARS; OR IF AN AUDIT IS INITIATED WITHIN THE SIX-YEAR PERIOD, UNTIL THE AUDIT IS COMPLETED AND EVERY EXCEPTION RESOLVED.
- (14) IF PRIOR AUTHORIZATION IS DENIED DURING AN ASSESSMENT THAT WAS REQUESTED FOR AN INDIVIDUAL WHO IS ALREADY RESIDING IN THE NE-TBI UNIT, AGREE TO MOVE THE INDIVIDUAL TO THE FIRST AVAILABLE NE BED THAT IS NOT IN THE TBI UNIT FOR AS LONG AS NE SERVICES ARE NEEDED, OR UNTIL SUCH TIME AS A MORE APPROPRIATE PLACEMENT CAN BE MADE, AND TO ACCEPT PAYMENT FOR THE PROVISION OF SERVICES AT THE NE LEVEL IN ACCORDANCE WITH RULE 5101:3-3-43 OF THE ADMINISTRATIVE CODE.
- (H) PAYMENTS FOR NE-TBI SERVICES SHALL BE MADE TO ELIGIBLE PROVIDERS IN ACCORDANCE WITH RULE 5101:3-3-25 OF THE ADMINISTRATIVE CODE.

TN #94-31 APPROVAL DATE 2-21-95
SUPERSEDES
TN #NEW EFFECTIVE DATE 12/10/94

Rancho Los Amigos Hospital

Adult Head Trauma Service

LEVELS OF COGNITIVE FUNCTIONING

- I. NO RESPONSE Patient appears to be in a deep sleep and is completely unresponsive to any stimuli presented to him.
- II. GENERALIZED RESPONSE Patient reacts inconsistently and non-purposefully to stimuli in a non-specific manner. Responses are limited in nature and are often the same regardless of stimulus presented. Responses may be physiological changes, gross body movements and/or vocalization. Often the earliest response is to deep pain. Responses are likely to be delayed.
- III. LOCALIZED RESPONSE Patient reacts specifically but inconsistently to stimuli. Responses are directly related to the type of stimulus presented as in turning head toward a sound, focusing on an object presented. The patient may withdraw an extremity and/or vocalize when presented with a painful stimulus. He may follow simple commands in an inconsistent, delayed manner, such as closing his eyes, squeezing or extending an extremity. Once external stimuli are removed, he may lie quietly. He may also show a vague awareness of self and body by responding to discomfort by pulling at nasogastric tube or catheter or resisting restraints. He may show a bias toward responding to some persons (especially family, friends) but not to others.
- IV. CONFUSED-AGITATED Patient is in a heightened state of activity with severely decreased ability to process information. He is detached from the present and responds primarily to his own internal confusion. Behavior is frequently bizarre and

TN #94-31 APPROVAL DATE 2-21-95
SUPERSEDES

Supplement 3
To Attachment 3.1-A
Page 23 of 26

non-purposeful relative to his immediate environment. He may cry out or scream out of proportion to stimuli even after removal, may show aggressive behavior, attempt to remove restraints or tubes or crawl out of bed in a purposeful manner. He does not, however discriminate among persons or objects and is unable to cooperate directly with treatment efforts. Verbalization is frequently incoherent and/or inappropriate to the environment. Confabulation may be present; he may be euphoric or hostile. Thus gross attention to environment is very short and selective attention is often nonexistent. Being unaware of present events, patient lacks short-term recall and may be reacting to past events. He is unable to perform self-care (feeding, dressing) without maximum assistance. If not disabled physically, he may perform motor activities as sitting, reaching and ambulating, but as part of his agitated state and not as a purposeful act or on request necessarily.

V. CONFUSED, INAPPROPRIATE
NON-AGITATED

Patient appears alert and is able to respond to simple commands fairly consistently. However, with increased complexity of commands or lack of any external structure, responses are non-purposeful, random, or at best, fragmented toward any desired goal. He may show agitated behavior, but not on an internal basis (as in Level IV), but rather as a result of external stimuli, and usually out of proportion to the stimulus. He has gross attention to the environment, but is highly distractible and lacks ability to focus attention to a specific task without frequent redirection back to it. With structure, he may be able to converse on a social-automatic level for short periods of time. Verbalization is often inappropriate; confabulation may be triggered by present events. His memory is severely impaired, with confusion of past and present in his reaction to ongoing activity. Patient

TN # 94-31 APPROVAL DATE 2-21-95

SUPERSEDES

TN # NEW EFFECTIVE DATE 12/10/94

lacks initiation of functional tasks and often shows inappropriate use of objects without external direction. He may be able to perform previously learned tasks when structured for him, but is unable to learn new information. He responds best to self, body, comfort and often family members. The patient can usually perform self-care activities with assistance and may accomplish feeding with maximum supervision. Management on the ward is often a problem if the patient is physically mobile, as he may wander off either randomly or with vague intention of "going home."

VII. CONFUSED-APPROPRIATE

Patient shows goal-directed behavior, but is dependent on external input for direction. Response to discomfort is appropriate and he is able to tolerate unpleasant stimuli (as NG tube) when need is explained. He follows simple directions consistently and shows carry-over for tasks he has relearned (as self-care). He is at least supervised with old learning; unable to maximally assisted for new learning with little or no carryover. Responses may be incorrect due to memory problems, but they are appropriate to the situation. They may be delayed to immediate and he shows decreased ability to process information with little or no anticipation or prediction of events. Past memories show more depth and detail than recent memory. The patient may show beginning immediate awareness of situation by realizing he doesn't know an answer. He no longer wanders and is inconsistently oriented to time and place. Selective attention to task may be impaired, especially with difficult tasks and in unstructured settings, but is now functional for common daily activities (30 min. with structure). He may show a vague recognition of some staff, has increased awareness of self, family and basic needs (as food), again in an appropriate manner as in contrast to Level

TN # ~~94-31~~ APPROVAL DATE 2-21-95

SUPERSEDES

TN # *NEW* EFFECTIVE DATE 12/10/94

Supplement 3
To Attachment 3.1-A
Page 25 of 26

V.

VIII. PURPOSEFUL AND
APPROPRIATE

Patient is alert and oriented, is able to recall and integrate past and recent events and is aware of and responsive to his culture. He shows carryover for new learning if acceptable to him and his life role, and needs no supervision once activities are learned. Within his physical capabilities, he is independent in home and community skills, including driving. Vocational rehabilitation, to determine ability to return as a contributor to society (perhaps in a new capacity), is indicated. He may continue to show a decreased ability, relative to premorbid abilities, in abstract reasoning, tolerance for stress, judgment in emergencies or unusual circumstances. His social, emotional and intellectual capacities may continue to be at a decreased level for him, but functional in society.

TN # 94-31 APPROVAL DATE 7-21-95
SUPERSEDES
TN # NEW EFFECTIVE DATE 12/15/10

EFFECTIVE DATE: _____

CERTIFICATION: _____

DATE

PROMULGATED UNDER: Revised Code Chapter 119.

STATUTORY AUTHORITY: Revised Code Sections 5111.02 and 5111.257

RULE AMPLIFIES: Revised Code Sections 5111.01, 5111.02, 5111.20, and 5111.257

TN # 94-31 APPROX. DATE 2-21-95
SUPERSEDES
TN # NEW EFFECTIVE DATE 12/12/94

5101:3-3-545 PEDIATRIC OUTLIER CARE IN NURSING FACILITIES (NF-PED SERVICES).

(A) PURSUANT TO SECTION 5111.257 OF THE REVISED CODE, THIS RULE SETS FORTH THE CONDITIONS UNDER WHICH ENHANCED PAYMENT IS AVAILABLE TO DISTINCT PART UNITS OF MEDICAID CERTIFIED NURSING FACILITIES (NFS) FOR THE PROVISION OF PRIOR AUTHORIZED PEDIATRIC OUTLIER CARE (NF-PED SERVICES). IT ALSO SETS FORTH THE PRIOR AUTHORIZATION PROCESS FOR INDIVIDUALS WHO ARE SEEKING MEDICAID PAYMENT FOR NF-PED SERVICES. THE PROCEDURES FOR CONDUCTING THE REVIEW TO DETERMINE ELIGIBILITY FOR THE PRIOR AUTHORIZATION OF NF-PED SERVICES SET FORTH IN THIS RULE ALSO INCORPORATE THE REQUIREMENTS OF RULE 5101:3-3-15 OF THE ADMINISTRATIVE CODE. THAT IS, FOR INDIVIDUALS SEEKING NF-PED SERVICES, THE PROCEDURES SET FORTH IN THIS RULE REPLACE THE PROCEDURES FOR THE IN-PERSON ASSESSMENT AND THE LEVEL OF CARE REVIEW PROCESSES SET FORTH IN RULE 5101:3-3-15 OF THE ADMINISTRATIVE CODE.

(B) DEFINITIONS:

(1) "HOME AND COMMUNITY-BASED SERVICES (HCBS)" MEAN SERVICES FURNISHED UNDER THE PROVISIONS OF 42 CFR 441 SUBPART G WHICH ENABLE INDIVIDUALS TO LIVE IN A HOME SETTING RATHER THAN A NF, AN INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED (ICF-MR), OR HOSPITAL.

(2) "INDIVIDUAL," FOR PURPOSES OF THIS RULE, MEANS ANY PERSON WHO IS SEEKING OR RECEIVING MEDICAID COVERAGE FOR PRIOR AUTHORIZED PEDIATRIC OUTLIER CARE IN AN OHIO MEDICAID-CERTIFIED NF WHICH HOLDS AN EFFECTIVE "NF-PED SERVICES PROVIDER AGREEMENT" WITH THE OHIO DEPARTMENT OF HUMAN SERVICES (ODHS).

(3) "LEVEL OF CARE (LOC) REVIEW" IS THE EVALUATION OF AN INDIVIDUAL'S PHYSICAL, MENTAL AND SOCIAL/EMOTIONAL STATUS TO DETERMINE THE LEVEL OF CARE REQUIRED TO MEET THE INDIVIDUAL'S SERVICE NEEDS. LEVEL OF CARE REVIEW IS CONDUCTED PURSUANT TO PARAGRAPH 1902 (a)(30)(A) OF THE SOCIAL SECURITY ACT AND INCLUDES ACTIVITIES NECESSARY TO SAFEGUARD AGAINST UNNECESSARY UTILIZATION.

LOC
TN # 94-31 APPROVAL DATE 2-21-95
SUPERSEDES

TN # new EFFECTIVE DATE 12/10/93

DETERMINATIONS ARE BASED UPON THE CRITERIA REGARDING THE AMOUNT AND TYPE OF SERVICES NEEDED BY AN INDIVIDUAL THAT ARE SET FORTH IN RULES CONTAINED IN CHAPTER 5101:3-3 OF THE ADMINISTRATIVE CODE. THE LOC PROCESS IS ALSO THE MECHANISM BY WHICH MEDICAID VENDOR PAYMENT IS INITIATED.

- (4) "NURSING FACILITY (NF)" MEANS ANY LONG TERM CARE FACILITY (EXCLUDING ICFS-MR) CURRENTLY CERTIFIED BY THE OHIO DEPARTMENT OF HEALTH AS BEING IN COMPLIANCE WITH THE NURSING FACILITY STANDARDS AND MEDICAID CONDITIONS OF PARTICIPATION.
- (5) "PAS" MEANS PREADMISSION SCREENING AND REFERS TO THAT PART OF THE PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) PROCESS MANDATED BY SECTION 1919(e)(7) OF THE SOCIAL SECURITY ACT, AS AMENDED, WHICH MUST BE MET PRIOR TO ANY NEW ADMISSION TO A NF AND COMPLETED IN ACCORDANCE WITH RULE 5101:3-3-151 OF THE ADMINISTRATIVE CODE.
- (6) "PHYSICIAN" MEANS A DOCTOR OF MEDICINE OR OSTEOPATHY WHO IS LICENSED TO PRACTICE MEDICINE.
- (7) "PRIMARY DIAGNOSIS" HAS THE SAME MEANING AS IN RULE 5101.3-3-151 OF THE ADMINISTRATIVE CODE.
- (8) "SKILLED LEVEL OF CARE (SLOC)" MEANS A DETERMINATION BY ODHS OR ITS DESIGNEE THAT AN INDIVIDUAL'S CARE NEEDS MEET THE CRITERIA SET FORTH IN RULE 5101:3-3-05 OF THE ADMINISTRATIVE CODE.
- (9) "REPRESENTATIVE" MEANS A PERSON ACTING ON BEHALF OF AN INDIVIDUAL WHO IS APPLYING FOR OR RECEIVING MEDICAL ASSISTANCE. A REPRESENTATIVE MAY BE A FAMILY MEMBER, ATTORNEY, HOSPITAL SOCIAL WORKER, NF SOCIAL WORKER, OR ANY OTHER PERSON CHOSEN TO ACT ON THE INDIVIDUAL'S BEHALF
- (C) PRIOR AUTHORIZATION. NF-PED SERVICES MUST BE PRIOR AUTHORIZED BY ODHS OR ITS DESIGNEE IN ACCORDANCE WITH THE PROCEDURES SET FORTH IN PARAGRAPHS (C)(1) TO (G) OF THIS RULE. UNLESS AN INDIVIDUAL IS SEEKING A CHANGE OF PAYOR, THE PRIOR AUTHORIZATION

TN #44-31 APPROVAL DATE 2-21-95
SUPERSEDES

TN # 2001 EFFECTIVE DATE 1/1/95

OF PAYMENT FOR NF-PED SERVICES MUST OCCUR PRIOR TO ADMISSION TO THE NF-PED UNIT; OR, IN THE CASE OF REQUESTS FOR CONTINUED STAY, NO LATER THAN THE FINAL DAY OF THE PREVIOUSLY AUTHORIZED NF-PED STAY.

- (1) INITIAL REFERRAL. IN ORDER TO INITIATE THE APPLICATION PROCESS FOR THE PRIOR AUTHORIZATION OF NF-PED SERVICES, THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE MUST SUBMIT, TO ODHS OR ITS DESIGNEE, A WRITTEN REQUEST FOR THE PRIOR AUTHORIZATION OF NF-PED SERVICES. THE REQUEST IS CONSIDERED TO BE "SUBMITTED" WHEN IT IS RECEIVED BY ODHS OR ITS DESIGNEE.
- (2) INITIAL APPLICATION REQUIREMENTS. ODHS OR ITS DESIGNEE SHALL ASSIST THE INDIVIDUAL, AND/OR THE INDIVIDUAL'S REPRESENTATIVE IN THE COMPLETION OF THE APPLICATION REQUIREMENTS SET FORTH IN THIS RULE. IT IS THE RESPONSIBILITY OF THE INDIVIDUAL, AND/OR THE INDIVIDUAL'S REPRESENTATIVE TO ENSURE THAT ALL REQUIRED INFORMATION BE PROVIDED TO ODHS OR ITS DESIGNEE AS REQUESTED. PRIOR AUTHORIZATION FOR NF-PED SERVICES SHALL NOT BE GIVEN UNTIL ALL OF THE INITIAL APPLICATION REQUIREMENTS SET FORTH IN THIS RULE HAVE BEEN MET.
 - (a) AN INITIAL APPLICATION FOR THE PRIOR AUTHORIZATION OF NF-PED SERVICES IS CONSIDERED TO BE COMPLETE ONCE AN ODHS 3697, OR AN ALTERNATIVE FORM SPECIFIED BY ODHS, WHICH ACCURATELY REFLECTS THE INDIVIDUAL'S CURRENT MENTAL AND PHYSICAL CONDITION AND IS CERTIFIED BY A PHYSICIAN, HAS BEEN APPROPRIATELY COMPLETED, A LOC DETERMINATION HAS BEEN MADE, AND A DETERMINATION REGARDING THE FEASIBILITY OF COMMUNITY-BASED CARE HAS BEEN MADE. IF THE INDIVIDUAL IS REQUIRED BY RULE 5101:3-3-151 OF THE ADMINISTRATIVE CODE TO UNDERGO PAS, THE COMPLETED ODHS 3622 AND THE RESULTS OF ALL REQUIRED PAS DETERMINATIONS MUST ALSO BE ATTACHED TO THE ODHS 3697 OR APPROVED ALTERNATIVE FORM.
 - (b) THE ODHS 3697, OR THE ODHS-AUTHORIZED ALTERNATIVE FORM, MUST TO THE MAXIMUM EXTENT POSSIBLE BE BASED ON INFORMATION FROM THE MDS +, AND MUST INCLUDE THE

TN # 94-31 APPROVAL DATE 2-21-95
SUPERSEDES

TN # NEW EFFECTIVE DATE 12/10/94

FOLLOWING COMPONENTS AND/OR ATTACHMENTS:

- (i) THE INDIVIDUAL'S LEGAL NAME; MEDICAID NUMBER; DATE OF ORIGINAL ADMISSION TO THE FACILITY, IF APPLICABLE; CURRENT ADDRESS; NAME AND ADDRESS OF RESIDENCE IF CURRENT RESIDENCE IS A LICENSED OR CERTIFIED RESIDENTIAL SETTING OR HOSPITAL; AND COUNTY WHERE THE INDIVIDUAL'S MEDICAID CASE IS ACTIVE.
- (ii) ALL OF THE INDIVIDUAL'S CURRENT DIAGNOSES WITH THE PRIMARY DIAGNOSIS SPECIFIED (IF SO SPECIFIED BY THE INDIVIDUAL'S PHYSICIAN), INCLUDING MEDICAL, PSYCHIATRIC AND DEVELOPMENTAL DIAGNOSES AND, IF AVAILABLE, THE DATES OF ONSET.
- (iii) A LISTING OF ALL MEDICATIONS, TREATMENTS, AND PROFESSIONAL MEDICAL SERVICES REQUIRED.
- (iv) A STATEMENT REGARDING THE INDIVIDUAL'S FUNCTIONAL STATUS, INCLUDING AN ASSESSMENT OF CURRENT STATUS IN SELF CARE, MOBILITY, SELF-ADMINISTRATION OF MEDICATION, CAPACITY FOR INDEPENDENT LIVING, LEARNING, SELF-DIRECTION AND COMMUNICATION SKILLS.
- (v) AN ASSESSMENT OF THE INDIVIDUAL'S CURRENT MENTAL /BEHAVIORAL STATUS.
- (vi) TYPE OF SERVICE SETTING FOR WHICH THE LOC DETERMINATION IS SOUGHT (NF-PED UNIT).
- (vii) A STATEMENT SIGNED AND DATED BY A PHYSICIAN CERTIFYING THAT ALL INFORMATION PROVIDED ABOUT THE INDIVIDUAL IS A TRUE AND ACCURATE REFLECTION OF THE INDIVIDUAL'S CONDITION.
- (viii) A PHYSICIAN CERTIFICATION OF THE INDIVIDUAL'S NEED FOR A SPECIFIC LEVEL OF INPATIENT CARE SHALL OCCUR ON OR NO MORE THAN FIFTEEN DAYS BEFORE THE DAY OF ADMISSION. FOR AN INDIVIDUAL WHO

TN # 94-31 APPROXIMATE DATE 2-21-95
SUPERSEDES
TN # None EFFECTIVE DATE 12/12/95

APPLIES FOR MEDICAID BENEFITS WHILE IN THE NE, PHYSICIAN CERTIFICATION MUST OCCUR PRIOR TO THE AUTHORIZATION OF PAYMENTS. THE FOLLOWING CONDITIONS SHALL BE MET TO CONSIDER THE CERTIFICATION VALID:

- (a) THE CERTIFICATION MUST BE IN WRITING;
- (b) THE CERTIFICATION MUST BE SIGNED AND DATED AT THE SAME TIME BY A PHYSICIAN. A RUBBER STAMP IS NOT ACCEPTABLE. A FAXED OR PHOTOCOPIED COPY OF AN ORIGINAL DOCUMENT CONTAINING THE ORIGINAL SIGNATURE OF THE PHYSICIAN IS AN ACCEPTABLE SUBMISSION FOR LOC REVIEW PURPOSES.
- (ix) IF THE INDIVIDUAL IS REQUIRED TO UNDERGO PAS, A COPY OF THE ODHS 3622 FORM AND, WHERE APPLICABLE IN ACCORDANCE WITH RULE 5101:3-3-151 OF THE ADMINISTRATIVE CODE, THE NOTICES OF ALL RESULTS AND COPIES OF ALL ASSESSMENT FORMS, IF AVAILABLE, MUST BE INCLUDED AS ATTACHMENTS TO THE ODHS 3697 OR OTHER ODHS APPROVED FORM.
- (c) THE ODHS 3697, OR ALTERNATIVE FORM AUTHORIZED BY ODHS, MUST BE SUFFICIENTLY COMPLETE FOR A LOC DETERMINATION TO BE MADE.
- (3) ASSESSMENTS. ODHS OR ITS DESIGNEE SHALL CONDUCT A REVIEW OF THE INDIVIDUAL'S CONDITION AND SERVICE NEEDS TO DETERMINE THE LEVEL OF CARE REQUIRED TO MEET THE INDIVIDUAL'S NEEDS, TO DETERMINE WHETHER COMMUNITY BASED CARE IS A VIABLE OPTION FOR THE INDIVIDUAL, AND TO DETERMINE WHETHER THE INDIVIDUAL IS ELIGIBLE FOR NE-PED SERVICES. ASSESSMENTS SHALL:
 - (a) BE PERFORMED BY STAFF OF ODHS OR ITS DESIGNEE WHOSE QUALIFICATIONS INCLUDE BEING A REGISTERED NURSE (RN);
 - (b) BE SCHEDULED AND PERFORMED ACCORDING TO THE FOLLOWING SCHEDULE:

TN #94-31 APPROVAL DATE 2-21-95
SUPERSEDES
TN #NEW EFFECTIVE DATE 12/12/94

- (i) FOR HOSPITALIZED INDIVIDUALS, NOT LATER THAN ONE OF THE FOLLOWING:
- (a) ONE WORKING DAY AFTER THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE SUBMITS A WRITTEN REQUEST TO ODHS OR ITS DESIGNEE FOR A NE-PED PRIOR AUTHORIZATION; OR
 - (b) A LATER DATE REQUESTED BY THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE.
- (ii) IN THE CASE OF AN EMERGENCY, NOT LATER THAN ONE CALENDAR DAY AFTER THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE SUBMITS A WRITTEN REQUEST TO ODHS OR ITS DESIGNEE FOR A NE-PED PRIOR AUTHORIZATION. ODHS OR ITS DESIGNEE SHALL DETERMINE WHETHER THERE IS AN EMERGENCY. SUCH DETERMINATIONS SHALL INCLUDE, BUT NOT BE LIMITED TO, ANY INDIVIDUAL IN A HOSPITAL EMERGENCY ROOM WHO WILL REQUIRE HOSPITALIZATION IF NOT PLACED IN A NE-PED UNIT.
- (iii) IN ALL OTHER CASES, NOT LATER THAN ONE OF THE FOLLOWING:
- (a) FIVE CALENDAR DAYS AFTER THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE SUBMITS A WRITTEN REQUEST TO ODHS OR ITS DESIGNEE FOR A NE-PED PRIOR AUTHORIZATION; OR
 - (b) A LATER DATE REQUESTED BY THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE;
- (c) INCLUDE A FACE-TO-FACE VISIT WITH THE INDIVIDUAL AND THE INDIVIDUAL'S PARENTS OR GUARDIAN AND, TO THE EXTENT POSSIBLE, THE INDIVIDUAL'S FORMAL AND INFORMAL CARE GIVERS AND ANY OTHER APPROPRIATE REPRESENTATIVE, TO REVIEW AND DISCUSS THE INDIVIDUAL'S CARE NEEDS AND PREFERENCES, AND TO OBTAIN INFORMATION NECESSARY TO COMPLETE A LEVEL OF CARE DETERMINATION, EVALUATE THE VIABILITY OF COMMUNITY-
- TN # 94-3j APPROVAL DATE 2/21-95
SUPERSEDES
TN # 94-3j EFFECTIVE DATE 12/10/94

BASED CARE, AND TO MAKE THE DETERMINATION OF
ELIGIBILITY FOR NF-PED SERVICES;

- (d) INCLUDE THE GATHERING OF INFORMATION, FROM SOURCES OTHER THAN THOSE PRESENT DURING THE FACE-TO-FACE VISIT, FOR THE COMPLETION OF AN ODHS 3697 OR ALTERNATIVE AUTHORIZED FORM (INCLUDING OBTAINING THE CERTIFICATION BY THE PHYSICIAN IDENTIFIED BY THE INDIVIDUAL FOR THAT PURPOSE) AND, IF PAS IS REQUIRED, THE COMPLETION OF AN ODHS 3622 FORM;
- (e) RESULT IN A LEVEL OF CARE DETERMINATION BASED UPON A COMPARISON OF THE INDIVIDUAL'S CONDITION AND SERVICE NEEDS WITH THE LEVEL OF CARE CRITERIA SET FORTH IN RULES 5101:3-3-05, 5101:3-3-06, 5101:3-3-07, AND 5101:3-3-08 OF THE ADMINISTRATIVE CODE;
 - (i) IF ODHS OR ITS DESIGNEE ATTEMPTS TO COMPLETE THE ODHS 3697, OR AN ALTERNATIVE AUTHORIZED FORM, BUT IS UNABLE TO OBTAIN ALL OF THE NECESSARY INFORMATION, ODHS OR ITS DESIGNEE SHALL NOTIFY IN WRITING THE INDIVIDUAL, THE CONTACT PERSON INDICATED ON THE ODHS 3697 OR ALTERNATIVE AUTHORIZED FORM, THE INDIVIDUAL'S REPRESENTATIVE, AND THE NF OR OTHER ENTITY RESPONSIBLE FOR THE SUBMISSION OF THAT LOC REQUEST, THAT ADDITIONAL DOCUMENTATION IS NECESSARY IN ORDER TO COMPLETE THE LOC REVIEW. THIS NOTICE SHALL SPECIFY THE ADDITIONAL DOCUMENTATION THAT IS NEEDED AND SHALL INDICATE THAT THE INDIVIDUAL OR ANOTHER ENTITY HAS TWENTY DAYS FROM THE DATE ODHS OR ITS DESIGNEE MAILS THE NOTICE TO SUBMIT ADDITIONAL DOCUMENTATION OR THE APPLICATION WILL BE DENIED FOR INCOMPLETENESS WITH NO LOC AUTHORIZED, AND NO PRIOR AUTHORIZATION FOR NF-PED SERVICES ISSUED. IN THE EVENT AN INDIVIDUAL OR OTHER ENTITY IS NOT ABLE TO PROVIDE THE NECESSARY INFORMATION IN THE TIME SPECIFIED, ODHS OR ITS DESIGNEE SHALL, UPON GOOD CAUSE, GRANT ONE EXTENSION OF NO MORE THAN FIVE WORKING DAYS

WHEN AN EXTENSION IS REQUESTED BY THE INDIVIDUAL OR OTHER ENTITY.

- (ii) IF WITHIN THE PERIODS SPECIFIED IN PARAGRAPH (C)(3)(e)(i) OF THIS RULE, THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE SUBMITS THE REQUIRED DOCUMENTATION, QDHS OR ITS DESIGNEE SHALL ISSUE A LOC DETERMINATION NO LATER THAN ONE WORKING DAY FOLLOWING RECEIPT OF THE REQUIRED INFORMATION;
- (f) RESULT IN A DETERMINATION OF WHETHER COMMUNITY BASED CARE IS A VIABLE OPTION FOR THE INDIVIDUAL; AND, IF SO, INCLUDE THE DEVELOPMENT OF A PLAN, IN CONSULTATION WITH THE INDIVIDUAL AND THE INDIVIDUAL'S REPRESENTATIVE, TO ALLOW THE INDIVIDUAL AND THE INDIVIDUAL'S REPRESENTATIVE TO MAKE AN INFORMED DECISION FROM AVAILABLE HOME AND COMMUNITY-BASED SERVICE ALTERNATIVES. IF THE PLAN IS ACCEPTED BY THE INDIVIDUAL, AND/OR, WHERE APPLICABLE, THE INDIVIDUAL'S REPRESENTATIVE, QDHS OR ITS DESIGNEE SHALL IMPLEMENT THE PLAN NOT LATER THAN ONE WORKING DAY AFTER THE PLAN IS AGREED TO UNLESS THE INDIVIDUAL'S HEALTH AND SAFETY WILL NOT BE JEOPARDIZED BY, AND THE INDIVIDUAL, AND/OR THE INDIVIDUAL'S REPRESENTATIVE, AGREES TO, A LATER IMPLEMENTATION DATE;
- (g) RESULT IN AN ELIGIBILITY DETERMINATION FOR NF-PED SERVICES BASED UPON A COMPARISON OF THE INDIVIDUAL'S CONDITION, SERVICE NEEDS, AND THE REQUESTED PLACEMENT SITE, WITH THE ELIGIBILITY CRITERIA SET FORTH IN PARAGRAPH (C)(4) OF THIS RULE; AND
- (h) IN THE EVENT THAT THE ASSESSMENT REVEALS EVIDENCE THAT NOT ALL OF THE ELIGIBILITY CRITERIA SET FORTH IN PARAGRAPH (C)(4) OF THIS RULE ARE MET, INCLUDE THE PREPARATION OF A WRITTEN REPORT OF THE FINDINGS OF THE FACE-TO-FACE VISIT. IN SUCH CASES, STAFF OF QDHS OR ITS DESIGNEE WHO ARE FAMILIAR WITH THE NF-PED SERVICES PROGRAM REQUIREMENTS, OTHER THAN THE NURSE WHO CONDUCTED THE FACE-TO-FACE VISIT, SHALL MAKE A

TN # 94-31 APPROVAL DATE 2/21/95
SUPERSEDES

FINAL ELIGIBILITY DETERMINATION BASED UPON ALL OF THE
AVAILABLE MATERIALS.

(4) ELIGIBILITY CRITERIA. IN ORDER TO RECEIVE PRIOR AUTHORIZATION FOR MEDICAID PAYMENT OF NF-PED SERVICES, ALL OF THE FOLLOWING CRITERIA MUST BE MET:

(a) THE INDIVIDUAL WHO WILL RECEIVE THE SERVICES MUST:

(i) HAVE BEEN DETERMINED BY THE COUNTY DEPARTMENT OF HUMAN SERVICES (CDHS) TO MEET THE MEDICAID FINANCIAL ELIGIBILITY STANDARDS FOR INSTITUTIONAL CARE;

(ii) IF PAS WAS REQUIRED, HAVE RECEIVED ONE OF THE FOLLOWING DETERMINATIONS IN ACCORDANCE WITH RULE 5101:3-3-151 OF THE ADMINISTRATIVE CODE:

(a) THAT THE INDIVIDUAL DOES NOT HAVE INDICATIONS OF EITHER SERIOUS MENTAL ILLNESS, OR MENTAL RETARDATION OR OTHER DEVELOPMENTAL DISABILITIES AND WAS NOT SUBJECT TO FURTHER PAS REVIEW; OR, IF THE INDIVIDUAL WAS SUBJECT TO FURTHER REVIEW,

(b) THAT THE INDIVIDUAL NEEDS THE LEVEL OF SERVICES PROVIDED BY A NF;

(iii) BE DETERMINED TO NEED AT LEAST A SKILLED LEVEL OF CARE AS DEFINED IN RULE 5101:3-3-05 OF THE ADMINISTRATIVE CODE;

(iv) BE UNDER TWENTY-TWO YEARS OF AGE;

(v) BE EITHER AN INPATIENT IN AN ACUTE CARE HOSPITAL AT THE TIME OF APPLICATION, OR AT RISK OF BEING HOSPITALIZED IF NOT PLACED IN A NF-PED UNIT, FOR THE TREATMENT OF AN UNSTABLE (AS DEFINED IN PARAGRAPH (B)(2) OF RULE 5101:3-3-05 OF THE ADMINISTRATIVE CODE) OR LIFE-THREATENING, MEDICALLY COMPLEX CONDITION, AND HAVE NEEDS

TN # 94-31 APPROVAL DATE 2-21-95
SUPERSEDES
TN # new EFFECTIVE DATE 12/12/94

THAT CANNOT BE MET BY AVAILABLE SERVICES IN A
NONINSTITUTIONAL SETTING;

- (vi) REQUIRE PHYSICIAN SERVICES AT LEAST WEEKLY; AND
 - (vii) REQUIRE THE EXTENSIVE MONITORING, PROFESSIONAL ASSESSMENT AND SKILLED INTERVENTION OF A REGISTERED NURSE (RN) ON A TWENTY-FOUR-HOUR A DAY BASIS; AND
- (b) THE PLACEMENT SETTING FOR WHICH MEDICAID PAYMENT IS BEING REQUESTED MUST BE A MEDICAID-CERTIFIED NF THAT HAS A "NF-PED SERVICES PROVIDER AGREEMENT" (ODHS 3621) IN EFFECT WITH ODHS.
- (5) INITIAL LENGTH OF STAY. AT THE CONCLUSION OF THE ASSESSMENT, OR AT SUCH TIME AS THE INITIAL APPLICATION REQUIREMENTS HAVE BEEN MET, INDIVIDUALS WHO ARE DETERMINED TO HAVE MET THE ELIGIBILITY CRITERIA SET FORTH IN PARAGRAPH (C)(4) OF THIS RULE MAY BE APPROVED FOR AN INITIAL STAY OF UP TO A MAXIMUM OF ONE HUNDRED TWENTY DAYS. THE NUMBER OF DAYS THAT IS PRIOR AUTHORIZED FOR EACH ELIGIBLE INDIVIDUAL SHALL BE BASED UPON THE SUBMITTED APPLICATION MATERIALS, CONSULTATION WITH THE INDIVIDUAL'S ATTENDING PHYSICIAN, AND/OR ANY ADDITIONAL CONSULTATIONS OR MATERIALS REQUIRED BY THE ASSESSOR TO MAKE A REASONABLE ESTIMATION REGARDING THE INDIVIDUAL'S PROBABLE LENGTH OF STAY IN THE NF-PED UNIT.
- (D) AUTHORIZATION FOR CONTINUED STAYS. PLACEMENTS IN FACILITIES HOLDING "NF-PED SERVICES PROVIDER AGREEMENTS" ARE NOT INTENDED TO BE PERMANENT. THE INDIVIDUAL IS EXPECTED TO BE DISCHARGED TO THE SETTING SPECIFIED IN THE INDIVIDUAL'S DISCHARGE PLAN AT THE END OF THE PRIOR AUTHORIZED STAY, AND PROGRESS TOWARD THAT END SHALL BE MONITORED BY ODHS OR ITS DESIGNEE THROUGHOUT THE INDIVIDUAL'S NF-PED UNIT STAY. HOWEVER, IN THE EVENT THAT IT IS NOT POSSIBLE TO IMPLEMENT THE INDIVIDUAL'S DISCHARGE PLAN, COVERAGE OF NF-PED SERVICES MAY BE EXTENDED BEYOND THE PREVIOUSLY APPROVED LENGTH OF STAY VIA THE SUBMISSION TO ODHS OR ITS DESIGNEE OF A WRITTEN REQUEST FOR THE CONTINUATION OF NF-PED SERVICES BY THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE.

IN # 44-31 APPROVAL DATE 2-21-95
SUPERSEDES:

TN: # 44-31 EFFECTIVE DATE 1-1-95

UNLESS THERE IS A SIGNIFICANT CHANGE OF CIRCUMSTANCES WITHIN THE WEEK PRECEDING THE EXPECTED DISCHARGE DATE WHICH PREVENTS IMPLEMENTATION OF THE DISCHARGE PLAN, SUCH REQUESTS MUST BE SUBMITTED AT LEAST ONE WEEK PRIOR TO THE LAST DAY OF THE PREVIOUSLY AUTHORIZED STAY.

- (1) CONTINUED STAY DETERMINATIONS SHALL BE BASED ON EITHER MONTHLY REPORTS FROM THE FACILITY REGARDING CRITICAL EVENTS AND THE STATUS OF THE INDIVIDUAL'S MEDICAL CONDITION, OR ON FACE-TO-FACE ASSESSMENTS. CONTINUED STAY REVIEWS MUST MEET THE ASSESSMENT REQUIREMENTS SET FORTH IN PARAGRAPHS (C)(3)(a), (C)(3)(b)(iii), (C)(3)(e), AND (C)(3)(f) TO (C)(3)(h) OF THIS RULE.
 - (2) CONTINUED STAYS MAY BE APPROVED FOR MAXIMUM INCREMENTS OF ONE HUNDRED TWENTY DAYS WHEN ODHS OR ITS DESIGNEE DETERMINES THAT THE INDIVIDUAL CONTINUES TO MEET THE ELIGIBILITY CRITERIA SET FORTH IN PARAGRAPH (C)(4) OF THIS RULE AND THAT THE INDIVIDUAL WOULD HAVE TO BE PLACED IN AN ACUTE CARE HOSPITAL IN THE ABSENCE OF NE-PED SERVICES.
- (E) NOTICE OF DETERMINATION. AT THE CONCLUSION OF EVERY ASSESSMENT, AND AT A TIME NOT LATER THAN THE TIME THE ASSESSMENT IS REQUIRED TO BE PERFORMED ACCORDING TO PARAGRAPH (C)(3)(b) OF THIS RULE, THE DEPARTMENT OR ITS DESIGNEE SHALL ISSUE A DETERMINATION OF THE INDIVIDUAL'S APPROPRIATE LEVEL OF CARE AND PROVIDE THE INDIVIDUAL WRITTEN NOTICE OF ALL OF THE DETERMINATIONS MADE, AND THE INDIVIDUAL'S STATE HEARING RIGHTS. IN ACCORDANCE WITH CHAPTER 5101:6-2 OF THE ADMINISTRATIVE CODE. NOTICE SHALL ALSO BE PROVIDED TO THE INDIVIDUAL'S REPRESENTATIVE, IF ANY. IF THE INDIVIDUAL HAS BEEN DETERMINED TO BE ELIGIBLE FOR NE-PED SERVICES, THE NOTICE SHALL ALSO INCLUDE THE NUMBER OF DAYS FOR WHICH THE NE-PED PLACEMENT IS AUTHORIZED; THE DATE ON WHICH PAYMENT IS AUTHORIZED TO BEGIN; AND THE NAME, LOCATION, AND PHONE NUMBER OF THE STAFF MEMBER OF ODHS OR ITS DESIGNEE WHO IS ASSIGNED TO MONITOR THE INDIVIDUAL'S PROGRESS IN THE FACILITY, PARTICIPATE IN THE INDIVIDUAL'S INTERDISCIPLINARY TEAM, AND MONITOR IMPLEMENTATION OF THE INDIVIDUAL'S DISCHARGE PLAN. IF NE-PED SERVICES ARE DENIED, THE NOTICE SHALL ALSO INCLUDE AN EXPLANATION OF THE REASON FOR THE DENIAL. THE NOTICES SHALL BE SENT VIA MAIL OR ELECTRONIC FACSIMILE (FAX) TO THE INDIVIDUAL. THE

TN # 9431 APPROVAL DATE 2-21-95
SUPERSEDES
TN # 2222 EFFECTIVE DATE 12/13/94

5101:3-3-545
PAGE 12 OF 16

INDIVIDUAL'S LEGAL GUARDIAN AND/OR REPRESENTATIVE (IF ANY), AND WHERE APPROPRIATE, THE FACILITY.

- (F) AUTHORIZATION OF PAYMENT TO AN ELIGIBLE PROVIDER FOR THE PROVISION OF NF-PED SERVICES SHALL CORRESPOND WITH THE EFFECTIVE DATE OF THE INDIVIDUAL'S LOC DETERMINATION AND NF-PED ELIGIBILITY DETERMINATION SPECIFIED BY THE ASSESSOR. THIS DATE SHALL BE:
- (1) THE DATE OF ADMISSION TO THE NF-PED UNIT IF IT IS WITHIN THIRTY DAYS OF THE PHYSICIAN'S SIGNATURE; OR
 - (2) A DATE OTHER THAN THAT SPECIFIED IN PARAGRAPH (F)(1) OF THIS RULE. THIS ALTERNATIVE DATE MAY BE AUTHORIZED ONLY UPON RECEIPT OF A LETTER WHICH CONTAINS A CREDIBLE EXPLANATION FOR THE DELAY FROM THE ORIGINATOR OF THE REQUEST FOR THE PRIOR AUTHORIZATION OF NF-PED SERVICES. IF THE REQUEST IS TO BACKDATE THE LOC AND NF-PED ELIGIBILITY DETERMINATION MORE THAN THIRTY DAYS FROM THE PHYSICIAN'S SIGNATURE, THE PHYSICIAN MUST VERIFY THE CONTINUING ACCURACY OF THE INFORMATION AND NEED FOR INPATIENT CARE EITHER BY ADDING A STATEMENT TO THAT EFFECT ON THE ODHS 3697 OR ALTERNATIVE APPROVED FORM, OR BY ATTACHING A SEPARATE LETTER OF EXPLANATION; OR
 - (3) IF THE INDIVIDUAL WAS REQUIRED TO UNDERGO PAS AND FAILED TO DO SO PRIOR TO ADMISSION, THE EFFECTIVE DATE OF THE LOC DETERMINATION AND NF-PED ELIGIBILITY DETERMINATION SHALL BE THE LATER OF THE DATE OF THE PAS DETERMINATION THAT THE INDIVIDUAL REQUIRED THE LEVEL OF SERVICES AVAILABLE IN A NF. OR THE DATE ESTABLISHED IN PARAGRAPH (F)(2) OF THIS RULE
- (G) ALL INDIVIDUALS RECEIVING NF-PED SERVICES FROM QUALIFIED PROVIDERS (AS DEFINED IN RULE 5101:3-3-25 OF THE ADMINISTRATIVE CODE) ON THE EFFECTIVE DATE OF THIS RULE SHALL BE ASSESSED TO DETERMINE THEIR ELIGIBILITY FOR A CONTINUED NF-PED STAY. THESE ASSESSMENTS SHALL BE CONDUCTED IN ACCORDANCE WITH THE PROVISIONS OF PARAGRAPHS (D) TO (F) OF THIS RULE, EXCEPT THAT THE FACE-TO-FACE ASSESSMENTS SHALL BE PERFORMED BY BOTH AN RN AND A QUALIFIED MENTAL RETARDATION PROFESSIONAL, OR BY AN RN WHO IS ALSO A QUALIFIED MENTAL RETARDATION PROFESSIONAL; MUST BE COMPLETED NO LATER THAN ONE HUNDRED TWENTY DAYS AFTER ...

TN #94-3) APPROVAL DATE 2-21-95
SUPERSEDES

EFFECTIVE DATE OF THIS RULE; AND THE EFFECTIVE DATE OF THE PAYMENT AUTHORIZATION SHALL BE THE DATE ON WHICH THE INDIVIDUAL WAS DETERMINED TO BE ELIGIBLE FOR A CONTINUED NE-PED STAY.

(H) PROVIDER ELIGIBILITY. IN ORDER TO OBTAIN A "NE-PED SERVICES PROVIDER AGREEMENT" AND QUALIFY FOR ENHANCED PAYMENT FOR THE PROVISION OF NE-PED SERVICES, THE PROVIDER MUST MEET ALL OF THE FOLLOWING REQUIREMENTS:

- (1) BE AN OHIO MEDICAID-CERTIFIED NE;
- (2) MEET THE REQUIREMENTS FOR A "LONG-TERM CARE PROVIDER AGREEMENT FOR NURSING FACILITIES" (ODHS 3623) SET FORTH IN RULE 5101:3-3-02 OF THE ADMINISTRATIVE CODE;
- (3) PROVIDE NE-PED SERVICES IN A DISTINCT PART UNIT DEDICATED TO THE PROVISION OF OUTLIER PEDIATRIC CARE;
- (4) THE FACILITY MUST AGREE TO PROVIDE THE FOLLOWING, WITH THE EXCEPTION OF ANY SPECIFIC ITEMS THAT ARE DIRECT BILLED IN ACCORDANCE WITH RULE 5101:3-3-19 OF THE ADMINISTRATIVE CODE, AS NEEDED, TO INDIVIDUALS WHO RECEIVE PRIOR AUTHORIZATION FROM ODHS OR ITS DESIGNEE FOR THE RECEIPT OF NE-PED SERVICES:
 - (a) TWENTY-FOUR-HOUR SKILLED NURSING CARE AND SUCH PERSONAL CARE AS MAY BE REQUIRED FOR THE HEALTH, SAFETY, AND WELL-BEING OF THE INDIVIDUAL;
 - (b) DIETARY SUPPLEMENTS USED FOR ORAL FEEDING, EVEN IF WRITTEN AS A PRESCRIPTION ITEM BY A PHYSICIAN;
 - (c) SERIAL CASTING AND SPLINTING DELIVERED BY LICENSED PERSONNEL;
 - (d) ORTHOTIC SERVICES DELIVERED BY LICENSED PERSONNEL;
 - (e) DIAGNOSTIC RADIOLOGY SERVICES;
 - (f) LABORATORY SERVICES;

TN #94-31 APPROVAL DATE 2-21-95
SUPERSEDES
TN #0262 EFFECTIVE DATE 12/10/94

- (g) DENTAL SERVICES;
 - (h) VENTILATOR CARE REQUIRING THE PROFESSIONAL ASSESSMENT OF A REGISTERED NURSE (RN) AND/OR A RESPIRATORY THERAPIST, SUPPLIES AND EQUIPMENT INCLUDING BUT NOT LIMITED TO THE PROVISION OF OXYGEN, REGULAR MONITORING OF BLOOD GASES, AND FREQUENT SUCTIONING;
 - (i) THERAPEUTIC AND TRAINING SERVICES CONSISTENT WITH THE INDIVIDUAL PROGRAM PLAN THAT ORDINARILY WOULD OCCUPY MOST OF THE DAY;
- (5) DEVELOP AND SUBMIT TO ODHS OR ITS DESIGNEE WITHIN FOURTEEN DAYS AFTER EACH NEW ADMISSION, A COMPREHENSIVE, INDIVIDUALIZED PROGRAM PLAN FOR COORDINATED, INTEGRATED SERVICES BY THE INTERDISCIPLINARY TEAM, INCLUDING THE ODHS CASE MANAGER, IN CONJUNCTION WITH THE INDIVIDUAL AND OTHERS CONCERNED WITH THE INDIVIDUAL'S WELFARE. THE PLAN MUST STATE THE SPECIFIC OBJECTIVES NECESSARY TO ADDRESS THE INDIVIDUAL'S NEEDS AS IDENTIFIED BY THE COMPREHENSIVE ASSESSMENT, SPECIFIC TREATMENT MODALITIES, ANTICIPATED TIMEFRAMES FOR THE ACCOMPLISHMENT OF OBJECTIVES, MEASURES TO BE USED TO ASSESS THE EFFECTS OF SERVICES, AND PERSON(S) RESPONSIBLE FOR PLAN IMPLEMENTATION. THE PLAN SHALL BE REVIEWED BY THE APPROPRIATE PROGRAM STAFF AT LEAST MONTHLY AND/OR WITHIN FOURTEEN DAYS OF EACH READMISSION, REVISED AS NECESSARY, AND WHEN REVISIONS ARE MADE, SUBMITTED TO ODHS OR ITS DESIGNEE BY ELECTRONIC FACSIMILE (FAX) WITHIN THREE WORKING DAYS FOLLOWING THE REVISION;
- (6) DEVELOP AND SUBMIT TO ODHS OR ITS DESIGNEE WITHIN FOURTEEN DAYS AFTER ADMISSION, A WRITTEN DISCHARGE PLANNING EVALUATION DEVELOPED BY THE INTERDISCIPLINARY TEAM, INCLUDING THE ODHS CASE MANAGER, IN CONJUNCTION WITH THE INDIVIDUAL AND OTHERS CONCERNED WITH THE INDIVIDUAL'S WELFARE; INCLUDING RECOMMENDATIONS FOR ANY COUNSELING AND TRAINING OF THE INDIVIDUAL AND FAMILY MEMBERS OR INTERESTED PERSONS TO PREPARE THEM FOR POST-DISCHARGE CARE, AN EVALUATION OF THE LIKELY NEED FOR APPROPRIATE

TN #94-31 APPROVAL DATE 2-21-95
SUPERSEDES

POST-DISCHARGE SERVICES, THE AVAILABILITY OF THOSE SERVICES, THE PROVIDERS OF THOSE SERVICES, THE PAYMENT SOURCE FOR EACH SERVICE, AND DATES ON WHICH NOTIFICATION OF THE INDIVIDUAL'S NEEDS AND ANTICIPATED TIMEFRAMES WAS OR WOULD BE MADE TO THE PROVIDERS OF THOSE SERVICES;

- (7) WHEN PERIODIC REASSESSMENTS OF THE DISCHARGE PLAN INDICATE THAT THE INDIVIDUAL'S DISCHARGE NEEDS HAVE CHANGED, THE FACILITY SHALL FAX THE RESULTS OF THE REASSESSMENTS AND THE REVISED DISCHARGE PLAN TO ODHS OR ITS DESIGNEE WITHIN THREE WORKING DAYS FOLLOWING THE REVISION;
- (8) THE FACILITY SHALL PREPARE AND PROVIDE TO ODHS OR ITS DESIGNEE A MONTHLY REPORT IN A FORMAT APPROVED BY ODHS THAT SUMMARIZES THE INDIVIDUAL'S PROGRAM PLAN, PROGRESS, CHANGES IN TREATMENT, AND DISCHARGE PLAN, INCLUDING REFERRALS MADE AND ANTICIPATED TIMEFRAMES;
- (9) AGREE TO COOPERATE WITH THE ODHS OVERSIGHT FUNCTION, NOTIFY ODHS OR ITS DESIGNEE AT LEAST ONE WEEK IN ADVANCE OF EACH TEAM MEETING, AND PROVIDE ODHS OR ITS DESIGNEE WITH MINUTES OF THOSE MEETINGS UPON REQUEST;
- (10) AGREE TO ACCEPT, AS PAYMENT IN FULL, THE PER DIEM RATE ESTABLISHED FOR NE-PED SERVICES IN ACCORDANCE WITH RULE 5101:3-3-25 OF THE ADMINISTRATIVE CODE, AND TO MAKE NO ADDITIONAL CHARGE TO THE INDIVIDUAL, ANY MEMBER OF THE INDIVIDUAL'S FAMILY, OR TO ANY OTHER SOURCE FOR COVERED NE-PED SERVICES;
- (11) AGREE TO ACCEPT AN ADJUSTED "STEP-DOWN" RATE NEGOTIATED FOR THE PROVISION OF SERVICES TO ANY INDIVIDUAL WHO HAS BEEN DETERMINED BY ODHS OR ITS DESIGNEE TO NO LONGER REQUIRE NE-PED SERVICES, BUT FOR WHOM NO APPROPRIATE ALTERNATIVE PLACEMENT IS AVAILABLE. THE ADJUSTED RATE SHALL BE EFFECTIVE FROM THE DATE OF THE DETERMINATION UNTIL THE DATE THE INDIVIDUAL IS DISCHARGED TO A MORE APPROPRIATE PLACEMENT.
- (12) AGREE TO MAINTAIN SUCH RECORDS NECESSARY TO FULLY

TN # 94-31 APPROVAL DATE 2-21-95
SUPERSEDES
TN # 022 EFFECTIVE DATE 12/12/02

DISTINGUISH THE COSTS OF OPERATING THE OUTLIER PEDIATRIC UNIT, TO DISCLOSE THE EXTENT OF SERVICES PROVIDED BY THE OUTLIER PEDIATRIC UNIT, AND TO MAINTAIN ALL INFORMATION REGARDING PAYMENTS CLAIMED BY THE PROVIDER FOR FURNISHING NE-PED SERVICES FOR A PERIOD OF SIX YEARS; OR IF AN AUDIT IS INITIATED WITHIN THE SIX-YEAR PERIOD, UNTIL THE AUDIT IS COMPLETED AND EVERY EXCEPTION RESOLVED.

- (I) PAYMENTS FOR NE-PED SERVICES, INCLUDING ADJUSTED "STEP DOWN" RATES, SHALL BE MADE TO ELIGIBLE PROVIDERS IN ACCORDANCE WITH RULE 5101:3-3-25 OF THE ADMINISTRATIVE CODE.

EFFECTIVE DATE: _____

CERTIFICATION: _____

DATE

PROMULGATED UNDER: Revised Code Chapter 119.
STATUTORY AUTHORITY: Revised Code Sections 5111.02 and 5111.257
RULE AMPLIFIES: Revised Code Sections 5111.01, 5111.02, 5111.20, and 5111.257

TN # 94-31 APPROVAL DATE 2-21-95
SUPERSEDES
TN # 122 EFFECTIVE DATE 12/13/94