

SOCIAL SECURITY ACT.

(B) DEFINITIONS:

- (1) "CDHS" MEANS COUNTY DEPARTMENT OF HUMAN SERVICES.
- (2) "DELAYED IN-PERSON ASSESSMENT" IS AN IN-PERSON ASSESSMENT OF AN INDIVIDUAL WHICH DELAYS THE DETERMINATION OF WHETHER HOME AND COMMUNITY-BASED SERVICES ARE AN APPROPRIATE ALTERNATIVE TO A CONTINUED STAY IN A NF. SUCH AN ASSESSMENT IS BEGUN PRIOR TO NF ADMISSION, BUT IS NOT COMPLETED UNTIL AFTER ADMISSION TO THE NF. DELAYED IN-PERSON ASSESSMENTS MUST BE COMPLETED WITHIN ONE HUNDRED EIGHTY DAYS OF THE INDIVIDUAL'S FIRST ADMISSION TO A NF. THE DECISION TO DELAY THE CONCLUSION OF THE ASSESSMENT IS BASED ON A PARTIAL ASSESSMENT THAT MAY CONSIST OF ONLY A PAPER REVIEW OF A LEVEL OF CARE REQUEST, OR MAY BE BASED ON AN INCOMPLETE IN-PERSON ASSESSMENT.
- (3) "ICF-MR" MEANS INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED. AN "ICF-MR" IS A LONG TERM CARE FACILITY CERTIFIED TO PROVIDE SERVICES TO INDIVIDUALS WITH MENTAL RETARDATION OR A RELATED CONDITION WHO REQUIRE ACTIVE TREATMENT AS DEFINED AT 42 CFR 483.440. IN ORDER TO BE ELIGIBLE FOR VENDOR PAYMENT IN AN ICF-MR, AN INDIVIDUAL MUST BE DETERMINED BY ODHS, OR ITS DESIGNEE, TO BE IN NEED OF AN ICF-MR/DD LOC AS OUTLINED IN RULE 5101:3-3-07 OF THE ADMINISTRATIVE CODE.
- (4) "IN-PERSON ASSESSMENT" MEANS A PROCESS THAT INCLUDES A FACE-TO-FACE ASSESSMENT WITH THE INDIVIDUAL PERFORMED BY STAFF OF ODHS, OR ITS DESIGNEE, WHO ARE REGISTERED NURSES OR LICENSED SOCIAL WORKERS WITH PRIOR EDUCATION, EXPERIENCE OR TRAINING IN THE FIELD OF GERIATRIC LONG TERM CARE AS APPROVED BY ODHS OR ITS DESIGNEE PRIOR TO PROVIDING SERVICES, WHO MEET THE REQUIREMENTS OF PARAGRAPH (d) OF 42 CFR 432.50 AND WHO ARE CERTIFIED BY ODHS OR ITS DESIGNEE. THE PURPOSE OF THE IN-PERSON ASSESSMENT IS TO REVIEW AND DISCUSS DIRECTLY WITH THE INDIVIDUAL AND, TO THE EXTENT POSSIBLE, WITH THE INDIVIDUAL'S INFORMAL CARE GIVERS AND/OR REPRESENTATIVE, THE INDIVIDUAL'S CARE NEEDS AND PREFERENCES, AND TO ACCESS INFORMATION NECESSARY TO COMPLETE A LEVEL OF CARE DETERMINATION.

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- (5) "ILOC" MEANS INTERMEDIATE LEVEL OF CARE. AN "ILOC" IS A DETERMINATION BY ODHS OR ITS DESIGNEE THAT AN INDIVIDUAL'S CARE NEEDS MEET THE CRITERIA SPECIFIED IN RULE 5101:3-3-06 OF THE ADMINISTRATIVE CODE.
- (6) "INDIVIDUAL" MEANS A MEDICAID RECIPIENT OR PERSON WITH PENDING MEDICAID ELIGIBILITY WHO IS MAKING APPLICATION TO A NF OR ICF-MR; OR IS APPLYING FOR HOME AND COMMUNITY-BASED SERVICES (HCBS) WAIVER ENROLLMENT; OR IS APPLYING FOR OPTIONAL STATE SUPPLEMENT (OSS) FUNDED PLACEMENT; OR IS SEEKING LONG TERM CARE SERVICES (AS DEFINED IN PARAGRAPH (B)(8) OF THIS RULE) BUT HAS NOT YET MADE APPLICATION FOR A PARTICULAR TYPE OF SERVICE OR SERVICE SETTING.
- (7) "LTCF" MEANS A MEDICAID CERTIFIED LONG TERM CARE FACILITY AS DEFINED IN RULE 5101:3-1-49 OF THE ADMINISTRATIVE CODE.
- (8) "LONG TERM CARE SERVICES" ARE THOSE MEDICAID FUNDED, INSTITUTIONAL OR COMMUNITY-BASED, MEDICAL, HEALTH, PSYCHO-SOCIAL, HABILITATIVE, REHABILITATIVE, AND/OR PERSONAL CARE SERVICES WHICH MAY BE PROVIDED TO ELIGIBLE INDIVIDUALS.
- (9) "NURSING FACILITY (NF)" MEANS ANY LONG TERM CARE FACILITY (EXCLUDING ICFS-MR), OR PART OF A FACILITY, CURRENTLY CERTIFIED BY THE OHIO DEPARTMENT OF HEALTH AS BEING IN COMPLIANCE WITH THE NURSING FACILITY STANDARDS AND MEDICAID CONDITIONS OF PARTICIPATION. ANY REFERENCE TO "NF-LOC" MEANS AN ILOC OR SLOC.
- (10) "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 (AS DEFINED IN RULE 5101:3-3-151 OF THE ADMINISTRATIVE CODE). PAS INCLUDES DETERMINATIONS REGARDING WHETHER INDIVIDUALS WHO HAVE SERIOUS MENTAL ILLNESS (SMI) AND/OR MR/DD REQUIRE THE LEVEL OF SERVICES PROVIDED BY A NF. THOSE DETERMINATIONS MUST BE BASED ON THE SAME LOC CRITERIA AS ARE SET FORTH IN CHAPTER 5101:3-3 OF THE ADMINISTRATIVE CODE. HOWEVER, THE PAS PROCESS IS DISTINCT FROM THE LOC REVIEW PROCESS.

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- (11) "PHYSICIAN" MEANS A DOCTOR OF MEDICINE OR OSTEOPATHY WHO IS LICENSED TO PRACTICE MEDICINE.
 - (12) "PRIMARY DIAGNOSIS" HAS THE SAME MEANING AS IN RULE 5101:3-3-151 OF THE ADMINISTRATIVE CODE.
 - (13) "PSYCHOLOGIST" MEANS A DEGREED PSYCHOLOGIST WHO HAS BEEN LICENSED BY THE OHIO BOARD OF PSYCHOLOGY TO PRACTICE PSYCHOLOGY IN THE STATE OF OHIO.
 - (14) "SLOC" MEANS SKILLED LEVEL OF CARE. A "SLOC" IS 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.
 - (15) "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, OR ANY OTHER PERSON CHOSEN TO ACT ON THE INDIVIDUAL'S BEHALF.
- (C) PARAGRAPHS (C)(1) TO (C)(5) OF THIS RULE SPECIFY THOSE INDIVIDUALS WHO ARE EXEMPT FROM PARTICIPATION AND THOSE WHO ARE REQUIRED TO PARTICIPATE IN THE IN-PERSON ASSESSMENT PROCESS CONDUCTED BY ODHS OR ITS DESIGNEE. ODHS OR ITS DESIGNEE SHALL BASE ITS DETERMINATION REGARDING THE NEED TO CONDUCT AN IN-PERSON ASSESSMENT ON INFORMATION CONTAINED ON THE INDIVIDUAL'S ODHS 3697, OR OTHER AUTHORIZED FORM, AS SPECIFIED IN PARAGRAPH (H) OF THIS RULE.
- (1) FOR INDIVIDUALS WHO ARE RESIDING IN AN ACUTE CARE HOSPITAL AND ARE SEEKING ADMISSION OR READMISSION TO A MEDICAID CERTIFIED NURSING FACILITY BED:
 - (a) INDIVIDUALS DETERMINED BY ODHS OR ITS DESIGNEE TO BE IN ANY OF THE FOLLOWING CATEGORIES ARE EXEMPT FROM THE IN-PERSON ASSESSMENT REQUIREMENT IN THE HOSPITAL PRIOR TO ADMISSION TO A NE, AND ARE EXEMPT FROM A DELAYED IN-PERSON ASSESSMENT LATER IN THE NE, UNLESS THE PAPER REVIEW INDICATES THAT A NE LOC WOULD BE DENIED. IN THE CASE OF A PROBABLE DENIAL, THE PROVISIONS SET FORTH IN PARAGRAPH (H)(5) OF THIS RULE APPLY AND THE IN-PERSON ASSESSMENT IS REQUIRED.

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- (i) INDIVIDUALS WITH CARE NEEDS THAT CLEARLY EXCEED THE COMBINATION OF SERVICES AVAILABLE TO THE INDIVIDUAL FROM HOME AND COMMUNITY-BASED SERVICE WAIVERS AND AVAILABLE INFORMAL CARE GIVERS (AS DEFINED IN CHAPTERS 5101:3-31 AND 5101:3-39 OF THE ADMINISTRATIVE CODE), AND WHO HAVE NO REHABILITATION POTENTIAL AND A POOR PROGNOSIS BASED UPON THE MEDICAL JUDGEMENT OF THE INDIVIDUAL'S PHYSICIAN.
 - (ii) INDIVIDUALS WHO RESIDED IN A NE FOR ONE HUNDRED EIGHTY DAYS OR MORE PRIOR TO THE HOSPITAL ADMISSION AND ARE EITHER SEEKING READMISSION TO THE SAME NE FOLLOWING A HOSPITALIZATION DURING WHICH THE INDIVIDUAL EXHAUSTED ALL AVAILABLE PAID LEAVE DAYS (SEE RULE 5101:3-3-59 OF THE ADMINISTRATIVE CODE FOR AN EXPLANATION OF PAID LEAVE DAYS); OR ARE TRANSFERRING FROM ONE NE TO ANOTHER FOLLOWING AN INTERVENING HOSPITAL STAY REGARDLESS OF WHETHER ALL AVAILABLE PAID LEAVE DAYS HAVE BEEN EXHAUSTED (SEE RULE 5101:3-3-59 OF THE ADMINISTRATIVE CODE FOR AN EXPLANATION OF PAID LEAVE DAYS).
 - (iii) INDIVIDUALS WHO HAVE A CONTRACTUAL OR STATUTORY RIGHT TO HAVE THEIR CARE PROVIDED INDEFINITELY BY A NE THAT PROVIDES CONTINUING CARE AS DEFINED IN SECTION 173.13 OF THE REVISED CODE, OR A HOME FOR THE AGED AS DEFINED IN SECTION 5701.13 OF THE REVISED CODE.
- (b) INDIVIDUALS DETERMINED BY QDHS OR ITS DESIGNEE TO BE IN ANY OF THE FOLLOWING CATEGORIES ARE NOT REQUIRED TO PARTICIPATE IN AN IN-PERSON ASSESSMENT IN THE HOSPITAL PRIOR TO ADMISSION TO A NE, BUT THE REQUIREMENT FOR THE ASSESSMENT IS DELAYED UNTIL THE PERSON HAS RESIDED IN THE NE FOR A PERIOD NOT TO EXCEED ONE HUNDRED EIGHTY DAYS FROM THE DATE OF THE INDIVIDUAL'S FIRST NE ADMISSION. A LOC DETERMINATION SHALL BE MADE PRIOR TO THE NE ADMISSION REGARDLESS OF WHETHER THE IN-PERSON ASSESSMENT HAS BEEN COMPLETED OR DELAYED.

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- (i) INDIVIDUALS WHO ARE NEW NE APPLICANTS WHO HAVE PROGNOSSES FOR IMPROVEMENT AND REHABILITATION POTENTIAL OF FAIR OR BETTER, BASED UPON THE MEDICAL JUDGEMENT OF THE INDIVIDUAL'S PHYSICIAN.
 - (ii) INDIVIDUALS WHO ARE NEW NE APPLICANTS WHO HAVE A DISCHARGE PLAN OF NE STAY OF ONE HUNDRED EIGHTY DAYS OR LESS.
 - (iii) INDIVIDUALS WHO ARE PREVIOUS NE RESIDENTS WHO DID NOT PARTICIPATE IN AN IN-PERSON ASSESSMENT PRIOR TO OR DURING THEIR NE STAY, WHO ARE RETURNING TO A NE IN WHICH THEY RESIDED FOR LESS THAN ONE HUNDRED EIGHTY DAYS IMMEDIATELY PRECEDING THE HOSPITALIZATION, AND WHO HAVE A DISCHARGE PLAN FOR A NE STAY OF ONE HUNDRED EIGHTY DAYS OR LESS.
 - (iv) INDIVIDUALS WHO ARE NOT COVERED BY PARAGRAPHS (C)(1)(a) TO (C)(1)(b)(iii) OF THIS RULE, AND THOSE FOR WHOM THE DEPARTMENT OR ITS DESIGNEE CANNOT COMPLETE THE ASSESSMENT PRIOR TO ADMISSION TO A NE IN ACCORDANCE WITH THE APPLICABLE SCHEDULE SPECIFIED IN PARAGRAPH (D)(1) OF THIS RULE.
- (c) INDIVIDUALS DETERMINED BY ODHS OR ITS DESIGNEE TO BE IN ANY OF THE FOLLOWING CATEGORIES ARE REQUIRED TO PARTICIPATE IN AN IN-PERSON ASSESSMENT IN THE HOSPITAL, PRIOR TO THE NE ADMISSION. A LOC DETERMINATION SHALL BE MADE PRIOR TO THE NE ADMISSION.
- (i) INDIVIDUALS WHO ARE NOT DETERMINED TO BE IN ANY OF THE CATEGORIES CONTAINED IN PARAGRAPHS (C)(1)(a) OR (C)(1)(b) OF THIS RULE.
 - (ii) INDIVIDUALS FOR WHOM ODHS OR ITS DESIGNEE HAS DETERMINED, BASED ON A REVIEW OF THE ODHS 3697 OR OTHER AUTHORIZED FORM, THAT THE INDIVIDUAL APPEARS NOT TO BE ELIGIBLE FOR AN INTERMEDIATE LOC (DEFINED IN RULE 5101:3-3-06 OF THE

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ADMINISTRATIVE CODE) OR A SKILLED LOC (DEFINED IN RULE 5101:3-3-05 OF THE ADMINISTRATIVE CODE).

- (iii) INDIVIDUALS FOR WHOM THE INFORMATION NEEDED BY ODHS OR ITS DESIGNEE TO MAKE A LOC DETERMINATION IS INCONSISTENT OR INCOMPLETE.
 - (iv) INDIVIDUALS WHO HAVE REQUESTED, OR THEIR AUTHORIZED REPRESENTATIVE HAS REQUESTED, AN IN-PERSON ASSESSMENT.
- (2) FOR INDIVIDUALS WHO ARE CURRENT NE RESIDENTS, NOT CURRENTLY AUTHORIZED FOR VENDOR PAYMENT, AND WHO ARE SEEKING MEDICAID VENDOR PAYMENT OF THEIR NE STAY:
- (a) INDIVIDUALS DETERMINED BY ODHS OR ITS DESIGNEE TO BE IN ANY OF THE FOLLOWING CATEGORIES ARE EXEMPT FROM AN INITIAL IN-PERSON ASSESSMENT, AND EXEMPT FROM A LATER DELAYED ASSESSMENT, UNLESS THE REVIEW OF THE ODHS 3697, OR MDS+ AND DOCTORS ORDERS, INDICATES THAT A NE LOC WOULD BE DENIED. IN THE CASE OF A PROBABLE DENIAL, THE PROVISIONS SET FORTH IN PARAGRAPH (H)(5) OF THIS RULE APPLY AND THE IN-PERSON ASSESSMENT IS REQUIRED.
 - (i) INDIVIDUALS WHO HAVE BEEN IN THE NE FOR ONE HUNDRED EIGHTY DAYS OR LONGER.
 - (ii) INDIVIDUALS WITH CARE NEEDS THAT CLEARLY EXCEED THE COMBINATION OF SERVICES AVAILABLE TO INDIVIDUALS FROM HOME AND COMMUNITY-BASED SERVICE WAIVERS AND AVAILABLE INFORMAL CARE GIVERS (AS DEFINED IN CHAPTERS 5101:3-31 AND 5101:3-39 OF THE ADMINISTRATIVE CODE), AND HAVE NO REHABILITATION POTENTIAL AND A POOR PROGNOSIS, BASED UPON THE MEDICAL JUDGEMENT OF THE INDIVIDUAL'S PHYSICIAN .
 - (iii) INDIVIDUALS WHO HAVE A CONTRACTUAL OR STATUTORY RIGHT TO HAVE THEIR CARE PROVIDED INDEFINITELY BY A NE THAT PROVIDES CONTINUING CARE AS DEFINED IN SECTION 173.13 OF THE REVISED

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CODE, OR A HOME FOR THE AGED AS DEFINED IN SECTION 5701.13 OF THE REVISED CODE.

- (b) INDIVIDUALS DETERMINED BY ODHS OR ITS DESIGNEE TO HAVE BEEN IN THE NE FOR LESS THAN ONE HUNDRED EIGHTY DAYS AND HAVE PROGNOSSES FOR IMPROVEMENT WITH REHABILITATION POTENTIALS OF FAIR OR BETTER, BASED UPON THE MEDICAL JUDGEMENT OF THE INDIVIDUAL'S PHYSICIAN, ARE NOT REQUIRED TO PARTICIPATE IN AN IN-PERSON ASSESSMENT PRIOR TO LOC DETERMINATION. IN SUCH CASES, THE REQUIREMENT FOR THE ASSESSMENT IS DELAYED UNTIL THE PERSON HAS RESIDED IN THE NE FOR A PERIOD NOT TO EXCEED ONE HUNDRED EIGHTY DAYS FROM THE DATE OF THE INDIVIDUAL'S FIRST NE ADMISSION.
- (c) INDIVIDUALS DETERMINED BY ODHS OR ITS DESIGNEE TO BE IN ANY OF THE FOLLOWING CATEGORIES ARE REQUIRED TO PARTICIPATE IN AN IN-PERSON ASSESSMENT IN THE NE PRIOR TO THE LOC DETERMINATION.
- (i) INDIVIDUALS WHO ARE NOT DETERMINED TO BE IN ANY OF THE CATEGORIES OF (C)(2)(a) OR (C)(2)(b) OF THIS RULE.
- (ii) INDIVIDUALS FOR WHOM ODHS OR ITS DESIGNEE HAS DETERMINED, BASED ON A REVIEW OF THE ODHS 3697, THAT THE INDIVIDUAL APPEARS NOT TO BE ELIGIBLE FOR AN INTERMEDIATE LOC (AS DEFINED IN RULE 5101:3-3-06 OF THE ADMINISTRATIVE CODE) OR A SKILLED LOC (AS DEFINED IN RULE 5101:3-3-05 OF THE ADMINISTRATIVE CODE).
- (iii) INDIVIDUALS FOR WHOM THE INFORMATION NEEDED BY ODHS OR ITS DESIGNEE TO MAKE A LOC DETERMINATION IS INCONSISTENT OR INCOMPLETE.
- (iv) INDIVIDUALS WHO HAVE REQUESTED, OR THEIR AUTHORIZED REPRESENTATIVE HAS REQUESTED, AN IN-PERSON ASSESSMENT.
- (3) FOR INDIVIDUALS WHO ARE CURRENT NE RESIDENTS WHO ARE CURRENTLY AUTHORIZED FOR VENDOR PAYMENT OF THEIR NE STAY AND ARE TRANSFERRING TO ANOTHER NE WITHOUT AN

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INTERVENING HOSPITAL STAY:

- (a) INDIVIDUALS DETERMINED BY ODHS OR ITS DESIGNEE TO BE IN ANY OF THE FOLLOWING CATEGORIES ARE EXEMPT FROM AN INITIAL IN-PERSON ASSESSMENT, AND EXEMPT FROM A LATER DELAYED ASSESSMENT, UNLESS THE REVIEW OF THE ODHS 3697 OR MDS+ AND DOCTOR'S ORDERS INDICATES THAT A NE LOC WOULD BE DENIED. IN THE CASE OF A PROBABLE DENIAL, THE PROVISIONS SET FORTH IN PARAGRAPH (H)(5) APPLY AND THE IN-PERSON ASSESSMENT IS REQUIRED.
- (i) INDIVIDUALS WHO HAVE RESIDED IN A NE FOR ONE HUNDRED EIGHTY DAYS OR MORE PRIOR TO THE DATE OF TRANSFER.
- (ii) INDIVIDUALS WHO HAVE RESIDED IN A NE FOR LESS THAN ONE HUNDRED EIGHTY DAYS BUT HAVE ALREADY PARTICIPATED IN AN IN-PERSON ASSESSMENT.
- (iii) INDIVIDUALS WITH CARE NEEDS THAT CLEARLY EXCEED THE COMBINATION OF SERVICES AVAILABLE TO INDIVIDUALS FROM HOME AND COMMUNITY-BASED SERVICE WAIVERS AND AVAILABLE INFORMAL CARE GIVERS (AS DEFINED IN CHAPTERS 5101:3-31 AND 5101:3-39 OF THE ADMINISTRATIVE CODE), AND HAVE NO REHABILITATION POTENTIAL AND A POOR PROGNOSIS, BASED UPON THE MEDICAL JUDGEMENT OF THE INDIVIDUAL'S PHYSICIAN.
- (b) INDIVIDUALS DETERMINED BY ODHS OR ITS DESIGNEE TO HAVE RESIDED IN A NE FOR LESS THAN ONE HUNDRED EIGHTY DAYS WHO HAVE NOT PARTICIPATED IN AN IN-PERSON ASSESSMENT PRIOR TO OR DURING THE CURRENT NE STAY, AND WHO HAVE PROGNOSSES FOR IMPROVEMENT WITH REHABILITATION POTENTIALS OF FAIR OR BETTER, BASED UPON THE MEDICAL JUDGEMENT OF THE INDIVIDUAL'S PHYSICIAN, ARE NOT REQUIRED TO PARTICIPATE IN AN IN-PERSON ASSESSMENT PRIOR TO LOC DETERMINATION. THE REQUIREMENT FOR THE IN-PERSON ASSESSMENT MAY BE DELAYED UNTIL THE INDIVIDUAL HAS ACCRUED A TOTAL COMBINED NE RESIDENCY PERIOD NOT TO EXCEED ONE HUNDRED EIGHTY DAYS FROM THE DATE OF THE FIRST NE

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ADMISSION.

- (c) INDIVIDUALS DETERMINED BY ODHS OR ITS DESIGNEE TO HAVE RESIDED IN A NF FOR LESS THAN ONE HUNDRED EIGHTY DAYS WHO HAVE NOT PARTICIPATED IN AN IN-PERSON ASSESSMENT PRIOR TO OR DURING THE CURRENT NF STAY, AND WHO DO NOT MEET THE CRITERIA SET FORTH IN PARAGRAPHS (C)(3)(a) OR (C)(3)(b) ARE REQUIRED TO PARTICIPATE IN AN IN-PERSON ASSESSMENT CONDUCTED BY ODHS OR ITS DESIGNEE PRIOR TO THE LOC DETERMINATION.
- (4) INDIVIDUALS WHO HAVE A CONTRACTUAL OR STATUTORY RIGHT TO HAVE THEIR CARE PROVIDED INDEFINITELY BY A NF THAT PROVIDES CONTINUING CARE AS DEFINED IN SECTION 173.13 OF THE REVISED CODE, OR A HOME FOR THE AGED AS DEFINED IN SECTION 5701.13 OF THE REVISED CODE, ARE EXEMPT FROM THE IN-PERSON ASSESSMENT REQUIREMENT PRIOR TO ADMISSION TO THE NF PORTION OF THE CCRC OR HOME FOR THE AGED, AND ARE EXEMPT FROM A DELAYED IN-PERSON ASSESSMENT, UNLESS THE PAPER REVIEW INDICATES THAT A NF LOC WOULD BE DENIED. IN THE CASE OF A PROBABLE DENIAL, THE PROVISIONS SET FORTH IN PARAGRAPH (H)(5) OF THIS RULE APPLY AND THE IN-PERSON ASSESSMENT IS REQUIRED.
- (5) ALL INDIVIDUALS WHO ARE RESIDING IN SETTINGS OTHER THAN THOSE SPECIFIED IN PARAGRAPHS (C)(1) TO (C)(4) OF THIS RULE, WHO ARE SEEKING ADMISSION TO A MEDICAID CERTIFIED NURSING FACILITY, SHALL BE REQUIRED TO PARTICIPATE IN AN IN-PERSON ASSESSMENT CONDUCTED BY ODHS OR ITS DESIGNEE PRIOR TO ADMISSION TO THE NF. ODHS OR ITS DESIGNEE SHALL DETERMINE WHETHER THE INDIVIDUAL IS ELIGIBLE FOR AN INTERMEDIATE LOC OR SKILLED LOC (AS DEFINED IN RULES 5101:3-3-05 AND 5101:3-3-06 OF THE ADMINISTRATIVE CODE). IF THE IN-PERSON ASSESSMENT CANNOT BE COMPLETED PRIOR TO THE NF ADMISSION, A DELAYED IN-PERSON ASSESSMENT SHALL BE CONDUCTED IN THE NF WITHIN ONE HUNDRED EIGHTY DAYS OF ADMISSION. A LOC DETERMINATION SHALL BE MADE PRIOR TO THE NF ADMISSION REGARDLESS OF WHETHER THE IN-PERSON ASSESSMENT HAS BEEN COMPLETED OR A DELAYED IN-PERSON ASSESSMENT MUST BE COMPLETED.
- (D) ODHS, OR ITS DESIGNEE, SHALL PERFORM AN IN-PERSON ASSESSMENT, DETERMINE THAT THE ASSESSMENT SHOULD BE DELAYED, OR DETERMINE

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THAT THE ASSESSMENT IS NOT REQUIRED ACCORDING TO THE FOLLOWING SCHEDULE:

- (1) FOR HOSPITALIZED INDIVIDUALS, NOT LATER THAN ONE OF THE FOLLOWING:
 - (a) ONE WORKING DAY AFTER THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE SUBMITS EITHER AN ORAL OR WRITTEN REQUEST TO ODHS OR ITS DESIGNEE FOR AN ASSESSMENT AND/OR LEVEL OF CARE DETERMINATION.
 - (b) A LATER DATE REQUESTED BY THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE.
- (2) IN THE CASE OF AN EMERGENCY, NOT LATER THAN ONE CALENDAR DAY AFTER THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE SUBMITS EITHER AN ORAL OR WRITTEN REQUEST TO ODHS OR ITS DESIGNEE FOR AN ASSESSMENT AND/OR LOC DETERMINATION. AN INDIVIDUAL WITH AN EMERGENCY NEED SHALL BE DETERMINED BY ODHS OR ITS DESIGNEE AND SHALL INCLUDE, BUT NOT BE LIMITED TO, ANY INDIVIDUAL IDENTIFIED BY A CDHS ADULT PROTECTIVE SERVICES WORKER, AND ANY INDIVIDUAL IN A HOSPITAL EMERGENCY ROOM WHO IS LIKELY TO REQUIRE NE ADMISSION.
- (3) IN ALL OTHER CASES, NOT LATER THAN ONE OF THE FOLLOWING:
 - (a) FIVE CALENDAR DAYS AFTER THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE SUBMITS EITHER AN ORAL OR WRITTEN REQUEST TO ODHS OR ITS DESIGNEE FOR AN ASSESSMENT AND/OR LOC DETERMINATION.
 - (b) A LATER DATE REQUESTED BY THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE.
- (E) AT THE CONCLUSION OF EVERY IN-PERSON ASSESSMENT AND AT A TIME NOT LATER THAN THE TIME THE ASSESSMENT IS REQUIRED TO BE PERFORMED ACCORDING TO PARAGRAPH (D) OF THIS RULE, THE DEPARTMENT OR ITS DESIGNEE SHALL PROVIDE THE INDIVIDUAL WRITTEN NOTICE OF THE DETERMINATION, IN ACCORDANCE WITH CHAPTER 5101:6-2 OF THE ADMINISTRATIVE CODE. NOTICE SHALL ALSO BE PROVIDED TO THE INDIVIDUAL'S REPRESENTATIVE, IF ANY. IF AN IN-PERSON ASSESSMENT WAS REQUIRED FOR ANY REASON OTHER THAN TO COMPLY WITH THE PROVISIONS OF PARAGRAPH (H)(5) OF THIS RULE AND IT IS THE

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