

CONCLUSION OF THE ASSESSORS, BASED ON THE PROGRAM ELIGIBILITY CRITERIA SET FORTH IN RULES 5101:3-1-01, 5101:1-17-16, AND CHAPTERS 5101:3-31 AND 5101:3-39 OF THE ADMINISTRATIVE CODE AS WELL AS ON SERVICE AVAILABILITY, THAT HOME AND COMMUNITY-BASED SERVICES ARE A VIABLE OPTION FOR THE INDIVIDUAL, ODHS OR ITS DESIGNEE SHALL DEVELOP 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 AMONG THE AVAILABLE HOME AND COMMUNITY-BASED SERVICE ALTERNATIVES. IF THE PLAN IS ACCEPTED BY THE INDIVIDUAL, 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 AGREES TO, A LATER IMPLEMENTATION DATE.

- (F) LOC REVIEW IS REQUIRED FOR ALL INDIVIDUALS WHO ARE:
- (1) SEEKING ADMISSION OR READMISSION TO A MEDICAID CERTIFIED NF EXCEPT FOR INDIVIDUALS SEEKING READMISSION TO A MEDICAID CERTIFIED NF WHO HAVE NOT EXHAUSTED AVAILABLE PAID LEAVE DAYS (SEE RULE 5101:3-3-03 OF THE ADMINISTRATIVE CODE FOR REQUIREMENTS REGARDING AVAILABLE LEAVE DAYS).
  - (2) CURRENTLY RESIDING IN A NF AND ARE NOW SEEKING MEDICAID VENDOR PAYMENT FOR THEIR NF STAYS.
  - (3) SEEKING ENROLLMENT FOR HCBS WAIVERS OTHER THAN THE INDIVIDUAL OPTIONS WAIVER OR THE QBRA WAIVER.
- (G) UNDER THE CIRCUMSTANCES IN PARAGRAPHS (G)(1), (G)(2), AND (G)(3) OF THIS RULE, VENDOR PAYMENT SHALL BE CONTINUED OR REINSTATED WHEN A CHANGE IN INSTITUTIONAL SETTING IS SOUGHT.
- (1) INDIVIDUALS WHO ARE CURRENT NF RESIDENTS RECEIVING MEDICAID VENDOR PAYMENT WHO WISH TO TRANSFER TO ANOTHER NF MUST SUBMIT A COMPLETED ODHS 3697 FORM OR, IF TRANSFERRING WITHOUT AN INTERVENING INPATIENT HOSPITAL STAY, THE MOST RECENT MDS + COMPLETED FOR THE INDIVIDUAL BY THE SENDING NF AND PHYSICIAN'S ORDERS FOR THE INDIVIDUAL'S CARE AT THE TIME OF ADMISSION TO THE RECEIVING NF, NOT LATER THAN THE DAY OF TRANSFER TO THE NEW NF, AS SPECIFIED IN PARAGRAPHS (H)(1) AND (H)(2) OF THIS RULE, TO INITIATE PAYMENT TO THE NEW NF EFFECTIVE FROM THE DATE OF

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ADMISSION. FOR THOSE INDIVIDUALS WHO ARE LONG TERM RESIDENTS, AS DEFINED IN RULE 5101:3-3-151 OF THE ADMINISTRATIVE CODE, AND WHO HAVE CHOSEN TO REMAIN IN A NF AND RECEIVE SPECIALIZED SERVICES IN THE NF, A COPY OF THE PASARR DETERMINATION AND DOCUMENTATION RELATED TO THE INDIVIDUAL'S CHOICE TO REMAIN IN THE NF SETTING MUST ACCOMPANY THE REQUEST FOR A LEVEL OF CARE REVIEW.

- (a) UNDER THIS CIRCUMSTANCE, VENDOR PAYMENT TO THE NEW NF WILL BE AUTHORIZED BACK TO THE DATE OF THE INDIVIDUAL'S ADMISSION TO THE FACILITY. ODHS, OR ITS DESIGNEE, SHALL NOTIFY THE APPROPRIATE CDHS TO BEGIN VENDOR PAYMENT. THOSE INDIVIDUALS WHO ARE VERIFIED AS LONG TERM RESIDENTS IN ACCORDANCE WITH PARAGRAPH (G)(1) OF THIS RULE SHALL RECEIVE AUTHORIZATION FOR VENDOR PAYMENT REGARDLESS OF THE LEVEL OF CARE DETERMINATION. FOR ALL OTHER INDIVIDUALS IN THIS CIRCUMSTANCE, IF ODHS OR ITS DESIGNEE DETERMINES THAT THE INDIVIDUAL IS NO LONGER IN NEED OF A NF LOC, IT WILL NOTIFY, NOT LATER THAN THE DATE THE DETERMINATION IS MADE, THE INDIVIDUAL, THE INDIVIDUAL'S AUTHORIZED REPRESENTATIVE, IF ANY, AND THE NF OF THE ADVERSE LOC DETERMINATION AND ODHS'S INTENT TO TERMINATE VENDOR PAYMENT. THE NOTICE SHALL SET FORTH THE INDIVIDUAL'S HEARING RIGHTS AND THE TIME FRAMES WITHIN WHICH THEY MUST BE EXERCISED. ODHS, OR ITS DESIGNEE, MAY INSTRUCT THE APPROPRIATE CDHS, AS ITS DESIGNEE, TO ISSUE THIS NOTICE.
- (b) IF A HEARING REQUEST IS RECEIVED IN RESPONSE TO THE NOTICE SPECIFIED IN PARAGRAPH ((G)(1)(a) OF THIS RULE WITHIN TIME FRAMES SPECIFIED IN RULE 5101:6-2-04 OF THE ADMINISTRATIVE CODE, AUTHORIZATION FOR PAYMENT WILL BE CONTINUED, IN ACCORDANCE WITH RULE 5101:6-4-01 OF THE ADMINISTRATIVE CODE, PENDING THE ISSUANCE OF A STATE HEARING DECISION.
- (c) IF THE INDIVIDUAL DOES NOT SUBMIT A HEARING REQUEST WITHIN THE TIME FRAME SPECIFIED IN PARAGRAPH (G)(1)(b) OF THIS RULE, VENDOR PAYMENT WILL AUTOMATICALLY TERMINATE ON THE DATE SPECIFIED IN THE NOTICE ADVISING THE INDIVIDUAL OF ODHS'S INTENT TO TERMINATE VENDOR PAYMENT.

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- (2) HOSPITALIZED INDIVIDUALS WHO ARE CURRENT NE RESIDENTS AND ARE SEEKING ADMISSION TO A DIFFERENT NE MUST MEET THE REQUIREMENTS IN PARAGRAPHS (G)(1) TO (G)(1)(c) OF THIS RULE IN ORDER TO HAVE VENDOR PAYMENT AUTHORIZED FROM THE DATE OF ADMISSION. THESE REQUIREMENTS MUST BE MET REGARDLESS OF WHETHER THEY HAVE EXHAUSTED PAID LEAVE DAYS.
- (3) HOSPITALIZED INDIVIDUALS WHO ARE SEEKING READMISSION TO THE SAME NE AFTER THE EXHAUSTION OF PAID LEAVE DAYS MAY BE READMITTED TO THAT NE REGARDLESS OF THE RESULTS OF THE LOC DETERMINATION IF, NOT LATER THAN THE DATE OF READMISSION, THE INDIVIDUAL SUBMITS A COMPLETED ODHS 3697 FORM TO INITIATE VENDOR PAYMENT EFFECTIVE FROM THE DATE OF READMISSION. IF THE LOC DETERMINATION IS NOT ILOC OR SLOC THE PROCEDURES SET FORTH IN PARAGRAPHS (G)(1)(a) TO (G)(1)(c) OF THIS RULE SHALL APPLY.
- (H) IN ORDER TO OBTAIN AN IN-PERSON ASSESSMENT AND/OR LOC DETERMINATION, THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE MUST SUBMIT EITHER AN ORAL OR WRITTEN REQUEST TO ODHS OR ITS DESIGNEE. IF THE REQUEST FOR ASSESSMENT AND/OR LOC DETERMINATION IS SUBMITTED IN WRITING, IT MUST BE SUBMITTED ON AN ODHS 3697, OR AN ALTERNATIVE FORM SPECIFIED BY ODHS, WHICH HAS BEEN APPROPRIATELY COMPLETED, ACCURATELY REFLECTS THE INDIVIDUAL'S CURRENT MENTAL AND PHYSICAL CONDITION, AND IS CERTIFIED BY A PHYSICIAN. IF THE REQUEST IS SUBMITTED ORALLY, ODHS, OR ITS DESIGNEE, SHALL COMPLETE THE ODHS 3697 AND SEEK TO OBTAIN THE CERTIFICATION OF THE ODHS 3697 BY THE PHYSICIAN IDENTIFIED BY THE INDIVIDUAL FOR THAT PURPOSE.
- (1) 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:
- (a) 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.
- (b) ALL OF THE INDIVIDUAL'S CURRENT DIAGNOSES WITH THE

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PRIMARY DIAGNOSIS SPECIFIED (IF SO SPECIFIED BY THE INDIVIDUAL'S PHYSICIAN), INCLUDING MEDICAL, PSYCHIATRIC AND DEVELOPMENTAL DIAGNOSES AND, IF AVAILABLE, THE DATES OF ONSET.

- (c) ALL MEDICATIONS, TREATMENTS, AND PROFESSIONAL MEDICAL SERVICES REQUIRED.
- (d) 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.
- (e) AN ASSESSMENT OF THE INDIVIDUAL'S CURRENT MENTAL /BEHAVIORAL STATUS.
- (f) TYPE OF SERVICE SETTING FOR WHICH THE LOC DETERMINATION IS SOUGHT (NE, OSS, HCBS).
- (g) 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.
- (h) 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:
  - (i) THE CERTIFICATION MUST BE IN WRITING;
  - (ii) 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.

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- (iii) THE CERTIFICATION DOCUMENTATION SHALL BE MAINTAINED IN THE RESIDENT'S MEDICAL RECORD IN THE FACILITY WHERE CARE IS BEING PROVIDED.
- (i) 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.
- (j) FOR INDIVIDUALS WHO ARE SEEKING AN EXEMPTION FROM AN IN-PERSON ASSESSMENT, OR SEEKING A DELAYED IN-PERSON ASSESSMENT, THE DOCUMENTATION REQUIRED BY ODHS OR ITS DESIGNEE TO MAKE THAT DETERMINATION AS SPECIFIED IN PARAGRAPH (C) OF THIS RULE.
- (2) THE ODHS 3697, OR ALTERNATIVE FORM AUTHORIZED BY ODHS, MUST BE SUFFICIENTLY COMPLETE FOR A LOC DETERMINATION TO BE MADE.
  - (a) IF THE INDIVIDUAL IS APPLYING FROM A HOSPITAL OR A NURSING FACILITY, THE INDIVIDUAL OR INDIVIDUAL'S REPRESENTATIVE MAY SUBMIT EITHER A VERBAL OR WRITTEN REQUEST FOR A LOC DETERMINATION. THE SUBMISSION OF A WRITTEN REQUEST DOES NOT EXEMPT THE INDIVIDUAL FROM AN IN-PERSON ASSESSMENT IF IT IS REQUIRED BY PARAGRAPH (C) OF THIS RULE. IF THE INDIVIDUAL IS APPLYING FROM ANY LOCATION OTHER THAN A HOSPITAL OR NURSING FACILITY, THE INDIVIDUAL OR INDIVIDUAL'S REPRESENTATIVE MAY SUBMIT ONLY A VERBAL REQUEST FOR A LOC DETERMINATION.
  - (b) IF A VERBAL REQUEST FOR A LOC DETERMINATION IS RECEIVED BY ODHS OR ITS DESIGNEE, THE COMPLETION OF THE ODHS 3697 SHALL BE INCORPORATED INTO THE IN-PERSON ASSESSMENT PROCESS CONDUCTED BY ODHS OR ITS DESIGNEE. IF AN IN-PERSON ASSESSMENT IS REQUIRED OR REQUESTED, ODHS OR ITS DESIGNEE SHALL MAKE EVERY REASONABLE EFFORT TO OBTAIN ALL NECESSARY INFORMATION INCLUDING THE PHYSICIAN'S CERTIFICATION. ANY INDIVIDUAL WHO SUBMITS A WRITTEN LOC REQUEST MUST INSURE THAT ALL REQUIRED COMPONENTS ARE

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INCLUDED BEFORE SUBMISSION.

- (c) IF ODHS OR ITS DESIGNEE ATTEMPTS TO COMPLETE THE ODHS 3697 BUT IS UNABLE TO OBTAIN ALL OF THE NECESSARY INFORMATION, OR IF AN INDIVIDUAL SUBMITS AN INCOMPLETE ODHS 3697, ODHS OR ITS DESIGNEE SHALL NOTIFY IN WRITING THE INDIVIDUAL, THE CONTACT PERSON INDICATED ON THE ODHS 3697, 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 DESIGNEE MAILS THE NOTICE TO SUBMIT ADDITIONAL DOCUMENTATION OR THE ODHS 3697 WILL BE DENIED FOR INCOMPLETENESS WITH NO LOC AUTHORIZED. IN THE EVENT AN INDIVIDUAL OR OTHER ENTITY IS NOT ABLE TO COMPLETE AN ODHS 3697 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.
- (d) IF WITHIN THE PERIODS SPECIFIED IN PARAGRAPH (H)(2)(c) OF THIS RULE, THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE SUBMITS THE REQUIRED DOCUMENTATION, ODHS OR ITS DESIGNEE SHALL ISSUE A LOC DETERMINATION WITHIN THE TIMELINES SPECIFIED IN PARAGRAPH (H)(3) OF THIS RULE. A LOC DETERMINATION WILL BE ISSUED PURSUANT TO THE CRITERIA SPECIFIED IN RULES 5101:3-3-05, 5101:3-3-06, 5101:3-3-07 AND 5101:3-3-08 OF THE ADMINISTRATIVE CODE.
- (3) THE DEPARTMENT OR ITS DESIGNEE SHALL NOT EXCEED THE FOLLOWING SCHEDULE IN ISSUING LOC DETERMINATIONS ON BEHALF OF INDIVIDUALS WHO ARE SEEKING ADMISSION OR READMISSION TO A MEDICAID CERTIFIED NE:
- (a) IN THE CASE OF AN INDIVIDUAL APPLYING FROM A HOSPITAL, ONE WORKING DAY FROM THE DATE THE ODHS 3697 IS DETERMINED TO BE COMPLETE.

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- (b) IN THE CASE OF AN EMERGENCY, ONE CALENDAR DAY FROM THE DATE THE ODHS 3697 IS DETERMINED TO BE COMPLETE. AN INDIVIDUAL SHALL BE DETERMINED BY ODHS OR ITS DESIGNEE TO HAVE AN EMERGENCY NEED 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 LIKELY REQUIRES NE ADMISSION.
- (c) IN ALL OTHER CASES NOT LATER THAN FIVE CALENDAR DAYS FROM THE DATE THE ODHS 3697 IS DETERMINED TO BE COMPLETE.
- (4) REQUESTS FOR LOC DETERMINATIONS SHALL BE EVALUATED BY PERSONNEL AUTHORIZED BY ODHS WHOSE QUALIFICATIONS SHALL INCLUDE LICENSURE AS A REGISTERED NURSE OR SOCIAL WORKER.
- (5) A REQUEST FOR A NE LOC SHALL NOT BE DENIED BY ODHS OR ITS DESIGNEE FOR THE REASON THAT THE INDIVIDUAL DOES NOT NEED NE SERVICES UNTIL A QUALIFIED MEDICAL PROFESSIONAL WHOSE QUALIFICATIONS INCLUDE BEING A REGISTERED NURSE CONDUCTS A FACE-TO-FACE ASSESSMENT OF THE INDIVIDUAL, REVIEWS THE MEDICAL RECORDS THAT ACCURATELY REFLECT THE INDIVIDUAL'S CONDITION FOR THE TIME PERIOD FOR WHICH PAYMENT IS BEING REQUESTED; MAKES A REASONABLE EFFORT TO CONTACT THE INDIVIDUAL'S PHYSICIAN; AND INVESTIGATES AND DOCUMENTS ALTERNATIVE COMMUNITY RESOURCES INCLUDING RESOURCES AVAILABLE IN THE HOME AND FAMILY WHICH MAY BE AVAILABLE TO MEET THE NEEDS OF THE INDIVIDUAL. AUTHORIZED PERSONNEL OTHER THAN THE PERSON WHO CONDUCTED THE ASSESSMENT SHALL REVIEW THE ASSESSMENT AND MAKE THE FINAL LOC DECISION.
- (I) THE LOC AUTHORIZATION PROCESS
- (1) FOR ALL INDIVIDUALS LISTED IN PARAGRAPH (C) OF THIS RULE WHO ARE ALSO REQUIRED TO UNDERGO PAS, THE ENTIRE PAS PROCESS MUST BE COMPLETED IN ACCORDANCE WITH RULE 5101:3-3-151 OF THE ADMINISTRATIVE CODE PRIOR TO THE PERFORMANCE OF THE LOC REVIEW.
- (2) FOR ALL INDIVIDUALS WHO ARE RESIDENTS OF MEDICAID CERTIFIED NFS AND WISH TO TRANSFER FROM THOSE NFS TO HOSPITALS OR

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TO OTHER NFS, THE TRANSFERRING NFS ARE RESPONSIBLE FOR ENSURING THAT COPIES OF THE INDIVIDUAL'S MOST RECENT PASARR EVALUATIONS, DETERMINATIONS AND RELATED DOCUMENTATION ACCOMPANY THE TRANSFERRING INDIVIDUAL.

- (3) COPIES OF ALL PASARR FORMS, EVALUATIONS AND DETERMINATIONS PERTAINING TO THE INDIVIDUAL, AS WELL AS THE LOC DETERMINATION, MUST BE RETAINED IN THE INDIVIDUAL'S MEDICAL RECORD AT THE NF.
- (4) ODHS OR ITS DESIGNEE SHALL COMPLETE THE PAYMENT AUTHORIZATION (ODHS 3670) AND SHALL SEND IT, ALONG WITH THE ODHS 3697, TO THE CDHS DESIGNATED ON THE ODHS 3697. THE CDHS SHALL SEND A COPY OF THE ODHS 3697 AND ODHS 3670 TO THE NF.
- (5) AUTHORIZATION OF PAYMENT TO A NF SHALL CORRESPOND WITH THE EFFECTIVE DATE OF THE LOC DETERMINATION SPECIFIED ON THE ODHS 3670. THIS DATE SHALL BE:
  - (a) THE DATE OF ADMISSION TO THE NF IF IT IS WITHIN THIRTY DAYS OF THE PHYSICIAN'S SIGNATURE; OR
  - (b) A DATE OTHER THAN THAT SPECIFIED IN PARAGRAPH (1)(5)(a) 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 LOC REQUEST. IF THE REQUEST IS TO BACKDATE THE LOC 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 BY ATTACHING A SEPARATE LETTER OF EXPLANATION; OR
  - (c) IF THE INDIVIDUAL WAS REQUIRED TO UNDERGO PAS AND FAILED TO DO SO PRIOR TO ADMISSION, THE EFFECTIVE DATE OF THE LOC 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 (1)(5)(b) OF THIS RULE.

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REPLACES RULE 5101:3-3-15

EFFECTIVE: \_\_\_\_\_

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Certification

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Date

Promulgated Under: Revised Code Chapter 119.

Statutory Authority: Revised Code Section 5111.02

Rule Amplifies: Revised Code Sections 5111.01,  
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