

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

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- (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.

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- (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 NE 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, NE 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

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

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

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- (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

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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 (QT), 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 LOC 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

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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

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**ASSESSMENTS SHALL:**

- (a) BE PERFORMED BY STAFF OF QDHS 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 QDHS 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 QDHS OR ITS DESIGNEE FOR A NF TBI PRIOR AUTHORIZATION. QDHS 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 QDHS OR ITS DESIGNEE FOR A NF-TBI PRIOR AUTHORIZATION; OR
    - (b) A LATER DATE REQUESTED BY THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE;

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- (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

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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 NE-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 NE-TBI SERVICES BASED UPON A COMPARISON OF THE INDIVIDUAL'S CONDITION, SERVICE NEEDS, AND THE REQUESTED PLACEMENT SITE, WITH THE ELIGIBILITY CRITERIA SET FORTH

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