Joint Interagency/Stakeholder Feedback on Changes to Functional Eligibility Rules, Forms and Processes

(Updated 09/01/10)

Interagency Feedback gathered on 9/2/09, 9/21/09, 9/28/09, 6/29/10, 7/12/10, 8/10/10
Stakeholder Feedback gathered through LOC survey released on 7/10/09 and 9/21/09 as well as meetings on 6/29/10 and 7/12/10

OAC Rule Changes			
	NF IMPACT	**ICFDD IMPACT**	**NF AND ICFDD IMPACT**

Short Term: Changes that can be made to criteria and process that DO NOT: "have fiscal impact" or "potentially adverse consequences"
 	
to Ohioans accessing services and supports.
 	
Changes that meet the definition of short term are considered Phase 2 changes.
	• 3-3-15 Eliminate face to face requirement except for adverse determinations.
	• 3-3-15 Add Resident Review requirement to issue a LOC.
	• 3-3-05, 06, 08 Mirror age criteria from DD world for the NF side (kids).
		• 3-3-15,15.3 ICFDD LOC – clarify when it is a new admission (e.g. Long term to ICF, NF to ICF).
		• 3-3-15.3 Psychologist requirement for DD – expand timing or authority.
		• 3-3-15, 15.3, 15.5 Process clarification (JFS waiver to/from ICFDD Facility to/from DD waiver.
			• All rules - Establish purpose then drive detail.
			• 3-3-15, 15.3, 15.5 Inconsistency in process timelines
			• 3-3-15, 15.3, 15.2 Requests for additional info "consistent" with PASRR timelines.
			• 3-3-15 LOC transfer across settings - NF admission for current waiver consumers
			• 3-3-05, 06, 07, 08 Clearly define TBI – modifications to better address needs
			• 3-3-15 Delete ability to have alternate forms in rule.
			• 3-3-15, 15.3 Clarify backdating of LOC – how far back?
			• All rules - Focus on "without services, would be institutionalized".
			• 3-3-15, 15.3, 15.5 Must be admitted within 30 days
			• Create a Definition Rule (potential impact across LOC and criteria)
			• Clarify terms
			  ○ skilled care versus skilled LOC
			  ○ unstable medical condition
			  ○ qualifying stay
			  ○ Separate out: Cognitive Impairment (C)(2)(b) – permanent versus changing.
			  ○ prevention from harm
			  ○ ADLs and IADLs especially "Hands on Assistance" (grooming, meals, etc.).
			  ○ Check new MDS 3.0 for definitions – look at definition of discharge
			  ○ PLOC rule definition of "assistance". (B)(2) needs clarification.
			  ○ "Supervision" needs clarification (age differential - kids).

Long Term: Changes that can be made to criteria and process that DO			• Review threshold for ILOC • Create Tiered System (Balance choice with cost, connect LOC to individual budgets, needs based)

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"have fiscal impact" and "potentially adverse consequences" **to Ohioans accessing services and supports. Changes that meet the definition of long term care considered Phase 4 changes.**			
Changes that require further dialogue to determine short versus long term.	• 3-3-05 Modify or merge SLOC into ILOC to decrease number of levels (watch impact to managed care/kids) • 3-3-15, 15.3 and reimbursement rules - Address Respite claims issue(create LOC). • 3-3-15 Require LOC upon involuntary NF discharge notice • 3-3-05, 06, 08 Reduce combinations within LOC criteria • 3-3-06 ILOC – currently no frequency on skilled services, less than skilled level • 3-3-05, 06 Redefine frequency of therapies • Consider recertification on LOC - "time specified" differs w/ population, discharge planning issues, NF payment and would require varying criteria	• 3-3-07 Active treatment re-tooled depending on needs based criteria (e.g. kids and TBI, "age").	• Concept of "weighting the score" of ADLs, etc. • Connect to requirements on the back end vs. front end. • Review impact of rules on dementia. • Physician sign-off – check into Burkett decision, can we broaden "who" and/or electronic versus paper? • Possibly merge PLOC into NF and ICFDD

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Form Changes			
	NF IMPACT	**ICFDD IMPACT**	**NF AND ICFDD IMPACT**
Short Term: Changes that can be made to criteria and process that DO NOT "have fiscal impact" or "potentially adverse consequences" **to Ohioans accessing services and supports.** **Changes that meet the definition of short term are considered Phase 2 changes.**		• 3697 vs. DD assessment forms /documentation. (Overall training for entire field)	
Long Term: Changes that can be made to criteria and process that DO "have fiscal impact" and "potentially adverse consequences" **to Ohioans accessing services and supports.** **Changes that meet the definition of long term care considered Phase 4 changes.**			
Changes that require further dialogue to determine short versus long term.	• PAA/Hospital 3697 v. NF MDS (use **one** form) or have one form with wrap around – Possibly align with case mix		• Establish single data set for NF and ICFDD

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Process Changes			
	NF IMPACT	**ICFDD IMPACT**	**NF AND ICFDD IMPACT**
Short Term: Changes that can be made to criteria and process that DO NOT "have fiscal impact" or "potentially adverse consequences" **to Ohioans accessing services and supports.** **Changes that meet the definition of short term are considered Phase 2 changes.**	• Training on "distinct" part of NF-ICFDD		• Train assessors to go through all LOCs and improve inter-rater reliability • Training – must be admitted within 30 days • Develop statewide training on LOC and assessments (tools) • Web portal training and technical assistance • Training of County JFS on role within LOC process between partner agencies (CDJFS and PAA, CDJFS and DD, CDJFS and ODJFS) • Build informed navigator capacity
Long Term: Changes that can be made to criteria and process that DO have "fiscal impact" and "potentially adverse consequences" **to Ohioans accessing services and supports. Changes that meet the definition of long term care considered Phase 4 changes.**			• Web based LOC submission • Tiered system based on current resources
Changes that require further dialogue to determine short versus long term.			• IT system that "scores" for inter-rater reliability • MITS Impact