TO BE RESCINDED

5160-3-17.1 Outlier services in nursing facilities for individuals with severe maladaptive behaviors due to traumatic brain injury (NF-TBI services).

(A) Purpose.

(1) This rule identifies a sub-population of individuals who require a nursing facility (NF) level of care (LOC) for the provision of prior authorized intensive rehabilitation services to individuals with severe maladaptive behaviors due to traumatic brain injury (TBI).

(2) This rule sets forth the following:

(a) In paragraph (C) of this rule, the criteria to determine if an individual with a NF LOC is eligible for NF-TBI services.

(b) In paragraph (D) of this rule, the conditions under which a NF or a discrete unit within a NF may be approved by the Ohio department of job and family services (ODJFS) as an eligible provider of NF-TBI services and thereby receive payment established in accordance with rule 5101:3-3-17 of the Administrative Code.

(c) In paragraph (E) of this rule, the prior authorization process for admission or continued stay for individuals who are seeking medicaid payment for NF-TBI services.

(d) In closing paragraphs of this rule, details about the provider agreement addendum, payment authorization, and materials to be submitted by the provider for setting the initial and subsequent contracted per diem rate.

(B) Definitions.

(1) "Closed head injury" means 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 neurofunctional deficits, that is provided by qualified practitioners. Cognitive retraining targets functional changes by reinforcing and strengthening previously learned normal patterns of decision making,

problem solving, and/or responding, or by establishing new patterns of cognitive activity as compensatory mechanisms for neurological systems too impaired to allow a return to normal functioning.

(3) "Individual" means any person seeking or receiving medicaid coverage of prior authorized intensive rehabilitation services for TBI that are provided by an Ohio medicaid certified NF that holds an effective NF-TBI provider agreement with ODJFS.

(4) "Individual plan (IP)" means a written description of the services to be provided to an individual, developed by an interdisciplinary team that represents the professions, disciplines, or service areas that are relevant to identifying the individual's needs.

(5) "LOC review" means the evaluation of an individual's physical, mental, and social/emotional status to determine the LOC required to meet the individual's service needs, 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 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.

(7) "Nursing facility (NF)" means any long term care facility except an ICF-MR that is currently certified by the Ohio department of health (ODH) as being in compliance with NF standards and medicaid conditions of participation.

(8) "ODJFS designated outlier coordinator" means a designated ODJFS staff member who coordinates the general operations of the long term care facility outlier program. This coordinator works with providers of outlier services, the individuals and their representatives requesting and receiving outlier services, other service agencies, and other ODJFS staff. This coordinator's duties include, but are not limited to, the following:

(a) Assisting with the initial approval and ongoing monitoring of outlier provider facilities; and

(b) Coordinating the processing of preadmission and continued stay prior authorization requests for individuals; and

(c) Representing ODJFS as a team member on the individual's interdisciplinary team; and

(d) Reviewing assessments, individual plans, day programming plans, staffing plans, and other documents.

(9) "ODJFS outlier prior authorization committee" means a committee organized and operated by ODJFS that makes outlier prior authorization determinations.

(10) "Preadmission screening (PAS)" means that part of the preadmission screening and annual resident review (PASARR) process that must be completed prior to any new NF admission. PAS must be completed in accordance with rule 5101:3-3-15.1 of the Administrative Code.

(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 5101:3-3-15.1 of the Administrative Code.

(13) "Rancho los amigos (RLA) levels of cognitive functioning scale" means an evaluation tool designed to measure and track an individual's progress regarding levels of cognitive functioning (see appendix A to this rule). The RLA scale is used to develop level-specific treatment interventions and strategies that facilitate an individual's movement from one level to another. An individual's RLA level is determined by behavioral observations.

(14) "Representative" means a person acting on behalf of an individual who is applying for or receiving medicaid. 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.

(15) "Severe maladaptive behavior that precludes an individual from participating in other rehabilitation services" means a 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 (PT), occupational therapy (OT), 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 wheelchair, or other forms of physical or combined verbal and physical aggression that are symptomatic of tactile defensiveness, lack of impulse control, and/or 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 that precludes an individual from participating in other rehabilitation services.

(16) "Traumatic brain injury (TBI)" means 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; judgment; 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) Individual eligibility criteria.

To receive prior authorization approval for NF-TBI services, an individual shall meet all the following criteria:

(1) Financial eligibility.

The individual shall have been determined by the county department of job and family services (CDJFS) to meet the medicaid financial eligibility standards for institutional care; and

(2) NF LOC determination.

The individual shall obtain a NF level of care as defined in Chapter 5101:3-3 of the Administrative Code; and

(3) PAS determination.

In accordance with rule 5101:3-3-15.1 of the Administrative Code, one of the following PAS determinations shall be made:

(a) That the individual does not have indications of either serious mental

illness or mental retardation or other developmental disabilities, and is not subject to further PAS review; or if the individual is subject to further PAS review,

(b) That the individual needs the level of services provided by a NF; and

(4) TBI injury.

The individual shall have a TBI as defined in paragraph (B)(16) of this rule; and

(5) Measurement on the RLA scale.

The individual must measure at least "Level IV" on the RLA scale regarding the levels of cognitive functioning; and

(6) Presence of severe maladaptive behaviors.

Within the past twelve months, the individual shall have exhibited documented severe maladaptive behaviors that display all of the following:

(a) Lack of impulse control; and

(b) Purposeful but dysfunctional, goal-directed behavior to obtain or avoid something; and

(c) Manipulative threats of harm to self, others, or property to obtain this goal; and

(d) The physical capability to carry out the threats; and

(e) A history of carrying out threats and/or current attempts to carry out threats; and

(7) Written certification from physician.

The individual's physician shall provide written certification that a specialized rehabilitative program such as that set forth in paragraph (D)(5) of this rule is likely to result in measurable progress; and

(8) Physical ability.

The individual shall be physically able to participate in an intensive rehabilitative program that does all of the following:

(a) Includes cognitive retraining as defined in paragraph (B)(2) of this rule and/or neurobehavioral rehabilitation as defined in paragraph (B)(6) of this rule; and

(b) Utilizes extensive, formal interventions that are planned and coordinated by an interdisciplinary team comprised of professional staff who are specialists in TBI; and

(c) Includes therapeutic and training services at least three hours per day during a five day week spent in physical therapy (PT), occupational therapy (OT), speech-language pathology/audiology (SLP/A), psychological, and/or neuropsychological services, in addition to physician and nursing services; and

(d) Contains 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; and

(9) Preliminary plan for post-discharge.

(a) The individual shall have a written preliminary plan for post-discharge placement and services.

(b) The preliminary plan shall 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.

(D) Provider eligibility criteria.

Prior to enrollment as a NF-TBI service provider, and at regular intervals to be determined by ODJFS subsequent to that enrollment, ODJFS will determine whether the NF-TBI service provider qualifications are fulfilled through review of documentation of appropriate policies and procedures, on-site visits, and other mechanisms determined to be appropriate by the ODJFS designated outlier coordinator or other ODJFS designee.

In order to obtain a NF-TBI provider agreement and qualify for enhanced payment

for provision of NF-TBI services to prior authorized individuals, a provider shall meet all of the following criteria:

(1) Certified NF and consent to ODJFS oversight.

The provider shall be an Ohio medicaid certified NF, and shall agree to cooperate with ODJFS oversight of NF-TBI services; and

(2) NF provider agreement.

The provider shall meet the requirements set forth in rule 5101:3-3-02 of the Administrative Code in order to obtain a NF provider agreement; and

(3) Dedicated facility or discrete unit of facility.

(a) The provider shall provide NF-TBI services in either a discrete, distinctly identified unit of the NF that is dedicated to the provision of outlier services for persons requiring NF-TBI services, or in a free-standing NF-TBI facility.

(b) If the service is delivered in a distinctly identified unit of a larger NF, the provider's state licensure process and its medicaid certification process may continue to recognize only one facility, but the Ohio medical assistance program will issue separate provider agreements to the outlier and non-outlier units.

(c) Unoccupied certified beds may be moved between the outlier and non-outlier units in accordance with the following:

(i) Requests for unoccupied bed moves shall be submitted in writing to the "ODJFS Bureau of Long Term Care Facilities, Facility Contracting Section, Lazarus Government Building, P.O. Box 182709, Columbus, Ohio 43218-2709." ODJFS must receive the request at least five business days before the proposed date of the bed movement. ODJFS will issue a written response either approving or denying the request; and

(ii) Approvals will be granted for unoccupied bed moves only once per calendar quarter. At the sole discretion of ODJFS, more than one bed movement during a calendar quarter may be authorized; and

(iii) No NF shall discharge a resident earlier than is indicated in the

resident's treatment plan as a result of a request to move beds from the outlier unit to the non-outlier unit; and

(iv) A NF shall meet all requirements set forth in paragraphs (D)(5) and (D)(6) of this rule for beds moved into the outlier unit from the non-outlier unit; and

(4) Accreditation as a brain injury comprehensive integrated inpatient program.

(a) The provider shall obtain and/or retain accreditation as a brain injury comprehensive integrated inpatient program from the commission on the accreditation of rehabilitation facilities (CARF).

(b) The facility shall provide the department with copies of any communication regarding accreditation from and to the commission immediately following receipt or submittal.

(c) If the provider does not have current accreditation from CARF on the effective date of the NF-TBI provider agreement, the provider shall be eligible for accreditation pending a site survey and expect accreditation no later than six months following the effective date of the NF-TBI provider agreement; and

(5) Cognitive retraining and neurobehavioral rehabilitation.

(a) Services shall differ from those generally available in NFs in that 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 the intensity of rehabilitative care to be provided is beyond the level payable under the payment system for the resource utilization groups specified in rule 5101:3-3-43.2 of the Administrative Code.

(b) 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 OT, PT, SLP/A, psychological, and/or neuropsychological services, in addition to physician and nursing services.

(c) The individual's program plan shall 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.

(d) The individual's program plan shall 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; and

(6) Service delivery.

With the exception of any specific items that are direct billed in accordance with rule 5101:3-3-19 of the Administrative Code, the provider shall agree to furnish or arrange to have furnished all of the following:

(a) Twenty-four hour a day skilled nursing care, and any personal care that may be required for the health, safety, and well-being of the individual; and

(b) Dietary supplements used for oral feeding, even if written as a prescription item by a physician; and

(c) Serial casting and splinting delivered by licensed personnel; and

(d) Orthotic services delivered by licensed personnel; and

(e) Professional consultation services. Providers shall obtain and immediately submit copies to the ODJFS designated outlier coordinator or other ODJFS designee upon receipt of reports regarding initial inpatient consultation services. Professional consultation services include, but are not limited to, the following:

(i) Audiology;

(ii) Neuropsychology;

(iii) Optometry;

(iv) Dermatology;

(v) Gastroenterology;

(vi) General surgery;

(vii) Gynecology;

(viii) Internal medicine;

(ix) Neurology;

(x) Neuropsychiatry;

(xi) Neurosurgery;

(xii) Ophthamology;

(xiii) Orthopedics;

(xiv) Otorhinolaryngology;

(xv) Pediatrics;

(xvi) Physical medicine and rehabilitation;

(xvii) Plastic surgery;

(xviii) Podiatry;

(xix) Urology; and

(f) Therapeutic and training services.

(i) These services shall be consistent with the IP.

(ii) Therapeutic and training services ordinarily shall occupy most of the day, with at least three hours per day during a five day week spent in PT, OT, SLP/A, psychology, or neuropsychology services.

(iii) Therapeutic and training services include interventions for twenty-four hour a day, seven day a week reinforcement of the cognitive retraining and/or neurobehavioral rehabilitation programs developed for the individual, in addition to physician

and nursing services.

(g) PT, OT, SLP/A, respiratory therapy, and psychosocial or social work services.

(i) These services shall be provided directly, or supervised by professionals who are appropriately licensed or certified.

(ii) The facility shall provide supplies required for the provision of these services; and

(h) Cognitive retraining.

(i) Cognitive retraining, as defined in paragraph (B)(2) of this rule, shall be provided as indicated by the IP.

(ii) The IP shall indicate which professionals have responsibility for documentation and evaluation of the cognitive retraining program, and their corresponding reinforcement interventions; and

(i) Neurobehavioral rehabilitation.

(i) Neurobehavioral rehabilitation, as defined in paragraph (B)(6) of this rule, shall be provided as indicated by the IP.

(ii) The IP shall indicate which professionals have responsibility for documentation and evaluation of the neurobehavioral rehabilitation program, and their corresponding reinforcement interventions; and

(7) Preliminary evaluation.

Prior to the individual's admission, the provider shall develop and submit to the ODJFS designated outlier coordinator or other ODJFS designee accurate assessments or reassessments by an interdisciplinary team that evaluates the individual's health, social, psychological, educational, vocational, and chemical dependency needs; and

(8) Initial assessment.

Within fourteen days after admission, the provider shall develop and submit

to the ODJFS designated outlier coordinator or other ODJFS designee accurate assessments or reassessments by an interdisciplinary team that address the individual's health, social, psychological, educational, vocational, and chemical dependency needs in order to supplement the preliminary evaluation described in paragraph (D)(7) of this rule; and

(9) IP.

(a) Within fourteen days after admission, the provider shall develop and submit to the ODJFS designated outlier coordinator or other ODJFS designee a comprehensive IP for coordinated, integrated services developed by the interdisciplinary team in conjunction with the ODJFS case manager, the individual, and others concerned with the individual's welfare.

(b) The IP shall state the specific objectives necessary to address the individual's needs as identified by the comprehensive assessment, specific treatment modalities, anticipated time frames for the accomplishment of objectives, measures to be used to assess the effects of services, and persons responsible for plan implementation.

(c) The IP shall include intervention strategies for the twenty-four hour a day, seven day a week reinforcement of the cognitive retraining and neurobehavioral rehabilitation programs developed for the individual in order to effect a change in behavior.

(d) The IP shall be reviewed at least monthly by the appropriate program staff and revised as necessary. Revisions shall be submitted within three working days following the revision to the ODJFS designated outlier coordinator or other ODJFS designee; and

(10) Discharge plan.

(a) Within fourteen days after admission, the provider shall prepare and provide to the ODJFS designated outlier coordinator or other ODJFS designee a written discharge plan developed by the interdisciplinary team in conjunction with the ODJFS case manager, the individual, and others concerned with the individual's welfare.

(b) The discharge plan shall include 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 need for and

availability of appropriate post-discharge services, the providers of those services, the payment source for each service, and the dates on which notification of the individual's needs and anticipated time frames was or would be made to the providers of those services; and

(11) Reassessment of discharge plan.

When periodic reassessments of the discharge plan indicate that the individual's discharge needs have changed, the provider shall submit the results of the reassessments and the revised discharge plan to the ODJFS designated outlier coordinator or other ODJFS designee within three working days following the revision; and

(12) Monthly report.

The provider shall prepare and provide to the ODJFS designated outlier coordinator or other ODJFS designee a monthly report in a format approved by ODJFS that summarizes the IP, the individual's progress, changes in treatment, and discharge plan; and

(13) Contracted rate.

(a) ODJFS shall contract with the provider to set initial and subsequent rates.

(b) The provider's rate will be based on materials submitted by the provider and the methodology set forth in rule 5101:3-3-17 of the Administrative Code.

(c) With the exception of any specific items that are direct billed in accordance with rule 5101:3-3-19 of the Administrative Code, the provider shall agree to accept as payment in full the per diem rate established for NF-TBI services in accordance with rule 5101:3-3-17 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 NF-TBI services; and

(14) Continued stay denial.

If prior authorization is denied due to an assessment that was requested for an individual who is already residing in the NF-TBI unit, the provider shall agree to move the individual to the first available NF bed that is not in the TBI unit for as long as NF services are needed, or until such time as a more appropriate placement can be made, and shall accept payment for the

provision of services at the non-TBI NF level in accordance with the applicable rules in Chapter 5101:3-3 of the Administrative Code; and

(15) Financial records.

The provider shall agree to maintain for a period of six years 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 NF-TBI services; or, if an audit is initiated within the six year period, until the audit is completed and every exception is resolved.

(E) Prior authorization of NF-TBI services.

(1) Reimbursement for NF-TBI services covered by the medicaid program is available only upon prior authorization by the ODJFS outlier prior authorization committee in accordance with the procedures set forth in this paragraph of this rule.

(a) In the case of an initial stay, prior authorization shall occur prior to admission to the NF-TBI unit.

(b) In the case of a continued stay, prior authorization shall occur no later than the final day of the previously authorized NF-TBI stay.

(c) If an individual is changing to medicaid from another primary pay source, prior authorization shall occur no later than five days before the last day of coverage by the other pay source.

(2) Submission of initial stay request.

(a) All requests shall be in writing, and shall be submitted by mail or fax. No telephone requests will be honored.

(b) Requests shall be sent to the ODJFS designated outlier coordinator or other ODJFS designee.

(c) A request is considered submitted when it is received by the ODJFS designated outlier coordinator or other ODJFS designee.

(3) Initial stay request requirements.

It is the responsibility of the provider to ensure that all required information is provided to ODJFS. Prior authorization will not be given until all the initial request requirements set forth in this rule have been met.

An initial request for prior authorization of NF-TBI services is considered complete when all of the following requirements have been met:

(a) The JFS 03142 (rev. 2/2003) "Prior Authorization" or an alternative form specified by ODJFS that requests prior authorization of medical services has been appropriately completed and submitted; and

(b) The JFS 03697 (rev. 4/2003) "Level of Care Assessment" or an alternative form specified by ODJFS that accurately reflects the individual's current mental and physical condition and is certified by a physician has been appropriately completed and submitted, a LOC determination has been made as set forth in rule 5101:3-3-15 of the Administrative Code, and a determination has been made regarding the feasibility of community based care. If the individual is required by rule 5101:3-3-15.1 of the Administrative Code to undergo PAS, the completed JFS 03622 (rev. 3/1996) "PASARR (SMI/MRDD) Identification Screen" and the results of all required PAS determinations also shall be attached to the JFS 03697 or approved alternative form; and

(c) The JFS 03697 or ODJFS-authorized alternative form shall be completed and contain the information required by rule 5101:3-3-15 of the Administrative Code, and to the maximum extent possible be based on information from the minimum data set (MDS) resident assessment instrument as defined in rule 5101:3-3-43.1 of the Administrative Code; and

(d) The JFS 03697 or ODJFS-authorized alternative form shall be sufficiently complete for a LOC determination to be made.

(4) Initial stay assessment.

The ODJFS determination will be based on the completed initial stay request and any additional information or documentation necessary to make the determination of eligibility for NF-TBI services, which may include a face-to-face visit by at least one ODJFS representative with the individual and, if applicable, the individual's representative and, to the extent possible, the individual's formal and informal care givers, to review and discuss the individual's care needs and preferences.

(5) Prior authorization determination.

ODJFS will compare the individual's condition, service needs, and requested placement with the eligibility criteria set forth in paragraphs (C) and (D) of this rule, and will review the request, assessment report, and supporting documentation regarding the individual's condition and service needs in order to determine if the individual is eligible for NF-TBI services.

(6) Notice of determination.

When approval or denial of the request has been made, ODJFS will send notices via mail to the individual, the individual's representative (if any), and the provider.

The determination notice will include all determinations made, as well as the individual's state hearing rights in accordance with Chapter 5101:6-2 of the Administrative Code.

(a) Denial.

(i) When a request for prior authorization of payment for NF-TBI services is denied, ODJFS will issue a notice of medical determination and the right to a state hearing. The denial notice will include an explanation for the denial.

(ii) ODJFS will send a copy of the denial notice to the CDJFS to be filed in the individual's case record.

(b) Approval.

When a request for prior authorization of payment for NF-TBI services is approved, ODJFS will issue an approval letter that will include an assigned prior authorization number, the number of days for which the NF-TBI placement is authorized, and the date on which payment is authorized to begin. It also will include the name, location, and phone number of the ODJFS staff member 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.

ODJFS will send a copy of the approval letter to the CDJFS to be filed in the individual's case record.

ODJFS will pay for only those services that are specified in the approval letter.

(i) Authorization of initial stay.

(a) Individuals who meet the eligibility criteria set forth in paragraph (C) of this rule may be approved for an initial stay of not more than ninety days.

(b) The number of days that is prior authorized for each eligible individual shall be based on the request materials submitted, consultation with the individual's attending physician, and/or any additional consultations or materials required by the ODJFS designated outlier coordinator or other ODJFS designee to make a reasonable estimation regarding the individual's probable length of stay in the NF-TBI unit.

(ii) Authorization for continued stays.

(a) Continued stay determinations will be based on information including without limitation monthly reports from the facility regarding critical events and the status of the individual's medical condition, or on face-to-face assessments.

(b) Continued stays may be approved in increments of not more than sixty days.

(7) Discharge.

(a) An individual is expected to be discharged at the end of the prior authorized initial or continued stay to the setting specified in the individual's discharge plan, and progress toward that end will be monitored by the ODJFS designated outlier coordinator or other ODJFS designee throughout the individual's stay in the NF-TBI unit.

(b) NF-TBI services may be extended beyond the previously approved length of stay if the provider submits a written request to ODJFS proving that it is not possible to implement an individual's discharge plan. Such requests shall be submitted at least one week prior to the last day of the previously authorized stay, unless there is a significant change of circumstances within the week preceding the expected discharge date

that prevents implementation of the discharge plan.

(F) Provider agreement addendum.

(1) After ODJFS has approved a NF operator as a qualified provider of NF-TBI services, both parties shall sign the JFS 03634 "Provider Agreement for Traumatic Brain Injury Outlier Services in Nursing Facilities" (rev. 7/2007), which is an addendum to the JFS 03623 "Ohio Medicaid Provider Agreement for Long Term Care Facilities: SNF/NFs and ICFs-MR" (rev. 7/2007).

(2) The addendum shall be signed as part of each subsequent annual provider agreement renewal with ODJFS, unless the provider chooses to withdraw as a provider of NF-TBI outlier services or is determined by ODJFS to no longer meet the qualifications set forth in paragraph (D) of this rule.

(G) Payment authorization.

The payment authorization date shall be one of the following, but shall not be earlier than the effective date of the individual's LOC determination:

(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 (G)(1) of this rule. This alternative date may be authorized only upon receipt of a letter that contains a credible explanation for the delay from the originator of the request for the prior authorization. If the request is to backdate the LOC and NF-TBI eligibility determination more than thirty days from the physician's signature, the physician shall verify the continuing accuracy of the information and need for inpatient care either by adding a statement to that effect on the JFS 03697 or alternative ODJFS-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 payment authorization date shall be the later of the date of the PAS determination when the individual required the level of services available in a NF, or the date established in paragraph (G)(2) of this rule.

(H) Initial and subsequent contracted rates

ODJFS will establish the initial contracted rate and contracted rates subsequent to the initial rate year in accordance with rule 5101:3-3-17 of the Administrative Code.

Effective:

R.C. 119.032 review dates: 07/01/2014

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Certification

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Date

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