Ohio is moving forward on the proposed "Single Waiver" process. HB 153 (You can read more about it at Medicaid Transformation in HB 153) directed state agencies to create a single waiver for the nursing home level of care population. The directive is to take the current 5 waivers (Home Care, Transitions II Carve-Out, PASSPORT, Choices, and Assisted Living) and create one waiver for the adult population. Children would remain in the Home Care waiver. A basic structure is going to be submitted by the state to CMS in December, with the actual waiver application submission in March. The single waiver would then go into effect July 1, 2012. We will keep you posted on the progress.

New LOC (Level of Care) rules are almost a reality- A final meeting of the Front Door Stakeholder Workgroup took place last week to review a final draft of the Nursing Facility Level of Care rules before they go before JCARR (The rules listed below are only draft rules but they are close to the final rules). The revisions were done to eliminate confusion and add clarity to the process. A definition rule was added. You can view it at Definitions. Skilled Level of Care and Intermediate Level of Care Rules have been combined into one rule for a Nursing Facility Based Level of Care. See it at Criteria for NF Level of Care. Also, there are process rules. You can see them at Process and Timeframes. ODJFS is planning a Q&A webinar training around these rules, similar to what was done when the new PASRR rules were introduced. One of the most apparent changes to the rules is the addition of a delayed face-to-face visit. The in-person visit by the PAA (PASSPORT Administrative Agency) to the consumer will need to be completed within 90 days of a desk review level of care. This assessment will include aspects of a long term care consultation for the purpose of exploring home and community-based services options and making referrals to appropriate agencies as needed.

The goal is to have the new NF based LOC process and criteria rules completed by July 1, 2012. This will coincide with CMS's approval of a single waiver to replace the 5 current Medicaid waivers that cover recipients with a nursing facility level of care (As discussed above in HB 153). Consultants will be sought out by January 1, 2012 to help deal with the changes in criteria to NF based level of care and to provide a new universal assessment instrument to help determine LOC. Currently, Permedion (A company which provides external medical peer reviews and independent health care review services for government agencies and large health care providers) has been contracted by Ohio to conduct a review of other states to determine how they are approaching changes to LOC. State representatives on the Front Door Stakeholder Workgroup indicated that while a formal goal has not been established, the feeling is that they would like to reach a tiered LOC system whereby consumers with less need would be directed to home and community based services leaving the most severe to enter a nursing facility. We will provide more information as it becomes available.

Why are the Medicaid Managed Care Plans not playing by the rules?

Multiple agencies have received reports that Medicaid Managed Care Plans are denying continued stays in a NF for not meeting level of care or skilled level of care. Medicaid Managed Care Plans are agents of Medicaid and are required to follow the same rules as traditional Medicaid when determining level of care. "Medicaid Managed Care Plans are responsible for payment of all covered NF services up until the last day of the month following the managed care enrollee's NF admission, for a period not to exceed 62 calendar days. Medicaid Managed Care Plans are required by Ohio law to prior authorize all services to ensure medical necessity and to meet the principles regarding

reimbursement for Medicaid covered services which, at minimum, means providing coverage for individuals meeting an intermediate level of care (ILOC), as defined by OAC 5101:3-3-06. In determining medical necessity, Medicaid Managed Care Plans do have the authority to place individuals in the lowest cost setting that effectively addresses and treats the medical problem, so while an individual may meet an ILOC, all attempts will be made by the Plans to work collaboratively with SNFs to discharge individuals to the lowest cost setting possible. "

LTCC (Long term Care Consultations) **- To view information (These are draft rules) on LTCC's go to Intro. and Definitions, Process, Consultations and Exemptions, and Timeframes.**