

## **LTCC Worksheet**

### **Information to Help Determine if an Individual Requires an LTTC Assessment (For Non Medicaid Admissions and Reporting Expired Convalescent Stays)**

**Consumer Name:** \_\_\_\_\_

**1. What is the Expected Length of Stay and the purpose for stay in the NF?**

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**2. Information about the individual's formal and informal supports (are they capable of assisting and maintaining this individual in the community?)**

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**3. Any known previous NF admissions. If so, please document**

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**4. Individuals (or representative's) self-report of whether or not his/her resources are likely depleted within 6 months after NF assets? Does the individual have less than or greater than \$30, 000 in assets?**

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**5. What NF is this individual being admitted to?**

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**6. Is individual or individual's representative open to have an assessment which would address community options and planning for future long term care needs?**

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**Nine exemptions to LTCC assessment include:**

**1. Admission to NF under contract for continuing care, 2. Individual has a contractual right to admission to a NF operated as part of continuing care, 3. Admission to a facility that is a Home for The Aged, 4. Admission to a facility that is not a Medicaid-certified NF, 5. Admission to a NF to receive Hospice Services, 6. NF transfer-from one Ohio NF to another Ohio NF (with or without an intervening hospital stay), 7. NF Readmission-readmission to the same NF following a hospitalization, 8. Enrolled in HCBS waiver (Like PASSPORT or Ohio Home Care Waiver), 9. NF resident being Actively Case Managed.**