

ICF-IID BED HOLD DAY WEBINAR

Ashley McKinney and Matt Turner

June 29, 2016

OVERVIEW

- Rule Updates
- Billing Updates
- Current Data
- Imagine Portal Demonstration
 - Error Messages
- Questions / Comments

RULE UPDATES

- Ohio Administrative Code (OAC) Rule 5123:2-7-08
 - <http://dodd.ohio.gov/RulesLaws/Pages/Rules-Under-Development.aspx>
- Effective 7/1/2016
- Requests and approvals must now go through DODD, rather than the County Board Department of Job and Family Services, in the Imagine Portal.
- First 30 days are automatically approved. Additional days will require manual approval by DODD.
 - Notice of approval/denial within 5 business days
 - 30 days apply to individual, NOT the facility
- Therapeutic Leave Days
- Exclusion Highlights
 - Medicare/Medicaid Hospice program recipients
 - Enrolled in home and community-based services waiver, including suspended waivers

BILLING UPDATES

- Coordinating revenue codes for MITS billing
 - 182 – Visits with Friends and Family
 - 183 – Therapeutic Leave
 - 185 – Hospital Leave
- ICF-IID policy update for waiver consumers
 - Up to 90 days per consumer, per calendar year
 - Medicaid to release detailed billing instructions
 - Revenue Center Code 160
 - DODD will distribute update via email and post to our website
- Timely Filing Notice
 - Ohio Administrative Code (OAC) Rule 5123:2-7-15,
 - Claims assistance - ICF.IID@medicaid.ohio.gov

CURRENT DATA

- 2016 paid claims data January-May pre-populated to system
- Some residents may have already exceeded initial 30 days
- You are required to enter requests as of July 1, 2016

IMAGINE PORTAL DEMONSTRATION



Trainingtestfour Testfour (i)



- Profile
- Eligibility Management
- Level of Care
- Documents
- NICS Jail/Hospital
- Bed Hold**
- ICF LOC Date Change
- Discharge



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5/1/1978 (38 yrs 1 mo)

LOC Start Date
5/3/2015

LOC End Date
5/2/2016

Medicaid Info

Medicaid#:

DODD#: 7000267

SSN#: XXX-XX-3216

WaiverType:

County Info

Residence: Champaign

Reporting: Champaign

Assigned SSA#:

Facility Info

Name: Champaign
County/Sandusky Street Home (ICF)

629 West Sandusky Street
Bellevue
Oh -43311

Contacts

Emergency Contact	Contact	Email	Primary Phone	Start Date	End Date	Role	Team Membership relationship
No	Trainingtestfour Testfour			6/3/2016		Individual	Assigned Team Member

Showing 1 to 1 of 1 entries

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NICS Notification of Individual's Change of Status

Please be aware that if an individual resides in an ICF for eight hours or more it counts as one occupied day. When an individual is absent from an ICF for twenty four hours it is counted as an unoccupied day.

When the evaluator enters the same day for the both the requested leave from and leave to fields it will count this as one bed hold day. Both the requested from and to fields count so if only one day is being requested the from and to dates should be the same. To illustrate, if an evaluator enters leave from 2/1/15 to 2/3/15 the system will calculate that as 3 bed hold days requested.

Trainingtestfive Testfive



9/5/2011 (4 yrs 9 mo)

Medicaid Info

Medicaid#:

DODD#: 7000268

SSN#: XXX-XX-4561

WaiverType:

County Info

Residence: Champaign

Reporting: Champaign

Assigned SSA#:

Current Living Facility

Champaign County/Williams Street Home (ICF)

821 West Williams Street
Bellefontaine
Oh -43311

Submit Bed hold

Request Leave From:

Request Leave To:

of days Requested:

Reason for Leave:

Hospitalization



Explanation for Need:

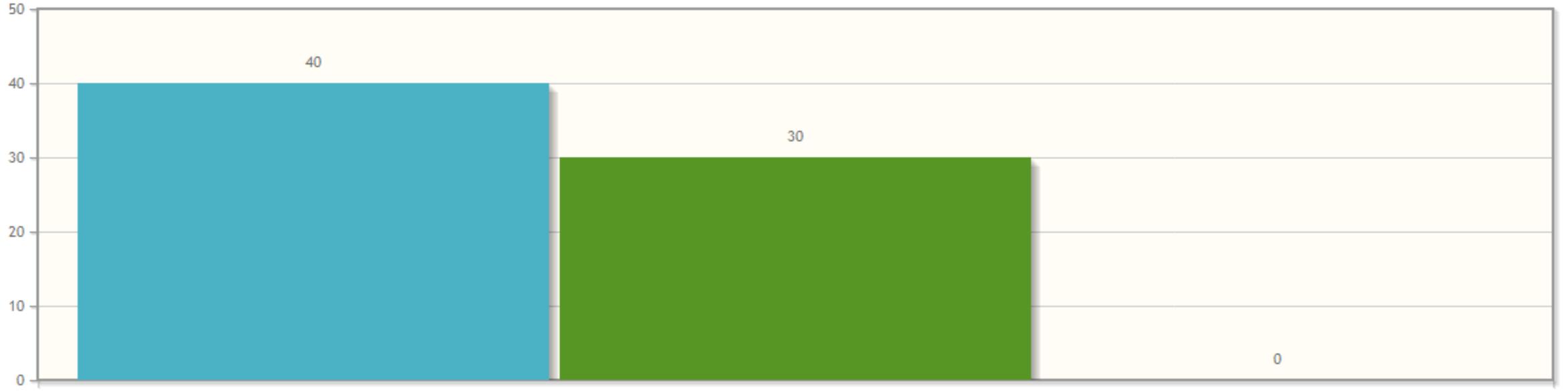


Submit Additional Bed Hold Days

Year: 2016

Available Days: 0

Total # of bed hold days approved: 30



Prior Bed Hold Requests

Requested Begin	Requested End	NICS Type	Requested Leave	Approved Leave	Approved Begin	Approved End	Decision	Reason for
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PRIOR AUTHORIZATION VS RETRO APPROVAL

- **All additional bed hold day requests require prior authorization**
 - **Requests submitted after the date of leave will result in rejection of request and payment.**
- **Exception – Emergency Hospitalization**
 - **One Business Day**

NICS Notification of Individual's Change of Status

Please be aware that if an individual resides in an ICF for eight hours or more it counts as one occupied day. When an individual is absent from an ICF for twenty four hours it is counted as an unoccupied day.

When the evaluator enters the same day for the both the requested leave from and leave to fields it will count this as one bed hold day. Both the requested from and to fields count so if only one day is being requested the from and to dates should be the same. To illustrate, if an evaluator enters leave from 2/1/15 to 2/3/15 the system will calculate that as 3 bed hold days requested.

Please submit additional bed hold day(s) request in future.

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5/1/1978 (38 yrs 1 mo)

Medicaid Info

Medicaid#:

DODD#: 7000267

SSN#: XXX-XX-3216

WaiverType:

County Info

Residence: Champaign

Reporting: Champaign

Assigned SSA#:

Current Living Facility

Champaign County/Sandusky Street Home (ICF)

629 West Sandusky Street
Bellefontaine
Oh -43311

Submit Bed hold

Request Leave From:

Request Leave To:

of days Requested:

Reason for Leave:

Hospitalization



Explanation for Need:

NICS Notification of Individual's Change of Status

Please be aware that if an individual resides in an ICF for eight hours or more it counts as one occupied day. When an individual is absent from an ICF for twenty four hours it is counted as an unoccupied day.

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9/5/2011 (4 yrs 9 mo)

Medicaid Info

Medicaid#:
DODD#: 7000268
SSN#: XXX-XX-4561
WaiverType:

County Info

Residence: Champaign
Reporting: Champaign
Assigned SSA#:

Current Living Facility

**Champaign
County/Williams Street
Home (ICF)**

821 West Williams Street
Bellefontaine
Oh -43311

Submit Bed hold

Request Leave From:

07/01/2016



July 2016						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Submit Bed Hold Days

NICS Notification of Individual's Change of Status

Please be aware that if an individual resides in an ICF for eight hours or more it counts as one occupied day. When an individual is absent from an ICF for twenty four hours it is counted as an unoccupied day.

When the evaluator enters the same day for the both the requested leave from and leave to fields it will count this as one bed hold day. Both the requested from and to fields count so if only one day is being requested the from and to dates should be the same. To illustrate, if an evaluator enters leave from 2/1/15 to 2/3/15 the system will calculate that as 3 bed hold days requested.

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9/5/2011 (4 yrs 9 mo)

Medicaid Info

Medicaid#:
DODD#: 7000268
SSN#: XXX-XX-4561
WaiverType:

County Info

Residence: Champaign
Reporting: Champaign
Assigned SSA#:

Current Living Facility

**Champaign
County/Williams Street
Home (ICF)**

821 West Williams Street
Bellefontaine
Oh -43311

Submit Bed hold

Request Leave From:

07/01/2016

Request Leave To:

07/05/2016

of days Requested:

5

Reason for Leave:

Therapeutic

Hospitalization

Therapeutic

Visit with friends or relatives

Submit Bed Hold Days



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Profile

Eligibility Management

Level of Care

Documents

NICS Jail/Hospital

Bed Hold

ICF LOC Date Change

Discharge

NICS Notification of Individual's Change of Status

Success !

NICS **BedHold Days** has been submitted successfully.

[Go Back](#)

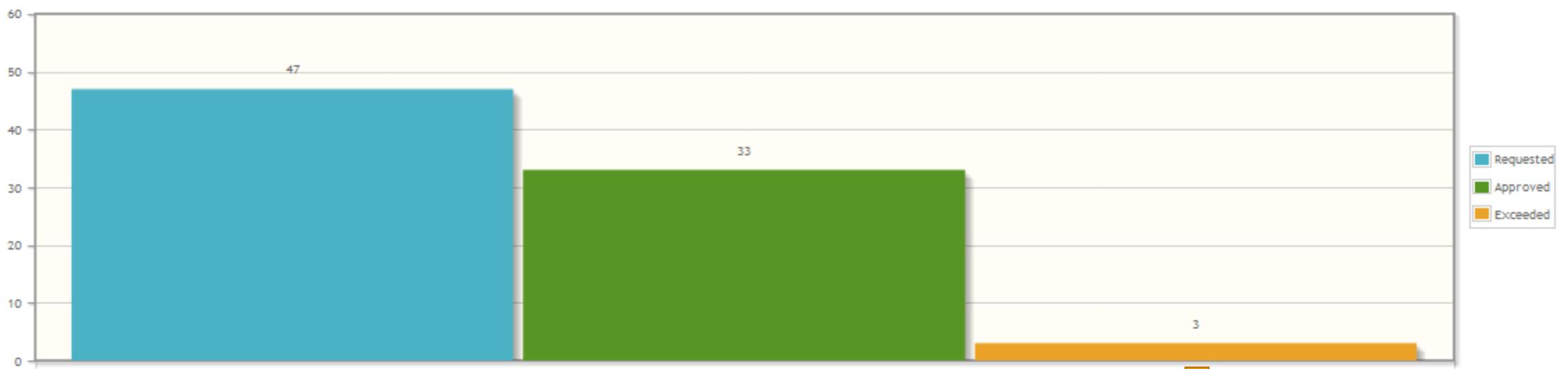


Submit Bed Hold Days

Year: 2016

Available Days: 0

Total # of bed hold days approved: 33



Prior Bed Hold Requests



Requested Begin Date	Requested End Date	NICS Type	Requested Leave Days	Approved Leave Days	Approved Begin Date	Approved End Date	Decision	Reason for leave
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PRIOR AUTHORIZATION VS RETRO APPROVAL

- All additional bed hold day requests require prior authorization
 - Requests submitted after the date of leave will result in rejection of request and payment.
- **Exception – Emergency Hospitalization**
 - **One Business Day**

When the evaluator enters the same day for the both the requested leave from and leave to fields it will count this as one bed hold day. Both the requested from and to fields count so if only one day is being requested the from and to dates should be the same. To illustrate, if an evaluator enters leave from 2/1/15 to 2/3/15 the system will calculate that as 3 bed hold days requested.

Trainingtestfour Testfour



5/1/1978 (38 yrs 1 mo)

Medicaid Info

Medicaid#:

DODD#: 7000267

SSN#: XXX-XX-3216

WaiverType:

County Info

Residence: Champaign

Reporting: Champaign

Assigned SSA#:

Current Living Facility

Champaign County/Sandusky Street Home (ICF)

629 West Sandusky Street
Bellefontaine
Oh -43311

Submit Bed hold

Request Leave From:

07/04/2016

Request Leave To:

07/14/2016

of days Requested:

11

Reason for Leave:

Emergency Hospitalization

Explanation for Need:

Submit Bed Hold Days

Year: 2016

ERROR MESSAGES

Trainingtestfour Testfour



5/1/1978 (38 yrs 1 mo)

Medicaid Info

Medicaid#:

DODD#: 7000267

SSN#: XXX-XX-3216

WaiverType:

County Info

Residence: C

Reporting: C

Assigned SSA

Current Living Facility

Champaign
County/Sandusky
Street Home (ICF)

street

Submit Bed hold

Request Leave From:

05/27/2016

Request Leave To:

06/01/2016

of days Requested:

6

Reason for Leave:

Hospitalization

Explanation for Need:

Submit Additional Bed Hold Days

NICS Bed Hold is already approved for selected days.

OK

Year: 2016

Available Days: 0

Total # of bed hold days approved: 30

When the evaluator enters the same day for the both the requested leave from and leave to fields it will count this as one bed hold day. Both the requested from and to fields count so if only one day is being requested the from and to dates should be the same. To illustrate, if an evaluator enters leave from 2/1/15 to 2/3/15 the system will calculate that as 3 bed hold days requested.

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8/20/1972 (43 yrs 10 mo)

Medicaid Info

Medicaid#:

DODD#: 7000264

SSN#: XXX-XX-9878

WaiverType:

Requested Leave days exceed 30 in the calendar year, additional leave days require prior approval.

OK

Reporting: Champaign

Assigned SSA#:

Current Living Facility

Submit Bed hold

Request Leave From:

06/11/2016

Request Leave To:

07/05/2016

July 2016						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Submit Bed Hold Days

Year: 2016



NICS Notification of Individual's Change of Status

Please be aware that if an individual resides in an ICF for eight hours or more it counts as one occupied day. When an individual is absent from an ICF for twenty four hours it is counted as an unoccupied day.

When the evaluator enters the same day for the count so if only one day is being requested the that as 3 bed hold days requested.

Both the requested from and to fields 1/1/15 to 2/3/15 the system will calculate

Additional bedhold days request cannot exceed an additional 30 consecutive days.

OK

Trainingtestfour Testfour



5/1/1978 (38 yrs 1 mo)

Medicaid Info

Medicaid#:
 DODD#: 7000267
 SSN#: XXX-XX-3216
 WaiverType:

County Info

Residence: Champaign
 Reporting: Champaign
 Assigned SSA#:

Current Living Facility

Champaign County/Sandusky Street Home (ICF)

629 West Sandusky Street
 Bellefontaine
 Oh -43311

Submit Bed hold

Request Leave From:

07/04/2016

Request Leave To:

08/31/2016

of days Requested:

59

Reason for Leave:

Hospitalization

Explanation for Need:

QUESTIONS / COMMENTS

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 - ashley.mckinney@dodd.ohio.gov