

# ICF LOC User Guide

Level of Care (LOC) System



Department of  
Developmental Disabilities

John R. Kasich, Governor  
John L. Martin, Director

Division of Information Technology Services

## OVERVIEW for LOC

The Level of Care (LOC) system is designed to process and manage developmental disabilities level of care determinations for persons seeking enrollment in DODD's home and community based services (HCBS) Waivers and admissions to an intermediate care facility for individuals with intellectual disabilities (ICF/IID).

## PURPOSE

The purpose of this User Guide is to provide a detailed list of functionality and guidance – based on functional roles -- that can be performed by state or non-state operated Intermediate Care Facilities (ICF/IID) user. The users upon LOC certification as an ICF evaluator by DODD can submit and manage level of care assessments for individual's admission to an ICF. The LOC Process is required for ICFs for using the LOC assessment tool for determining ICF Eligibility for individuals in their facilities.

## PREREQUISITES

In order to access the LOC System, users must have a registered account with DODD before accessing the LOC application.

It is advised to use Internet Explorer (version 10 or higher) or Google Chrome.



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*Disclaimer - All data in this document is fictitious and/or redacted*



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## ICF Roles

### 1. Provider (CEO)

#### Login

1. **Open your browser** (internet explorer or chrome)
2. **Enter your User Name and Password**

CHAMPAIGN RESIDENTIAL SERVICES, INC. Ohio Department of Developmental Disabilities

CEO CRSI

Home Individuals Agreements Bill of Rights Due Process

Create Delegator

#### CEO Dashboard for CEO CRSI

Delegators

Last Name	First Name	E-mail	Submits POC	Manage
bansal	pooja	pooja.bansal@dodd.ohio.gov	<input checked="" type="checkbox"/>	Edit
CRSI	Delegator	harishankar.swaminathan@dodd.ohio.gov	<input checked="" type="checkbox"/>	Edit
Howard	Jordan	rdsprovider1@gmail.com	<input checked="" type="checkbox"/>	Edit
Swamth	Adam	hariaspind@gmail.com	<input checked="" type="checkbox"/>	Edit

Showing 1 to 4 of 4 entries

**Required Documents** Here is a checklist of documents that will be required during the compliance review, please have these items available at the beginning of the onsite review. Additional documents may be requested during the onsite review. Depending on the type of waiver and services provided some items will not apply to the review. Please contact the reviewer with any questions prior to the onsite review.

Checklist

Facilities

Assign Delegator Assign Evaluator

Show 10 entries

Facility Name	Type	Status	Facility #	Delegator
Champaign County Residence	ICF			Delegator CRSI
Champaign County Resident Home #2	ICF			Delegator CRSI
Champaign County/Hill Street Home	ICF			Delegator CRSI
Champaign County/Oakwood Meadows	ICF			Delegator CRSI
Champaign County/Richard Street Home	ICF			Delegator CRSI
Champaign County/Sandusky Street Home	ICF			Delegator CRSI
Champaign County/South High Street	ICF			
Champaign County/Spring Street Home	ICF			
Champaign County/Williams Street Home	ICF			

3. **Login** in as an CEO of the Agency



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## Dashboard

4. You will see CEO Dashboard

5. You can view all ICF facilities that you own or operate.

**CEO Dashboard for CEO CRSI**

**Delegators**

Last Name	First Name	E-mail	Submits POC	Manage
bansal	poorja	poorja.bansal@dodd.ohio.gov	<input checked="" type="checkbox"/>	Edit
CRSI	Delegator	harishankar.swaminathan@dodd.ohio.gov	<input checked="" type="checkbox"/>	Edit
Howard	Jordan	rdsprowder1@gmail.com	<input checked="" type="checkbox"/>	Edit
Swinth	Adam	haraspend@gmail.com	<input checked="" type="checkbox"/>	Edit

Showing 1 to 4 of 4 entries

**Required Documents** Here is a checklist of documents that will be required during the compliance review, please have these items available at the beginning of the onsite review. Additional documents may be requested during the onsite review. Depending on the type of waiver and services provided some items will not apply to the review. Please contact the reviewer with any questions prior to the onsite review.

**Facilities**

Facility Name	Type	Status	Facility #	Delegator
<input type="checkbox"/> Champaign County Residence	ICF			Delegator CRSI
<input type="checkbox"/> Champaign County Resident Home #2	ICF			Delegator CRSI
<input type="checkbox"/> Champaign County/Hill Street Home	ICF			Delegator CRSI
<input type="checkbox"/> Champaign County/Oakwood Meadows	ICF			Delegator CRSI
<input type="checkbox"/> Champaign County/Richard Street Home	ICF			Delegator CRSI
<input type="checkbox"/> Champaign County/Sandusky Street Home	ICF			Delegator CRSI
<input type="checkbox"/> Champaign County/South High Street	ICF			
<input type="checkbox"/> Champaign County/Spring Street Home	ICF			
<input type="checkbox"/> Champaign County/Williams Street Home	ICF			



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## Create Delegator

- As a CEO you have the ability to create & invite a Delegator to perform activities on behalf of you. To invite a delegator click on **'Create Delegator'** button.

The screenshot displays the 'CEO Dashboard for CEO CRSI'. At the top, there is a 'Create Delegator' button. Below it, the 'Delegators' section features a search bar and a table with the following data:

Last Name	First Name	E-mail	Submits POC	Manage
bansal	pooja	pooja.bansal@dodd.ohio.gov	<input checked="" type="checkbox"/>	<a href="#">Edit</a>
CRSI	Delegator	harishankar.swaminathan@dodd.ohio.gov	<input checked="" type="checkbox"/>	<a href="#">Edit</a>
Swmith	Adam	hariaspind@gmail.com	<input checked="" type="checkbox"/>	<a href="#">Edit</a>

Below the table, there is a 'Required Documents' section with a 'Checklist' button. The 'Facilities' section includes 'Assign Delegator' and 'Assign Evaluator' buttons, a search bar, and a table with the following data:

Facility Name	Type	Status	Facility #	Delegator
CHAMPAIGN COUNTY RESIDENCE	ICF			Delegator CRSI
CHAMPAIGN COUNTY RESIDENT HOME #2	ICF			Delegator CRSI
CHAMPAIGN COUNTY/HILL STREET HOME	ICF			
CHAMPAIGN COUNTY/OAKWOOD MEADOWS	ICF			
CHAMPAIGN COUNTY/RICHARD STREET HOME	ICF			
CHAMPAIGN COUNTY/SANDUSKY STREET HOME	ICF			
CHAMPAIGN COUNTY/SOUTH HIGH STREET	ICF			
CHAMPAIGN COUNTY/SPRING STREET HOME	ICF			

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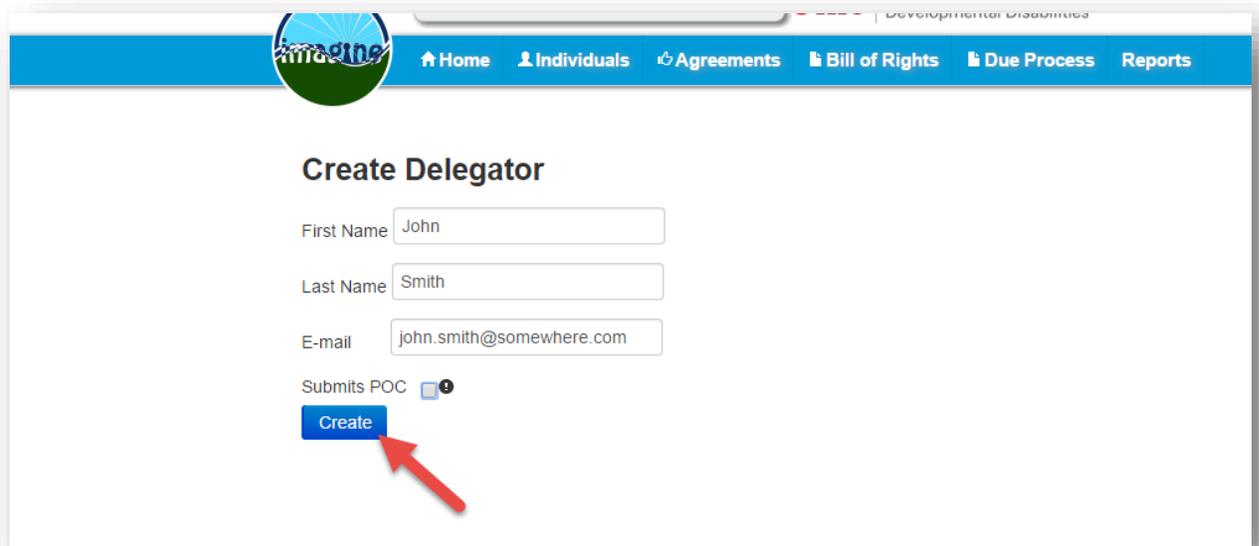
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7. Enter First Name, Last Name & Email Address of the delegator and click on 'Create' button. This will send an invite to the email address provided to register as a Delegator and will give access to their dashboard once they complete their invitation process.



The screenshot shows a web browser window displaying the 'Create Delegator' form. The page has a blue header with the 'imagine' logo and navigation links: Home, Individuals, Agreements, Bill of Rights, Due Process, and Reports. The form contains the following fields and options:

- First Name: John
- Last Name: Smith
- E-mail: john.smith@somewhere.com
- Submits POC:  ⓘ
- Create button: A blue button with a red arrow pointing to it.



## Assign Delegator

8. As a CEO, you also have an ability to give or restrict access to facilities you own to Delegators & Evaluators.

Select list of facilities and click on **'Assign Delegator'** button.

The screenshot shows the 'CEO Dashboard for CEO CRSI' interface. At the top, there is a navigation bar with links for Home, Individuals, Agreements, Bill of Rights, and Due Process. Below this is a 'Delegators' section with a search bar and a table listing delegators. The table has columns for Last Name, First Name, E-mail, Submits POC, and Manage. Below the delegators table is a 'Required Documents' section with a checklist. At the bottom, there is a 'Facilities' section with a search bar and a table listing facilities. The table has columns for Facility Name, Type, Status, Facility #, and Delegator. The 'Assign Delegator' button is highlighted in the facilities section.

Last Name	First Name	E-mail	Submits POC	Manage
bansal	poorj	poorj.bansal@dodd.ohio.gov	✓	Edit
CRSI	Delegator	harishankar.swaminathan@dodd.ohio.gov	✓	Edit
Howard	Jordan	rdsprowder1@gmail.com	✓	Edit
Smith	Adam	haritaspind@gmail.com	✓	Edit

Facility Name	Type	Status	Facility #	Delegator
Champaign County Residence	ICF			Delegator CRSI
Champaign County Resident Home #2	ICF			Delegator CRSI
Champaign County Hill Street Home	ICF			Delegator CRSI
Champaign County/Oakwood Meadows	ICF			Delegator CRSI
Champaign County/Richard Street Home	ICF			Delegator CRSI
Champaign County/Sandusky Street Home	ICF			Delegator CRSI
Champaign County/South High Street	ICF			Delegator CRSI
Champaign County/Spring Street Home	ICF			Delegator CRSI
Champaign County/Williams Street Home	ICF			Delegator CRSI

9. A popup will open to let you select the Delegator that you previously invited. Select the Delegator and click on **'Assign'** button to give access to that Delegator. When this Delegator logs in he/she will see the facilities that you



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have given access to. You can also assign an Evaluator in the similar fashion.

**Note:** You can only assign one Delegator to one facility but you can assign multiple Evaluators to a Facility.

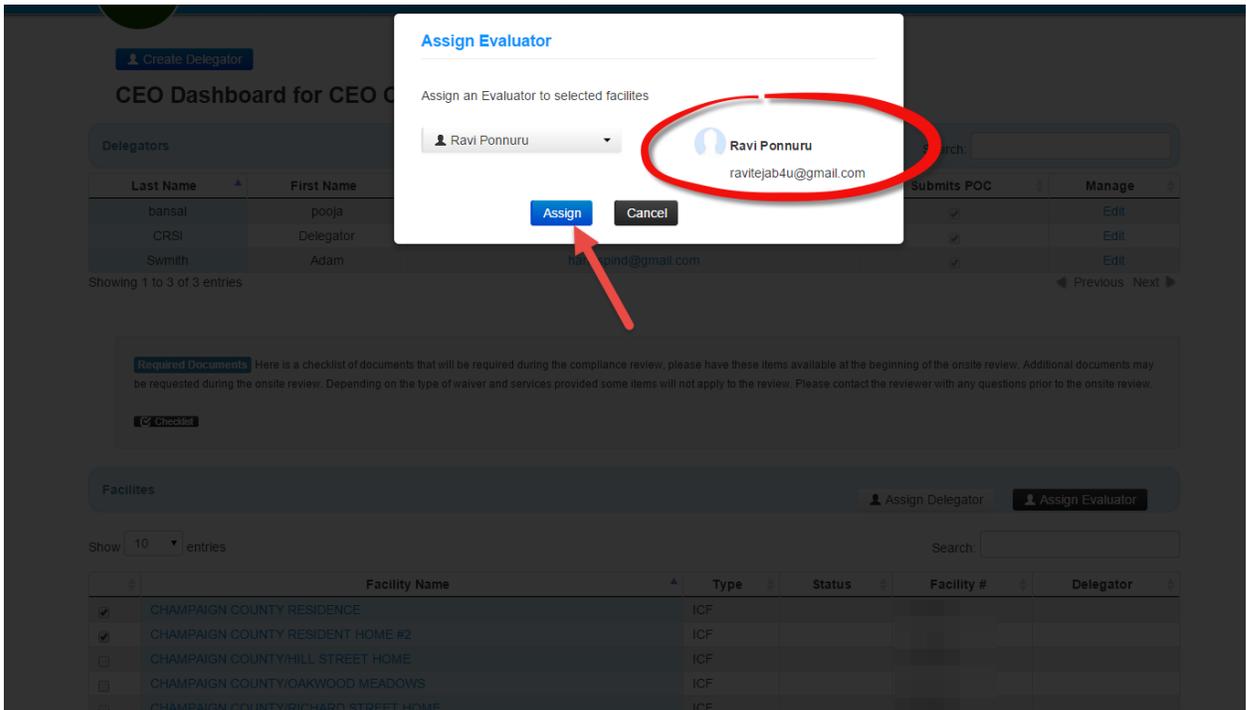
The screenshot displays the 'Assign Delegator' dialog box in the ICF LOC system. The dialog box is titled 'Assign Delegator' and contains a dropdown menu for 'Delegator' with 'CRSI' selected. Below the dropdown are 'Assign' and 'Cancel' buttons. A red arrow points to the 'Assign' button. The background shows a 'CEO Dashboard for CEO C' with a 'Delegators' table and a 'Facilities' table.

Last Name	First Name	Delegator
bansal	pooja	Delegator
CRSI		
Swmith	Adam	

Facility Name	Type	Status	Facility #	Delegator
CHAMPAIGN COUNTY RESIDENCE	ICF			
CHAMPAIGN COUNTY RESIDENT HOME #2	ICF			
CHAMPAIGN COUNTY HILL STREET HOME	ICF			
CHAMPAIGN COUNTY OAKWOOD MEADOWS	ICF			
CHAMPAIGN COUNTY RICHARD STREET HOME	ICF			

## Assign Evaluator



## Facility Dashboard

- Click on the Facility Name to get a more detail information about the facility, where it will provide the list of individuals live in that facility.



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- Click on the Facility Name to get a more detail information about the facility, where it will provide the list of individuals live in that facility.

**CHAMPAIGN COUNTY RESIDENCE (ICF)** Facility#: 1 ICF MPN #:

**Assigned Delegator** ✕

Delegator CRSI  
 harishankar.swaminathan@dodd.ohio.gov

**Assigned Evaluators** Assign Evaluator

First Name	Last Name	E-Mail	

**Individuals**

First Name	Last Name	E-Mail	DODD#	Medicaid #
			1250007	XXXXX
				XXXXXXXXXXXX

## Remove Delegator Access

- To remove access to the Delegator to the facility click on the red X button, which will ask you confirmation before it disassociates.

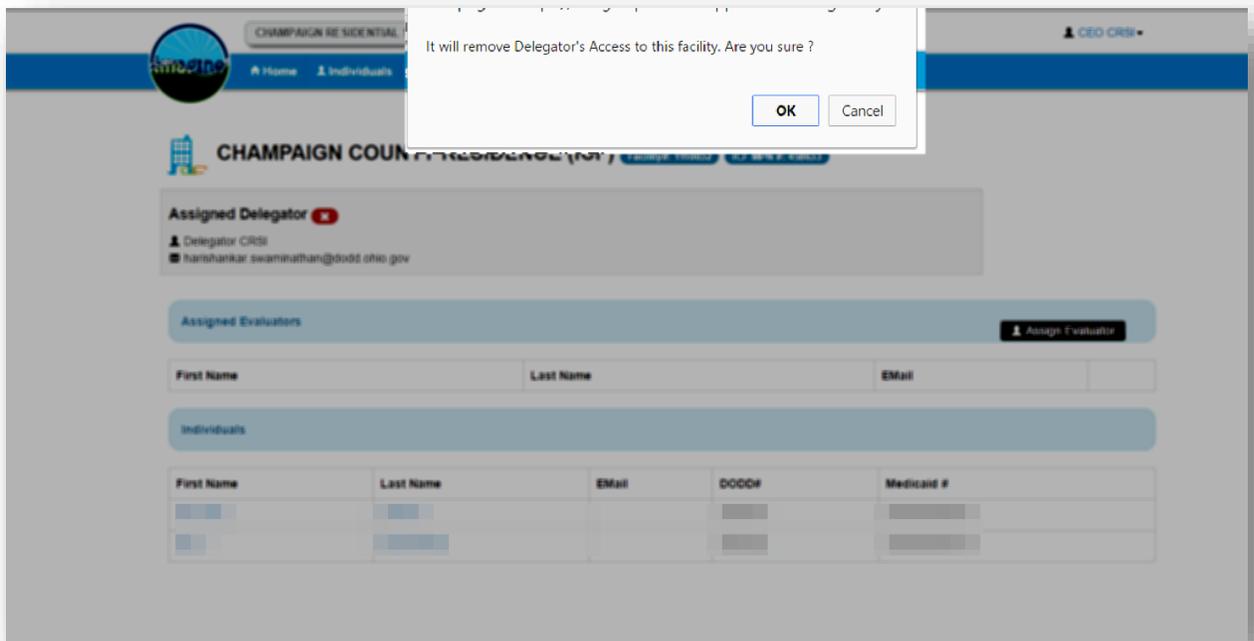
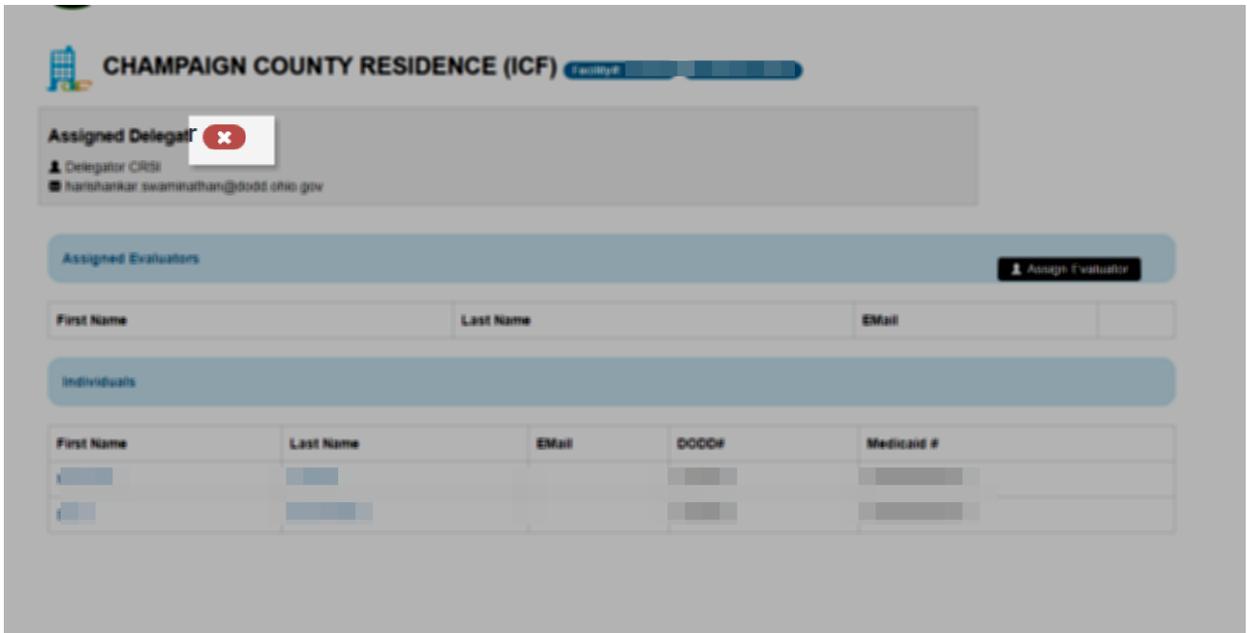


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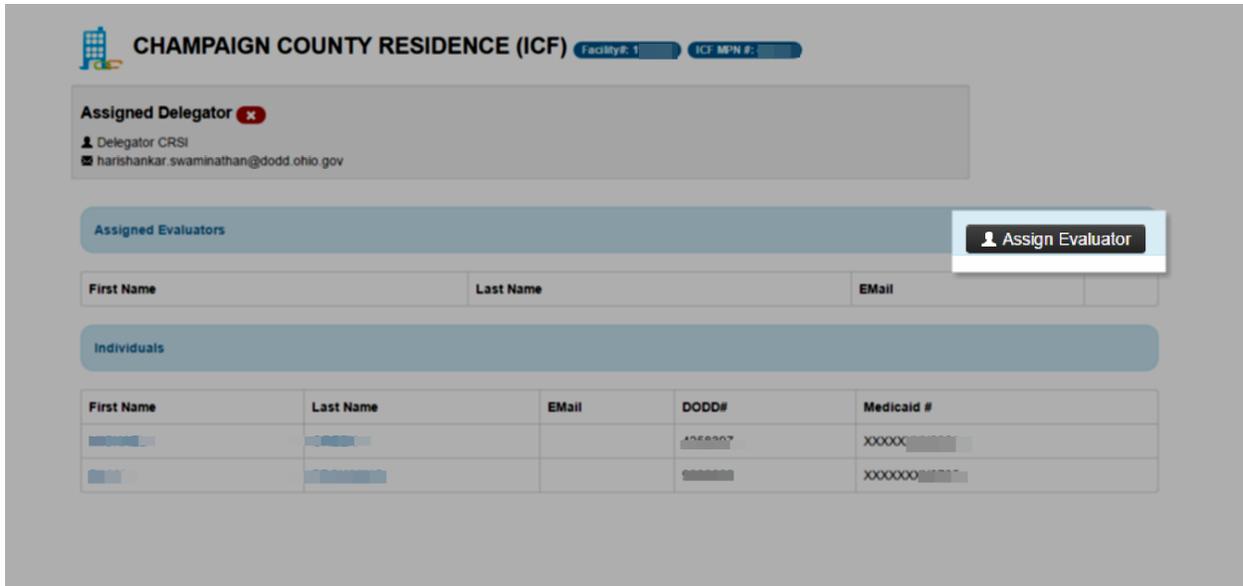




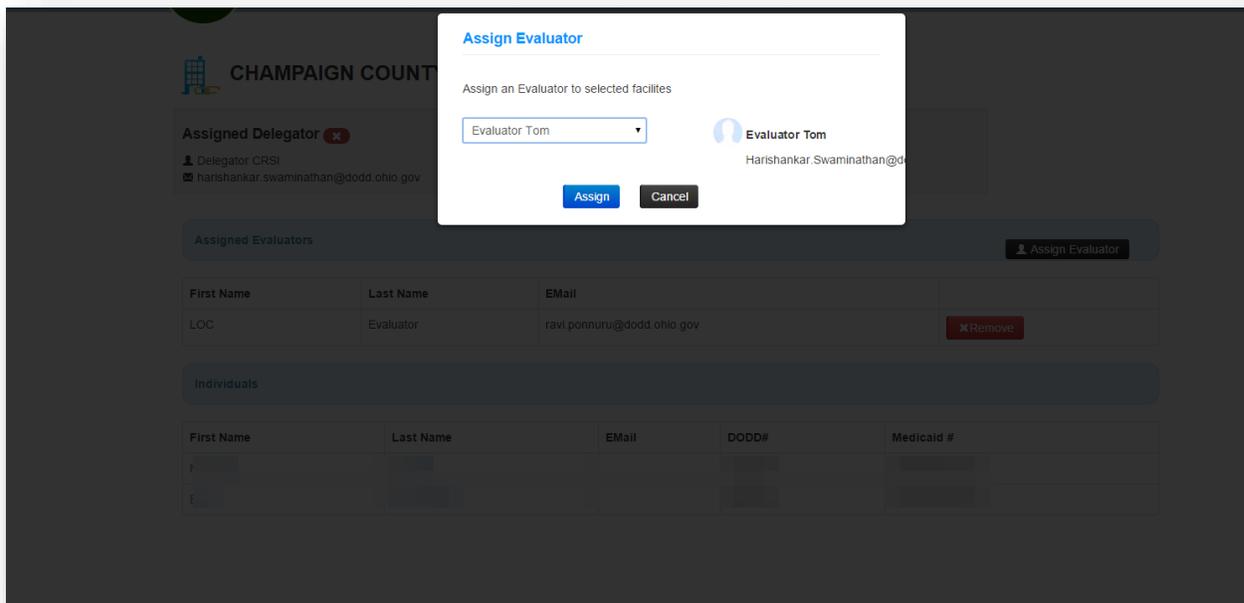
### Assign Multiple Evaluators

13. You can also assign multiple evaluators here.
  1. Click on **'Assign Evaluator'** button.





2. It will open a popup to select from a list of Evaluators. Select the Evaluator and click on 'Assign' button.
3. You can repeat the steps **a & b** to assign multiple evaluators.



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## Remove Evaluator's Access

14. You will be given a 'Remove' button right next to the in the Assigned Evaluator to remove access to the Facility for the Evaluator.

**CHAMPAIGN COUNTY RESIDENCE (ICF)** Facility#: 1110032 ICF MPN #: 458633

**Assigned Delegator**  
 Delegator CRSI  
 harishankar.swaminathan@dodd.ohio.gov

**Assigned Evaluators** Assign Evaluator

First Name	Last Name	Email	
Evaluator	Tom	Harishankar.Swaminathan@dodd.ohio.gov	<span>Remove</span>
LOC	Evaluator	ravi.ponnuru@dodd.ohio.gov	<span>Remove</span>

**Individuals**

First Name	Last Name	Email	DODD#	Medicaid #

## Individual Profile

15. Click on the Individual Name to see the details of the Individuals information.



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**CHAMPAIGN COUNTY RESIDENCE (ICF)** Facility#: 1 ICF MPN #:

**Assigned Delegator** ✖

Delegator CRSI  
 harishankar.swaminathan@dodd.ohio.gov

**Assigned Evaluators** Assign Evaluator

First Name	Last Name	E-Mail

**Individuals**

First Name	Last Name	E-Mail	DODD#	Medicaid #
			4256007	XXXXX
				XXXXXX

 Profile RMN

 LOC Start Date | LOC End Date

Male  
 (47 yrs 8 mo)

**Medicaid Info**

Medicaid#: XXXXXXXX

DODD#:

SSN#:

WaiverType:

**County Info**

Residence: Champaign

Reporting: Champaign

Assigned SSA#:

**Facility Info**

Name: Champaign County Residence (ICF)

Oh -43078

**Contacts**



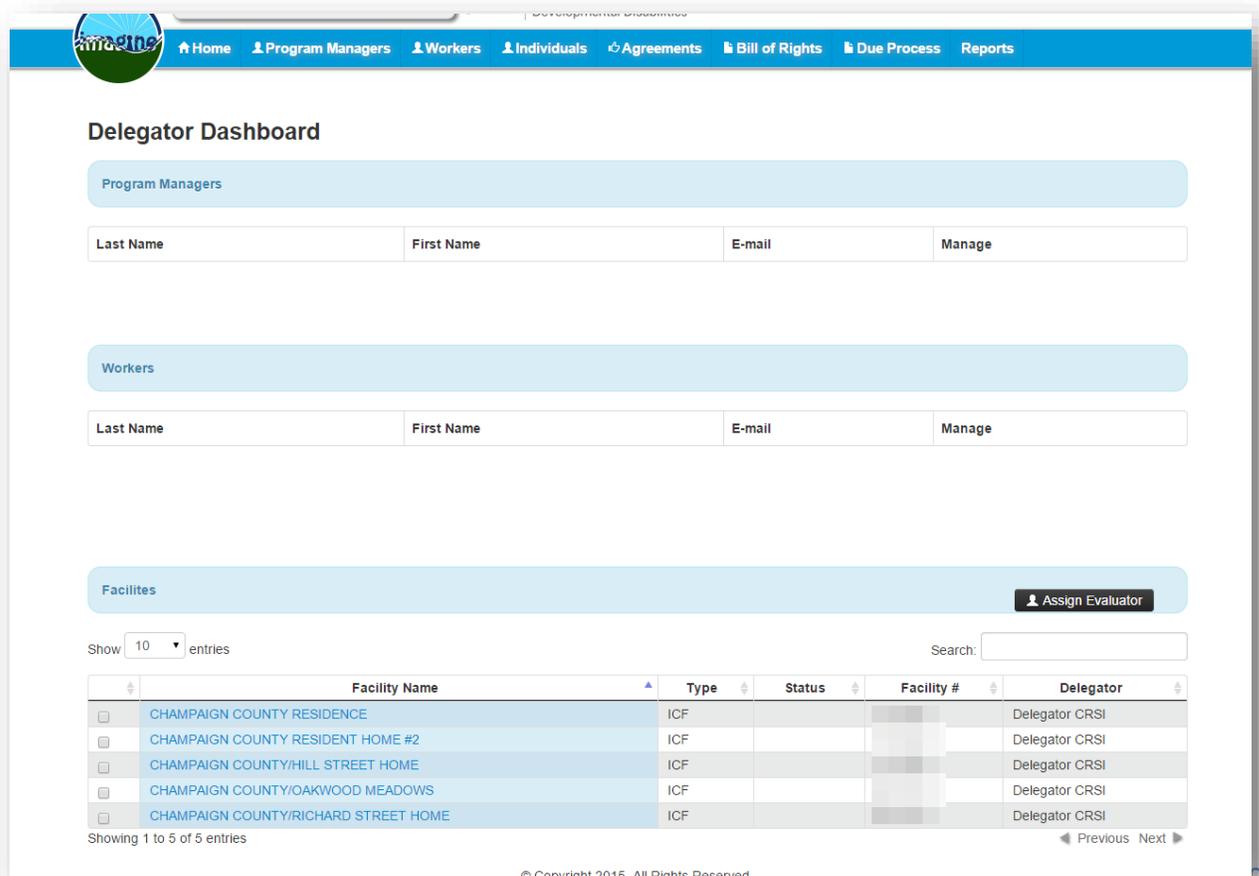
## 2. Delegator (Management Contractor)

### Login

1. **Open your browser** (internet explorer or chrome)
2. **Enter your User Name and Password**
3. **Login** in as Delegator of the Agency

### Dashboard

4. **You will see Delegator Dashboard**



Delegator Dashboard

Program Managers

Last Name	First Name	E-mail	Manage

Workers

Last Name	First Name	E-mail	Manage

Facilities Assign Evaluator

Show  entries Search:

	Facility Name	Type	Status	Facility #	Delegator
<input type="checkbox"/>	CHAMPAIGN COUNTY RESIDENCE	ICF			Delegator CRSI
<input type="checkbox"/>	CHAMPAIGN COUNTY RESIDENT HOME #2	ICF			Delegator CRSI
<input type="checkbox"/>	CHAMPAIGN COUNTY/HILL STREET HOME	ICF			Delegator CRSI
<input type="checkbox"/>	CHAMPAIGN COUNTY/OAKWOOD MEADOWS	ICF			Delegator CRSI
<input type="checkbox"/>	CHAMPAIGN COUNTY/RICHARD STREET HOME	ICF			Delegator CRSI

Showing 1 to 5 of 5 entries Previous Next

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6. You can **view all ICF facilities** that the CEO has assigned to you on behalf of him.

The screenshot shows the 'Delegator Dashboard' interface. At the top, there is a navigation bar with links for Home, Program Managers, Workers, Individuals, Agreements, Bill of Rights, Due Process, and Reports. Below this, the dashboard is divided into sections for Program Managers and Workers, each with a table header for Last Name, First Name, E-mail, and Manage. The main section is 'Facilities', which includes a search bar, a dropdown for 'Show 10 entries', and a table of facility details.

	Facility Name	Type	Status	Facility #	Delegator
<input type="checkbox"/>	CHAMPAIGN COUNTY RESIDENCE	ICF			Delegator CRSI
<input type="checkbox"/>	CHAMPAIGN COUNTY RESIDENT HOME #2	ICF			Delegator CRSI
<input type="checkbox"/>	CHAMPAIGN COUNTY/HILL STREET HOME	ICF			Delegator CRSI
<input type="checkbox"/>	CHAMPAIGN COUNTY/OAKWOOD MEADOWS	ICF			Delegator CRSI
<input type="checkbox"/>	CHAMPAIGN COUNTY/RICHARD STREET HOME	ICF			Delegator CRSI

Showing 1 to 5 of 5 entries



## Assign Evaluator

7. As a Delegator you have the ability to assign Evaluators to the Facilities where the individuals live so that the Evaluators can start and process the Level of Care for the Individuals.
8. Select list of Facilities and click on **‘Assign Evaluator’**

The screenshot shows the 'Delegator Dashboard' with a navigation menu at the top: Home, Program Managers, Workers, Individuals, Agreements, Bill of Rights, Due Process, and Reports. The dashboard is divided into three main sections: Program Managers, Workers, and Facilities. Each section has a table with columns for Last Name, First Name, E-mail, and Manage. The 'Facilities' section is active, showing a table with columns for Facility Name, Type, Status, Facility #, and Delegator. A button labeled 'Assign Evaluator' is highlighted in the top right corner of the Facilities section. Below the table, it says 'Showing 1 to 5 of 5 entries' and 'Previous Next'.

Facility Name	Type	Status	Facility #	Delegator
CHAMPAIGN COUNTY RESIDENCE	ICF			Delegator CRSI
CHAMPAIGN COUNTY RESIDENT HOME #2	ICF			Delegator CRSI
CHAMPAIGN COUNTY/HILL STREET HOME	ICF			Delegator CRSI
CHAMPAIGN COUNTY/OAKWOOD MEADOWS	ICF			Delegator CRSI
CHAMPAIGN COUNTY/RICHARD STREET HOME	ICF			Delegator CRSI



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**Assign Evaluator**

Assign an Evaluator to selected facilities

LOC Evaluator

LOC Evaluator  
ravi.ponnuru@dodd.ohio.gov

Assign Cancel

**Delegator Dashboard**

Program Managers

Workers

Facilities

Show 10 entries

	Facility Name	Type	Status	Facility #	Delegator
<input checked="" type="checkbox"/>	CHAMPAIGN COUNTY RESIDENCE	ICF			Delegator CRSI
<input checked="" type="checkbox"/>	CHAMPAIGN COUNTY RESIDENT HOME #2	ICF			Delegator CRSI
<input type="checkbox"/>	CHAMPAIGN COUNTY/HILL STREET HOME	ICF			Delegator CRSI
<input type="checkbox"/>	CHAMPAIGN COUNTY/OAKWOOD MEADOWS	ICF			Delegator CRSI
<input type="checkbox"/>	CHAMPAIGN COUNTY/RICHARD STREET HOME	ICF			Delegator CRSI

Showing 1 to 5 of 5 entries

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## Facility Dashboard

- Click on the Facility Name to get a more detail information about the facility, where it will provide the list of individuals live in that facility.

The screenshot shows a web interface titled "Facilities". At the top right, there are two buttons: "Assign Delegator" and "Assign Evaluator". Below the header, there is a "Show" dropdown menu set to "10" and a "Search:" input field. The main content is a table with the following columns: "Facility Name", "Type", "Status", "Facility #", and "Delegator". The table lists ten facilities, all of which are "ICF" type. The first facility, "CHAMPAIGN COUNTY RESIDENT HOME #1", is highlighted in blue, and a mouse cursor is pointing at it. The "Delegator" column for the first two facilities is populated with "Delegator CRSI". At the bottom left of the table, it says "Showing 1 to 10 of 16 entries". At the bottom right, there are "Previous" and "Next" navigation arrows. A copyright notice "© Copyright 2015. All Rights Reserved." is visible at the very bottom of the interface.

	Facility Name	Type	Status	Facility #	Delegator
<input type="checkbox"/>	CHAMPAIGN COUNTY RESIDENT HOME #1	ICF			Delegator CRSI
<input type="checkbox"/>	CHAMPAIGN COUNTY RESIDENT HOME #2	ICF			Delegator CRSI
<input type="checkbox"/>	CHAMPAIGN COUNTY/HILL STREET HOME	ICF			
<input type="checkbox"/>	CHAMPAIGN COUNTY/OAKWOOD MEADOWS	ICF			
<input type="checkbox"/>	CHAMPAIGN COUNTY/RICHARD STREET HOME	ICF			
<input type="checkbox"/>	CHAMPAIGN COUNTY/SANDUSKY STREET HOME	ICF			
<input type="checkbox"/>	CHAMPAIGN COUNTY/SOUTH HIGH STREET	ICF			
<input type="checkbox"/>	CHAMPAIGN COUNTY/SPRING STREET HOME	ICF			
<input type="checkbox"/>	CHAMPAIGN COUNTY/WILLIAMS STREET HOME	ICF			
<input type="checkbox"/>	FARSIDE FAMILY HOME	ICF			

- Click on the Facility Name to get a more detail information about the facility, where it will provide the list of individuals live in that facility.



 **CHAMPAIGN COUNTY RESIDENCE (ICF)** Facility#: 1 ICF MPN #:

**Assigned Delegator** ✖

 Delegator CRSI  
 harishankar.swaminathan@dodd.ohio.gov

**Assigned Evaluators** 

First Name	Last Name	EEmail	

**Individuals**

First Name	Last Name	EEmail	DODD#	Medicaid #
			1250007	XXXX
				XXXXXXXX



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## Assign Multiple Evaluators

11. You can also assign multiple evaluators here.
  1. Click on **'Assign Evaluator'** button.

The screenshot shows the 'CHAMPAIGN COUNTY RESIDENCE (ICF)' interface. At the top, there are fields for 'Facility# 1' and 'ICF MPN #'. Below this is the 'Assigned Delegator' section, which includes a dropdown menu and a list of delegators, with 'harishankar.swaminathan@dodd.ohio.gov' selected. The main section is 'Assigned Evaluators', which features a table with columns for 'First Name', 'Last Name', and 'EMail'. A button labeled 'Assign Evaluator' is positioned to the right of the table. Below the 'Assigned Evaluators' section is the 'Individuals' section, which contains a table with columns for 'First Name', 'Last Name', 'EMail', 'DODD#', and 'Medicaid #'. The 'Individuals' table has two rows of data, with some fields masked with blue bars.

2. It will open a popup to select from a list of Evaluators. Select the Evaluator and click on 'Assign' button.
3. You can repeat the steps **a & b** to assign multiple evaluators.



**CHAMPAIGN COUNTY**

**Assigned Delegator**

- Delegator CRSI
- harishankar.swaminathan@dodd.ohio.gov

**Assigned Evaluators**

First Name	Last Name	Email	
LOC	Evaluator	ravi.ponnuru@dodd.ohio.gov	# Remove

**Assigned Evaluator Modal:**

Assign an Evaluator to selected facilities

Evaluator Tom

Assign Cancel

**Individuals**

First Name	Last Name	Email	DODD#	Medicaid #



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## Remove Evaluator Access

- You will be given a 'Remove' button right next to the in the Assigned Evaluator to remove access to the Facility for the Evaluator.

**CHAMPAIGN COUNTY RESIDENCE (ICF)** Facility#: 1110032 ICF MPN #: 458633

**Assigned Delegator**  
 Delegator CRSI  
 harishankar.swaminathan@dodd.ohio.gov

**Assigned Evaluators** Assign Evaluator

First Name	Last Name	EMail	
Evaluator	Tom	Harishankar.Swaminathan@dodd.ohio.gov	<span>Remove</span>
LOC	Evaluator	ravi.ponnuru@dodd.ohio.gov	<span>Remove</span>

**Individuals**

First Name	Last Name	Email	DODD#	Medicaid #

## Individual Profile

- Click on the Individual Name to see the details of the Individuals information.



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**CHAMPAIGN COUNTY RESIDENCE (ICF)** Facility#: 100000 ICF MPN #: 100000

**Assigned Delegator** ✖  
 Delegator CRSI  
 harishankar.swaminathan@dodd.ohio.gov

**Assigned Evaluators** Assign Evaluator

First Name	Last Name	Email	
Evaluator	Tom	Harishankar.Swaminathan@dodd.ohio.gov	✖ Remove
LOC	Evaluator	ravi.ponnuru@dodd.ohio.gov	✖ Remove

**Individuals**

First Name	Last Name	Email	DODD#	Medicaid #
[Redacted]	[Redacted]		4	[Redacted]
E	[Redacted]		5	[Redacted]

**Profile** **RMN**

**LOC Start Date** | **LOC End Date**

**Medicaid Info** **County Info** **Facility Info**

Medicaid#: XXXXXXXX  
 DODD#: [Redacted]  
 SSN#: [Redacted]  
 WaiverType:

Residence: Champaign  
 Reporting: Champaign  
 Assigned SSA#:

Name: Champaign County Residence (ICF)  
 Oh: 43078

**Contacts**



Department of Developmental Disabilities

John R. Kasich, Governor  
 John L. Martin, Director

Division of Information Technology Services



## 3. ICF Evaluator

### Login

1. **Open your browser** (internet explorer or chrome)
2. **Enter your User Name and Password**
3. **Login** in as an ICF Evaluator

### Dashboard

#### 4. You will see Evaluator Dashboard

Ohio | Department of Developmental Disabilities Anthony Hawkins ▾

Home Eligibility Management

Dashboard for Anthony Hawkins

Assigned Facilities

Facility Name	Facility #	Facility Type	ICF MPN
Add/Teakwood Avenue Home		ICF	
Akins Home		ICF	
Alvis House		ICF	

Showing 1 to 3 of 3 entries ◀ Previous Next ▶

- I. You can **view all the facilities you are assigned to as Evaluator**

Facility Name	Facility #	Facility Type	ICF MPN
ADD/TEAKWOOD AVENUE HOME		ICF	
AKINS HOME		ICF	
ALVIS HOUSE		ICF	

Showing 1 to 3 of 3 entries ◀ Previous Next ▶

- II. Can view all the alerts under the **Alerts tab**



My Alerts

SUBJECT	Message	Individual	Regarding	CreatedOn
NICS Bed Hold Request is Accepted	NICS Bed Hold Request by the facility:ADD/TEAKWOOD AVENUE HOME for the individual is Accepted.		Request for Bedhold	6/4/2015 11:58:35 AM
NICS Bed Hold - ADD/TEAKWOOD AVENUE HOME	A NICS Bed Hold request has been submitted by the facility ADD/TEAKWOOD AVENUE HOME for the individual .		Request for Bedhold	6/4/2015 11:53:44 AM
NICS Bed Hold - ADD/TEAKWOOD AVENUE HOME	A NICS Bed Hold request has been submitted by the facility ADD/TEAKWOOD AVENUE HOME for the individual .		Request for Bedhold	6/4/2015 11:53:44 AM
NICS Bed Hold - ADD/TEAKWOOD AVENUE HOME	A NICS Bed Hold request has been submitted by the facility ADD/TEAKWOOD AVENUE HOME for the individual .		Request for Bedhold	6/4/2015 11:53:44 AM
NICS Bed Hold - ADD/TEAKWOOD AVENUE HOME	A NICS Bed Hold request has been submitted by the facility ADD/TEAKWOOD AVENUE HOME for the individual .		Request for Bedhold	6/4/2015 11:53:44 AM

III. Can view the list of LOCs marked as incomplete by RPS2 under the **Incomplete LOCs Tab**

### Facility Dashboard

5. **Click on the facility** you need to work on from your dashboard

Facility Name	Facility #	Facility Type	ICF MPN
ADD/TEAKWOOD AVENUE HOME		ICF	
ALVING HOME		ICF	
ALVIS HOUSE		ICF	

Showing 1 to 3 of 3 entries

6. You will see following items on your **Facility Dashboard**

- I. **List of all individuals in that facility.** Facility has **read only access to the individuals who have the eye icon** next to them; which means you cannot yet complete a level of care assessment for those individuals and RPS2 have to associate that individual with your facility to give you full access for those individuals.



ADD/TEAKWOOD AVENUE HOME 2511722

Individuals NICS Redets

Individuals

Search:

Individual	DOB	DODD#	Medicaid#	SSN
[blurred]	[blurred]	[blurred]	[blurred]	[blurred]
[blurred]	[blurred]	[blurred]	[blurred]	[blurred]
[blurred]	[blurred]	[blurred]	[blurred]	[blurred]
[blurred]	[blurred]	[blurred]	[blurred]	[blurred]
[blurred]	[blurred]	[blurred]	[blurred]	[blurred]
[blurred]	[blurred]	[blurred]	[blurred]	[blurred]
[blurred]	[blurred]	[blurred]	[blurred]	[blurred]
[blurred]	[blurred]	[blurred]	[blurred]	[blurred]
[blurred]	[blurred]	[blurred]	[blurred]	[blurred]
[blurred]	[blurred]	[blurred]	[blurred]	[blurred]

Showing 1 to 10 of 14 entries Previous Next

- II. **Search for individual** by typing name in search box; **Individual record will show up** if individual exist in your facility
- III. All **submitted consents** for that facility





- III. Template will open in new window → save the blank consent on your computer by clicking on the save icon on the template → fill the information on form → print it → scan it and upload this document on consent form

Please fill out the following form. You can save data typed into this form.

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**AUTHORIZATION FOR THE USE AND DISCLOSURE OF INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION**

First Name:  Last Name:

Social Security #:  Date of Birth:

Address:

City:  State:  Zip Code:

Guardian's Name ( If applicable ):  Phone #:

- IV. Enter the required fields on consent form

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**Division of Information Technology Services**



## Consent (Individual's Consent Form for access to Level of Care)

**General**

First Name

Last Name

Date of Birth

SSN

DODD#

Medicaid ID

Here is the template for Consent form to be submitted on behalf of the individual. Please fill in the details and get it signed by the Individual who is seeking for Admission.

**Upload a consent document**

- V. Click on Submit Button on bottom of the consent form to **submit consent to DODD**



- VI. Once you hit Submit → you will be back on the facility dashboard
- VII. You can search → hit enter → **View the submitted consent** under the submitted consents view



Consents Create new Consent

Search: pat

First Name	Last Name	DOB	DODD#	SSN
Pat	Lewis	7/1/2000		456666666

Showing 1 to 1 of 1 entries (filtered from 40 total entries) Previous Next

### Individual's Read-only Access

VIII. You will have **read only access to individual** (will have an eye icon next to it) once DODD RPS2 receives the submitted consent and links the individual record with consent

Home Eligibility Management

ADD/TEAKWOOD AVENUE HOME 2511722

Individuals NICS Redets

Individuals

Search:

Individual	DOB	DODD#	Medicaid#	SSN
Pat Lewis 	7/1/2000	9989821		456666666

Showing 1 to 10 of 15 entries Previous Next



- IX. You can only access **individual's profile** and their **existing LOCs and LOC related documents in read only mode** with read only access.



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## Admission NICS

8. To admit an individual in your facility → you also need to **Complete/submit an Admission NICS to DODD** to admit individual in your facility. This will only be required in the event the individual has an existing LOC or individual record in DODD's systems (meaning the Individual is new to DODD).

I. Click on the **Admit NICS Tab** on Individuals page

The screenshot shows the DODD system interface for an individual named Pat Lewis. The top navigation bar includes 'Home' and 'Eligibility Management'. The individual's name 'Pat Lewis' is displayed with a 'Back' button. Below the name are three tabs: 'Profile', 'Level of Care', and 'Admit NICS', with a red arrow pointing to the 'Admit NICS' tab. The main content area shows a profile card for Pat Lewis, including a birth date of 7/1/2000 (14 yrs 11 mo) and fields for 'LOC Start Date' and 'LOC End Date'. Below the profile card are three sections: 'Medicaid Info', 'County Info', and 'Facility Info'. The 'Medicaid Info' section displays: Medicaid#: 9989821, DODD#: 9989821, SSN#: XXX-XX-6666, and WaiverType:. The 'County Info' section displays: Residence: Belmont, Reporting: Belmont, and Assigned SSA#: . The 'Facility Info' section is currently empty. At the bottom, there is a 'Contacts' section with a table showing one contact entry.

Emergency Contact	Contact	Email	Primary Phone	Start Date	End Date	Role	Team Membership relationship
No	Pat Lewis			6/6/2015		Individual	Assigned Team Member

Showing 1 to 1 of 1 entries

II. NICS Admission form will open. Information you submitted on consent will pre populate. **Enter required information on Admission NICS form and click on Submit button to Submit to DODD**

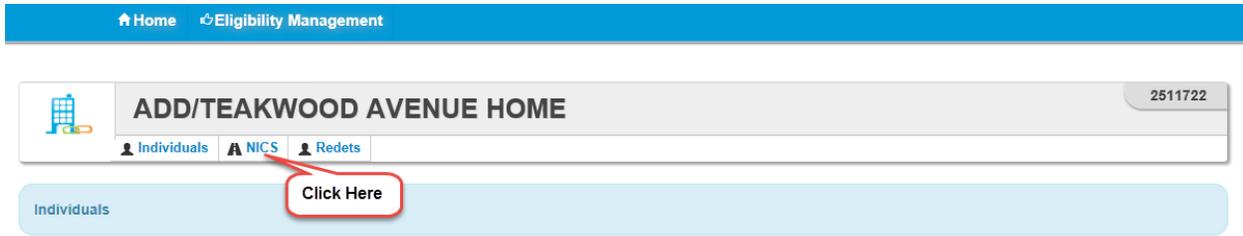


The screenshot shows the 'NICS Admission Request' form. At the top, there is a navigation bar with 'Home' and 'Eligibility Management' links. The user is identified as Anthony Hawkins. The form is titled 'NICS Notification of Individual's Change of Status'. The 'Admission Request' section is circled in red. Under the 'General' tab, the following fields are visible: 'First name: Pat', 'Last name: Lewis', 'Date of birth: 7/1/2000', and 'SSN: 456-66-6666'. The 'Admission Date' field contains '06/08/2015' and is highlighted with a red callout 'Enter Admission Date'. The 'Admission Type' dropdown menu is set to 'LongTerm' and is highlighted with a red callout 'Select Admission Type'. Below this is the 'Attestation' section, which has a red callout 'Select one of the below attestations'. There are two radio button options: 'Change of Condition, I've reviewed Individual's current LOC but it doesn't reflect his current physical/mental condition requires submission of new clinician verification & completion of new LOC assessment once the individual is associated to my ICF.' (which is selected) and 'Yes, I attest that the individual continues to meet Level of Care.' At the bottom of the form is a green 'submit' button, highlighted with a red callout 'Submit to DODD'. The footer of the form includes the Ohio Department of Developmental Disabilities logo and the user name Anthony Hawkins.

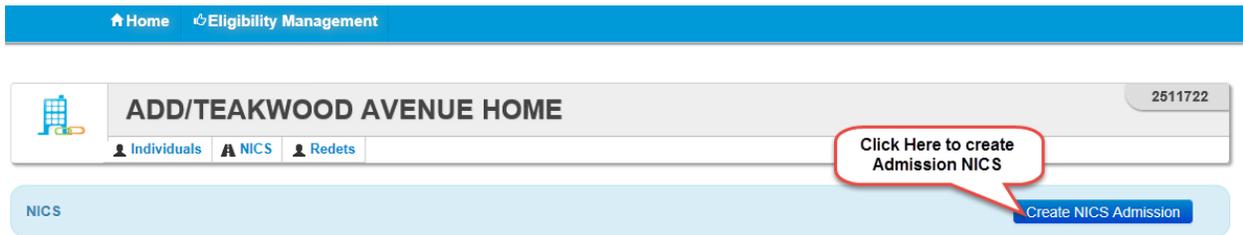
**Note:** You can also create and submit Admission NICS through the following process.

9. **Submit Admission NICS form to DODD** to Admit Individual in your facility
  1. Select the **NICS Tab** from the facility Dashboard to access Admission NICS form





II. Click on **Create Admission NICS** to create a new Admission NICS



Admission NICS

First Name	Last Name	DOB	SSN	Admission Date	Admission Type	Status
				4/14/2015	Long Term (Permanent)	Submitted
				7/29/2015	Long Term (Permanent)	Accepted
				6/3/2015	Long Term (Permanent)	Accepted
				6/12/2015	Long Term (Permanent)	Submitted
				6/1/2015	Long Term (Permanent)	Submitted
				7/23/2016	Long Term (Permanent)	Accepted
				11/26/1990	Long Term (Permanent)	Accepted
				8/8/1988	Long Term (Permanent)	Accepted
				11/8/1992	Long Term (Permanent)	Submitted
				12/16/2009	Long Term (Permanent)	Accepted

Showing 1 to 10 of 24 entries

◀ Previous Next ▶

III. Enter **required fields on Admission NICS**, **Complete the NICS attestation** and Click on **Submit button** to Submit to DODD



NICS Notification of Individual's Change of Status

Admission Request

General

First name Pat	Last name Lewis
Date of birth 07/01/2000	SSN 456666666
Admission date 06/08/2015	Admission type Long term



Attestation

Change of Condition. I've reviewed Individual's current LOC but it doesn't reflect his current physical/mental condition & requires submission of new clinician verification & completion of new LOC assessment once the individual is associated to my ICF.

Yes, I attest that the individual continues to meet Level of Care.

Submit

Individual's Full Access

10. You will have full access to individual once DODD RPS2 accepts the admission NICS (no eye icon) and associates the individual with your facility



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Home Eligibility Management

ADD/TEAKWOOD AVENUE HOME 2511722

Individuals NICS Redets

Individuals

Search:

Individual	DOB	DODD#	Medicaid#	SSN
Pat Lewis	7/1/2000	9989821		456666666

Showing 1 to 10 of 15 entries Previous Next

11. To select individual, **click on individual** to select individual from facility individuals list; You can **view**



Home Eligibility Management

Pat Lewis ⓘ Back

[Profile](#)
[Eligibility Management](#)
[Level of Care](#)
[Documents](#)
[NICS Jail/Hospital](#)
[Bed Hold](#)
[Discharge](#)


**Pat Lewis**  
 7/1/2000 (14 yrs 11 mo)

Medicaid Info      County Info      Facility Info

**Medicaid#:**  
 DODD#: 9989821  
 SSN#: XXX-XX-6666  
 WaiverType:

**Residence:** Belmont  
**Reporting:** Belmont  
**Assigned SSA#:**

**Name:** Add/Teakwood Avenue  
 Home (ICF)  
 2433-2435 Teakwood Avenue  
 Columbus  
 Oh -43229

Contacts

Emergency Contact	Contact	Email	Primary Phone	Start Date	End Date	Role	Team Membership relationship
No	Pat Lewis			6/6/2015		Individual	Assigned Team Member

Showing 1 to 1 of 1 entries ◀ Previous Next ▶

- I. Individual’s Profile
- II. Eligibility management
- III. Individual’s current and previous Level of Cares
- IV. Individual’s Documents by year folder
- V. Their Submitted Jail/Hospital or Bed Hold NICS
- VI. Can submit Jail/Hospital or Bed Hold NICS
- VII. Can submit Discharge NICS



## Eligibility Management

12. Click on the **Eligibility Management Tab** to start the eligibility process for this individual

The screenshot shows the user interface for Pat Lewis. At the top, there is a navigation bar with 'Home' and 'Eligibility Management'. Below this is a header for 'Pat Lewis' with a 'Back' button. A menu bar contains 'Profile', 'Eligibility Management', 'Level of Care', 'Documents', 'NICS Jail/Hospital', 'Bed Hold', and 'Discharge'. The 'Eligibility Management' section is highlighted in light blue and contains a 'Create new Eligibility Management' button. A red callout box points to this button with the text 'Click Here'. Below the button, a message states: 'There are no Eligibility Management records available for this individual.'

13. Enter individual's **Eligibility Information and Save**

The screenshot shows the 'Eligibility Info' form for Pat Lewis. The form includes the following fields and values:

- Assessment Reason: ICF (circled in red)
- Assessment Date (Scheduled/Rescheduled): 06/08/2015 (indicated by a red arrow)
- Proposed Admission Date: 06/08/2015 (indicated by a red arrow)
- Location for Initial Visit: Home (indicated by a red arrow)
- Age for Assessment: 14 (circled in red)
- LOC Status: Not Started (circled in red)
- Location Address: 30 east broad street, Columbus, OH 43905 (indicated by a red arrow)
- Best way to communicate(Preferred Method): Text (indicated by a red arrow)
- LOC Effective Start Date: (empty field)
- LOC Effective End Date: (empty field)

A 'Save' button is located at the bottom left of the form.



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- 1) **Assessment Reason** = will be displayed as ICF by default
- 2) **Age of Assessment** – will be displayed for you
- 3) **LOC Status** – will be displayed for you
- 4) **Assessment Date** = can be today's or past date – it's the date when you got this information from individual
- 5) **Proposed Admission Date** – Enter the admission date you want for this individual
- 6) **Location for Initial Visit** – Enter the location where you met the individual to capture this information. i.e – Home or office
- 7) **Location Address** – enter the address of visit
- 8) **Best way to communicate** – Enter what's the best way to communicate with the individual – Email or text
- 9) **LOC Effective and LOC End Dates will be displayed when available**
- 10) **Click Save** – you will be back on the Eligibility Management Screen



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## Create Level of Care (LOC)

14. **Create LOC** (first LOC for individual will be **Initial Type**; any LOC after the Initial LOC will be **Change Of Condition Type**)

Ohio Department of Developmental Disabilities | Anthony Hawkins

Home Eligibility Management

Pat Lewis (i) Back

Profile Eligibility Management Level of Care Documents NICS Jail/Hospital Bed Hold Discharge

Eligibility Management

Type	Name	Facility	Reason	Age	LOC Status	LOC Start Date	LOC End Date	Determination Status	Assessment Date	Created Date
Initial	Pat Lewis	ADD/TEAKWOOD AVENUE HOME	ICF	14	Not Started				6/8/2015	6/8/2015 9:42:16 PM

Showing 1 to 1 of 1 entries

Click here to Create LOC

Previous Next

15. Start entering LOC information under the following Tabs to Complete and Submit the LOC Tool

16. **Information Tab** – Enter the General information, Clinician’s information and answer all LOC questions on this tab. **All fields on LOC are REQUIRED** to complete LOC

## Enter General Information



Ohio | Department of Developmental Disabilities Anthony Hawkins

---

Home | Eligibility Management

---

**Pat Lewis** ⓘ

Profile | Eligibility Management | Level of Care | Documents | NICS Jail/Hospital | Bed Hold | Discharge

Back

---

**Level Of Care (LOC)** ⓘ

LOC#
Status
Type
Attested?

1 Create
2 Validate/Complete
3 Submit

---

Information
Informant Information
Summary
Score
Attestation
Supporting Documentation
Print LOC
Notes

**General**

Proposed Admission Date

Location of assesment

Document(s) Reviewed

Primary Verification

This is free text box- write what documents you reviewed to answer these LOC questions

6/8/2015 4:00:00 AM

Home

## Enter Clinician's Information

Document(s) Reviewed

Primary Verification

**1. Condition**

A. A medical or psychological evaluation from a qualified clinician must be on file. Submission of the standardized diagnosis form is required, including the clinician's license number, signature, and date.

A school psychologist who is not licensed in accordance with Ohio Administrative Code 3301-24-05 or chapter 4723 or licensed in another state as a psychologist as defined by applicable law is not considered a qualified clinician.

Clinician's Name <input type="text" value="Dr. Jack"/>	Title <input type="text" value="DOC"/>	License # <input type="text" value="23445"/>
---	---	---

**Ages 10 and above**

Does the clinician's verification form indicate the individual has a diagnosed severe, chronic disability?

•

Start answering the **LOC Questions** – you get questions set based on individual's age of assessment (9 and below or 10 and above)



Clinician's Name

Dr. Jack

Title

DOC

License #

23445

Ages 10 and above

Does the clinician's verification form indicate the individual has a diagnosed severe, chronic disability?

\* [Dropdown menu] [Red arrow pointing to dropdown]

Does the clinician's verification form indicate the diagnosed disability is attributable to a mental or physical condition or combination of mental/physical impairments other than a sole mental health condition?

\* [Dropdown menu] [Red arrow pointing to dropdown]

Does the clinician's verification form indicate the diagnosed disability was manifested before the age of 22?

\* [Dropdown menu] [Red arrow pointing to dropdown]

Does the clinician's verification form indicate the diagnosed disability is likely to continue indefinitely?

\* [Dropdown menu]

2. Areas of Major Life Activity---A.SelfCare

2. Areas of Major Life Activity---A.SelfCare

1. The individual is able to cleanse one's body by bathing, showering, sponge bath, or other generally acceptable method. The assessor should not consider the individual's ability to transfer in/out of the tub/shower or how well the individual cleanses self during the toileting process. These areas are addressed in other sections.

\* [Dropdown menu: Please select one] [Red arrow pointing to dropdown]

2. The individual is able to complete oral hygiene (tooth-brushing, denture care, etc.) tasks

\* [Dropdown menu: Please select one] [Red arrow pointing to dropdown]

3. The individual is able to perform tasks related to hair care (brushing, styling, etc.)

\* [Dropdown menu: Please select one] [Red arrow pointing to dropdown]

4. The individual is able to perform nail care tasks (cleaning, trimming, etc.)

\* [Dropdown menu: Please select one] [Red arrow pointing to dropdown]

5. The individual is able to shave (facial hair, underarms, legs, etc.), if needed

\* [Dropdown menu: Please select one] [Red arrow pointing to dropdown]

Save your responses at any time



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3. Frequency with which the individual requires supports from the following health care providers for monitoring, assessment, or treatment of diagnosed conditions. Include direct service to the individual or any supervision of that service by the clinical specialist. Also include services provided by other specialists or assistants under the direct and regular supervision of the clinical specialist listed.

Nurse (RN/LPN)

Speech Therapist

Physical Therapist

Occupational Therapist

Click here to SAVE

Save LOC

## LOC Number Generated

Ohio Department of Developmental Disabilities | Anthony Hawkins

Home Eligibility Management

Pat Lewis Back

Profile Eligibility Management Level of Care Documents NICS Jail/Hospital Bed Hold Discharge

Level Of Care (LOC)<sup>0</sup>

1 Create 2 Validate/Complete 3 Submit

After Save - You will see LOC# here

LOC#	Status	Type	Attested?
LOC2000349	Saved	Initial	

Information Informant Information Summary Score Attestation Supporting Documentation Print LOC Notes

Add Informant Information

Informant	Relationship
No Informant Information record found.	

**17. Informant tab - Add informant by entering informant's name and relationship with individual**



Pat Lewis Back

Profile Eligibility Management Level of Care Documents NICS Jail/Hospital Bed Hold Discharge

Level Of Care (LOC) LOC# LOC2000349 Status Saved Type Initial Attested?

1 Create 2 Validate/Complete 3 Submit

Information Informant Information Summary Score Attestation Supporting Documentation Print LOC Notes

Informant	Relationship

[Add Informant Information](#)

No Informant Information record found.

Click here to open Informant Information

Add Informant Information

Ohio Department of Developmental Disabilities Anthony Hawkins

Home Eligibility Management

Pat Lewis Back

Profile Eligibility Management Level of Care Documents NICS Jail/Hospital Bed Hold Discharge

Level Of Care (LOC) LOC# LOC2000349 Status Saved Type Initial Attested?

1 Create 2 Validate/Complete 3 Submit

Information Informant Information Summary Score Attestation Supporting Documentation Print LOC Notes

[Add Informant Information](#)

Informant	Relationship
Mrs. Lewis	Mother

No Informant Information record found.

Add Informant Information

Informant:  1

Relationship:  2

[Add](#) 3

Pat Lewis Back

Profile Eligibility Management Level of Care Documents NICS Jail/Hospital Bed Hold Discharge

Level Of Care (LOC) LOC# LOC2000349 Status Saved Type Initial Attested?

1 Create 2 Validate/Complete 3 Submit [Complete LOC](#)

Information Informant Information Summary Score Attestation Supporting Documentation Print LOC Notes

Informant	Relationship
Mrs. Lewis	Mother

[Add Informant Information](#)



## 18. Complete LOC by clicking on the “Complete” button; once all information on LOC is entered

The screenshot shows the user interface for Pat Lewis. At the top, there is a navigation bar with 'Home' and 'Eligibility Management'. Below this is a user profile header for Pat Lewis with a 'Back' button. A menu bar includes 'Profile', 'Eligibility Management', 'Level of Care', 'Documents', 'NICS Jail/Hospital', 'Bed Hold', and 'Discharge'. The main section is titled 'Level Of Care (LOC)' and displays 'LOC# LOC2000349', 'Status Saved', 'Type Initial', and 'Attested?'. A progress bar shows three steps: '1 Create', '2 Validate/Complete', and '3 Submit'. A blue 'Complete LOC' button is highlighted with a red arrow. Below the progress bar are tabs for 'Information', 'Informant Information', 'Summary', 'Score', 'Attestation', 'Supporting Documentation', 'Print LOC', and 'Notes'. An 'Add Informant Information' button is also present. A table below shows informant details:

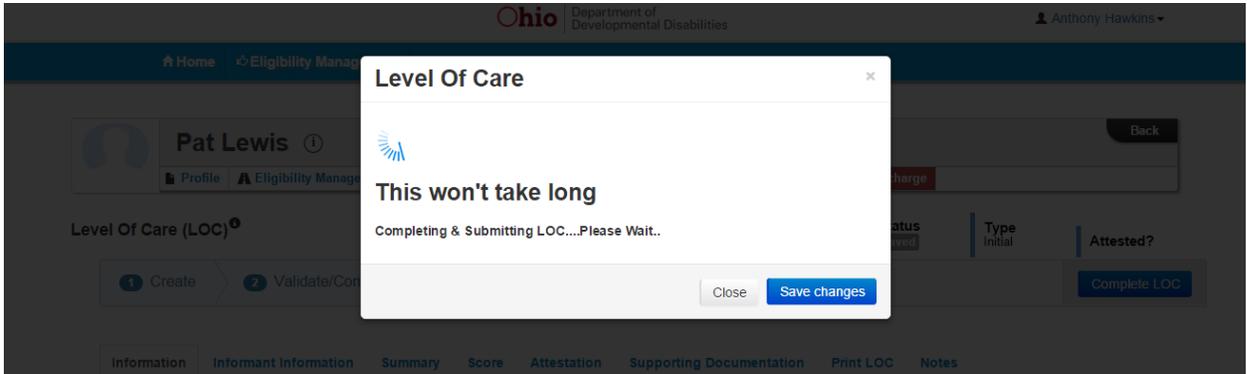
Informant	Relationship
Mrs. Lewis	Mother

If you missed to enter any required information, system will show you this error message. Click ok, enter the information and then click on the Complete LOC button again

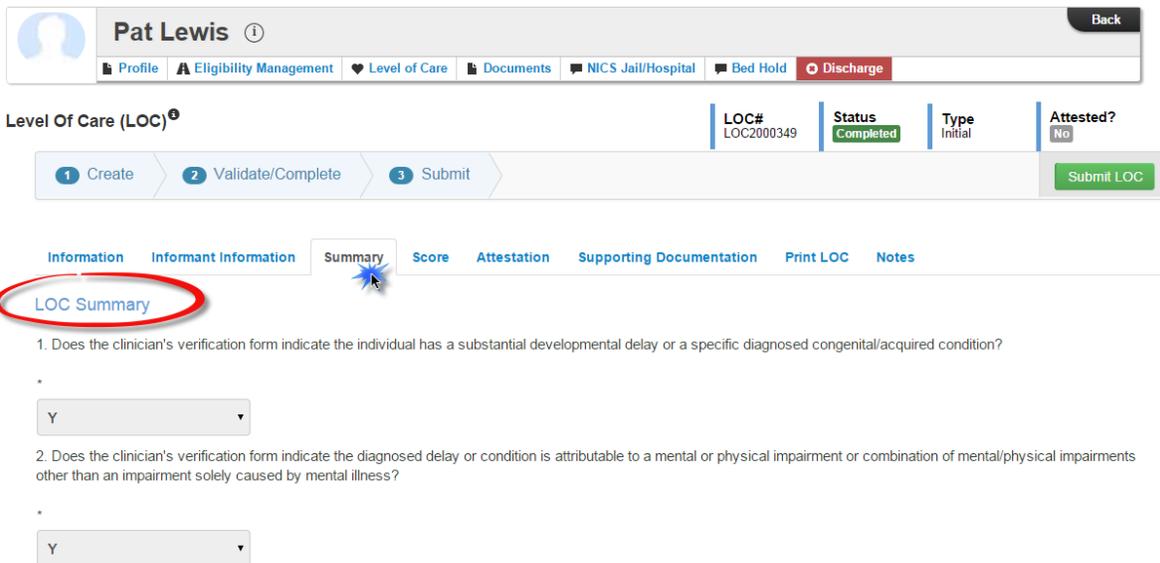
The screenshot shows the same user interface as above, but with an error message dialog box overlaid. The dialog box contains the text: 'The LOC Tool is incomplete. Please complete all Level of Care questions to complete the tool'. An 'OK' button is highlighted with a red arrow. The background interface is dimmed.



Note: Once LOC is Completed → **LOC becomes read only;** user cannot edit anything now.



**19. Summary Tab** – You can click on the Summary Tab to view the LOC summary. This will be available only after Completing the LOC



3. Does the clinician's verification form indicate the diagnosed disability was manifested before the age of 22?

\*

Y

4. Does the clinician's verification form indicate the diagnosed disability is likely to continue indefinitely?

\*

Y

5. The disability results in substantial functional limitations in at least three of the following areas:

\*

N

Y

- Self-care

Y

- Expressive/receptive language

Y

- Learning

Y

- Mobility

Y

- Self-direction

Y

- Capacity for independent living

N

- Economic self-sufficiency (N/A for individuals below age 16)

Y

DODD Determination

Based upon a review of the diagnosis and functional assessment information above, I determine that the individual meets criteria for a developmental disabilities of care.

Yes/No will be displayed here once DODD makes a determination



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**20. Score Tab - View Total Score for LOC, Yes/No for if individual is eligible or ineligible, Score per Section (major life area). This will be available only after completing the LOC**

**Pat Lewis** Back

Profile | Eligibility Management | Level of Care | Documents | NICS Jail/Hospital | Bed Hold | Discharge

Level Of Care (LOC) <sup>9</sup> | LOC# LOC2000349 | Status Completed | Type Initial | Attested? No

1 Create | 2 Validate/Complete | 3 Submit | Submit LOC

Information | Informant Information | Summary | **Score** | Attestation | Supporting Documentation | Print LOC | Notes

Areas with Substantial Functional Limitation and Score

6 Substantial Functional Limitatic | **Total LOC Score**

Total Score  
**182**

Is LOC Eligible  
Y

**Yes/No for LOC Eligible or Ineligible**

Self-care

Substantial Functional Limitation	Score
Y	42



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Receptive and Expressive Language

Substantial Functional Limitation	Score
<input type="text" value="Y"/>	<input type="text" value="12"/>

Mobility

Substantial Functional Limitation	Score
<input type="text" value="Y"/>	<input type="text" value="22"/>

Self-direction

Substantial Functional Limitation	Score
<input type="text" value="Y"/>	<input type="text" value="24"/>

Score for each major life area

Capacity for Independent Living

Substantial Functional Limitation	Score
<input type="text" value="Y"/>	<input type="text" value="42"/>

Economic Proficiency

Substantial Functional Limitation	Score
<input type="text" value="N"/>	<input type="text" value="24"/>

Learning/Cognition

Substantial Functional Limitation	Score
<input type="text" value="Y"/>	<input type="text" value="16"/>

**21. Attestation Tab - Complete Attestation for ICF** by clicking on the attestation tab and check marking the attestation box next to the attestation  
 The Assessor Recommendation will be auto populated based on the result of the LOC Tool



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Level Of Care (LOC)<sup>®</sup>

LOC# LOC2000349    Status **Completed**    Type Initial    Attested? **No**

1 Create    2 Validate/Complete    3 Submit    **Submit LOC**

Information    Informant Information    Summary    Score    **Attestation**    Supporting Documentation    Print LOC    Notes

**Assessor Recommendation**

Based upon a review of the diagnosis and functional assessment information, I recommend that the individual meets criteria for a developmental disabilities level of care.

YES ▾

I attest the facility for which the individual is seeking admission is able to meet all the skilled nursing needs identified in SECTION H of this assessment, as well as any other supporting medical documentation.

Please attest:

I am a person who coordinates or performs evaluations of individuals to make a recommendation to the department as to whether or not the individual meets the criteria for a developmental disabilities level of care. I have completed the required department-approved training for recommending level of care.

Electronic Signature

Anthony Hawkins

**Save**

## Complete ICF Attestation

Level Of Care (LOC)<sup>®</sup>

LOC# LOC2000349    Status **Completed**    Type Initial    Attested? **No**

1 Create    2 Validate/Complete    3 Submit    **Submit LOC**

Information    Informant Information    Summary    Score    **Attestation**    Supporting Documentation    Print LOC    Notes

**Assessor Recommendation**

Based upon a review of the diagnosis and functional assessment information, I recommend that the individual meets criteria for a developmental disabilities level of care.

YES ▾

I attest the facility for which the individual is seeking admission is able to meet all the skilled nursing needs identified in SECTION H of this assessment, as well as any other supporting medical documentation.

Please attest:

**1** I am a person who coordinates or performs evaluations of individuals to make a recommendation to the department as to whether or not the individual meets the criteria for a developmental disabilities level of care. I have completed the required department-approved training for recommending level of care.

Electronic Signature

Anthony Hawkins Logged in evaluator's name

**Save** **2**

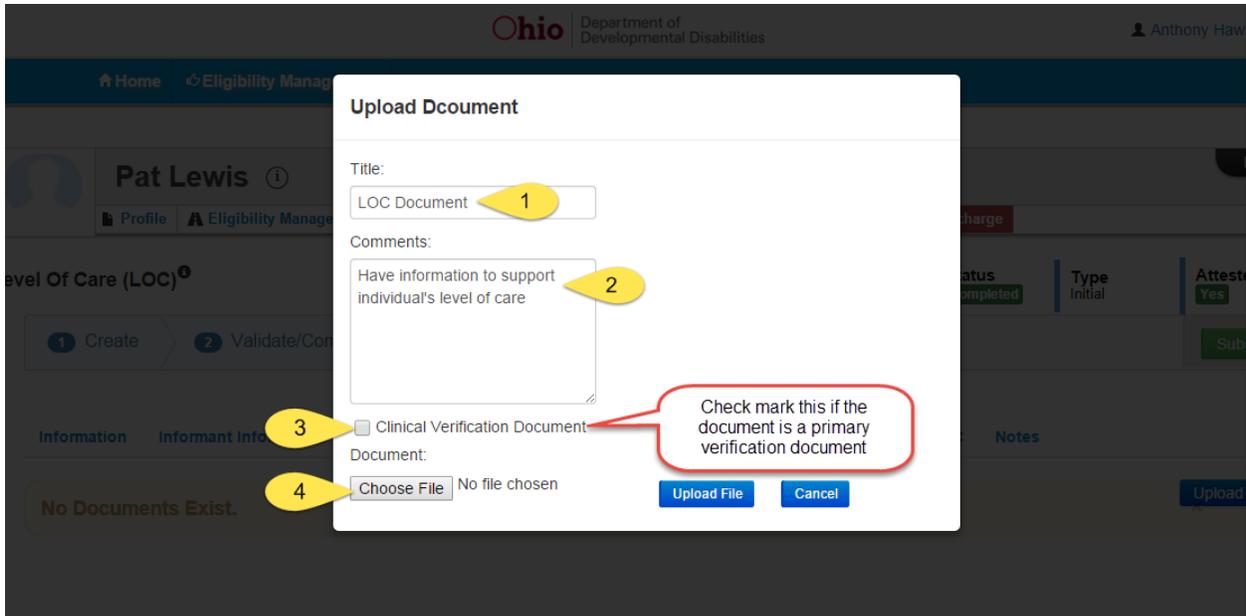
## Upload Supporting Documents (Clinical Verification)

22. **Supporting Documentation Tab** – click on the **Upload Document button** to upload a document to SharePoint to support your LOC

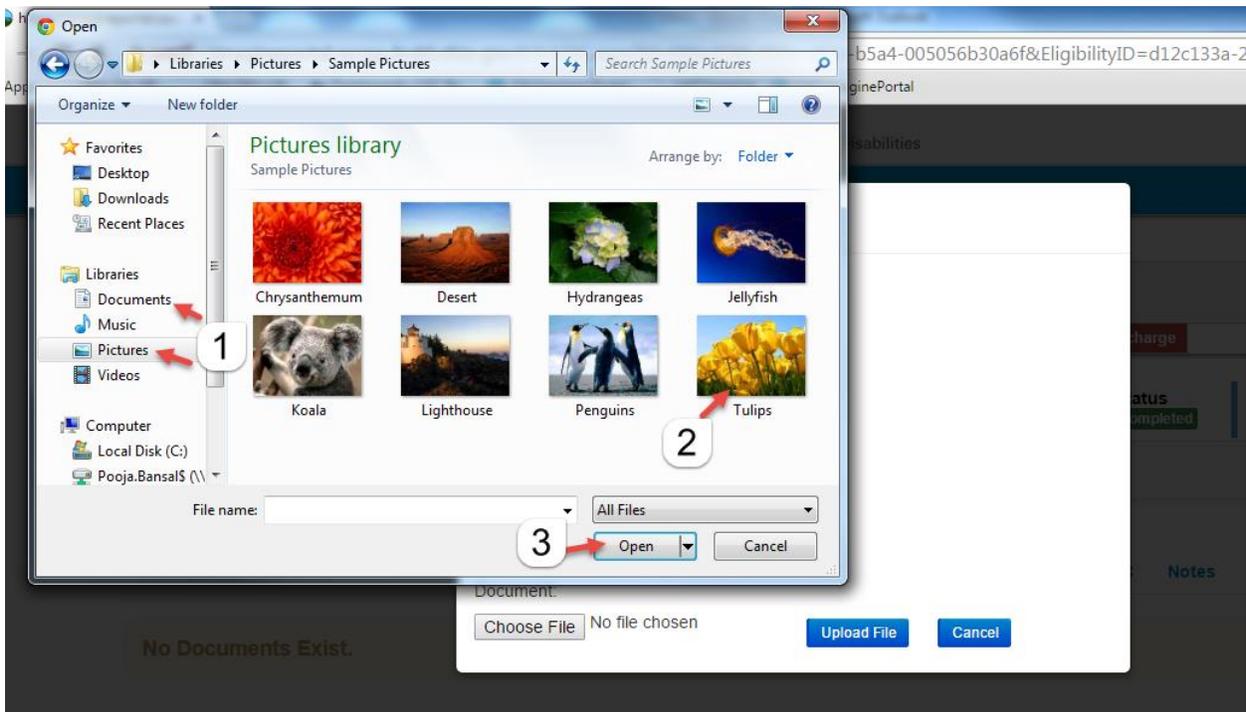
The screenshot shows the Ohio Department of Developmental Disabilities user interface. At the top, there is a navigation bar with 'Home' and 'Eligibility Management'. Below this is a user profile for 'Pat Lewis' with a 'Back' button. A secondary navigation bar contains tabs for 'Profile', 'Eligibility Management', 'Level of Care', 'Documents', 'NICS Jail/Hospital', 'Bed Hold', and 'Discharge'. The main content area displays 'Level Of Care (LOC)' information, including a progress bar with steps '1 Create', '2 Validate/Complete', and '3 Submit', and a 'Submit LOC' button. Below the progress bar are tabs for 'Information', 'Informant Information', 'Summary', 'Score', 'Attestation', 'Supporting Documentation', 'Print LOC', and 'Notes'. The 'Supporting Documentation' tab is active, showing a message 'No Documents Exist.' and an 'Upload Document' button, which is highlighted with a red arrow.

This pop up will appear – enter the information





### Chose File from your computer



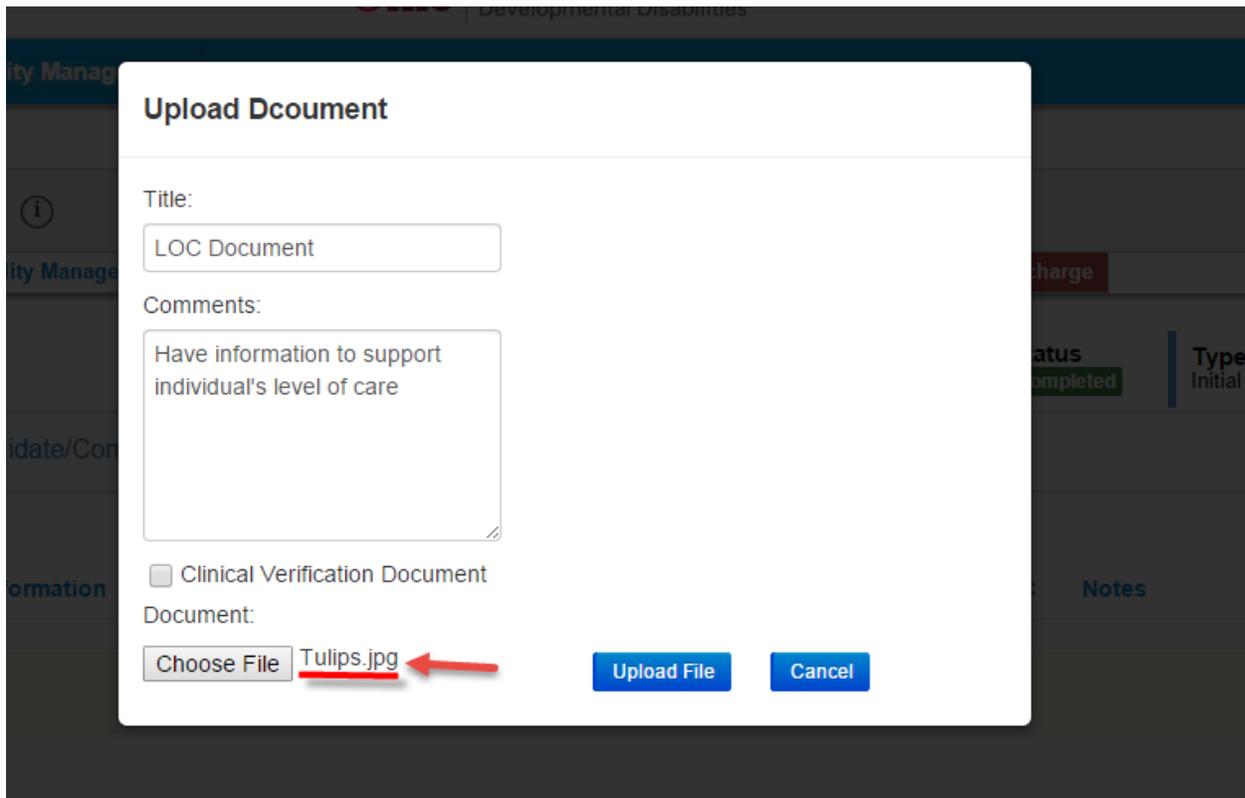
Department of  
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Division of Information Technology Services



You will be back on this screen and can see the **document is attached**



**Upload Document**

Title:  
LOC Document

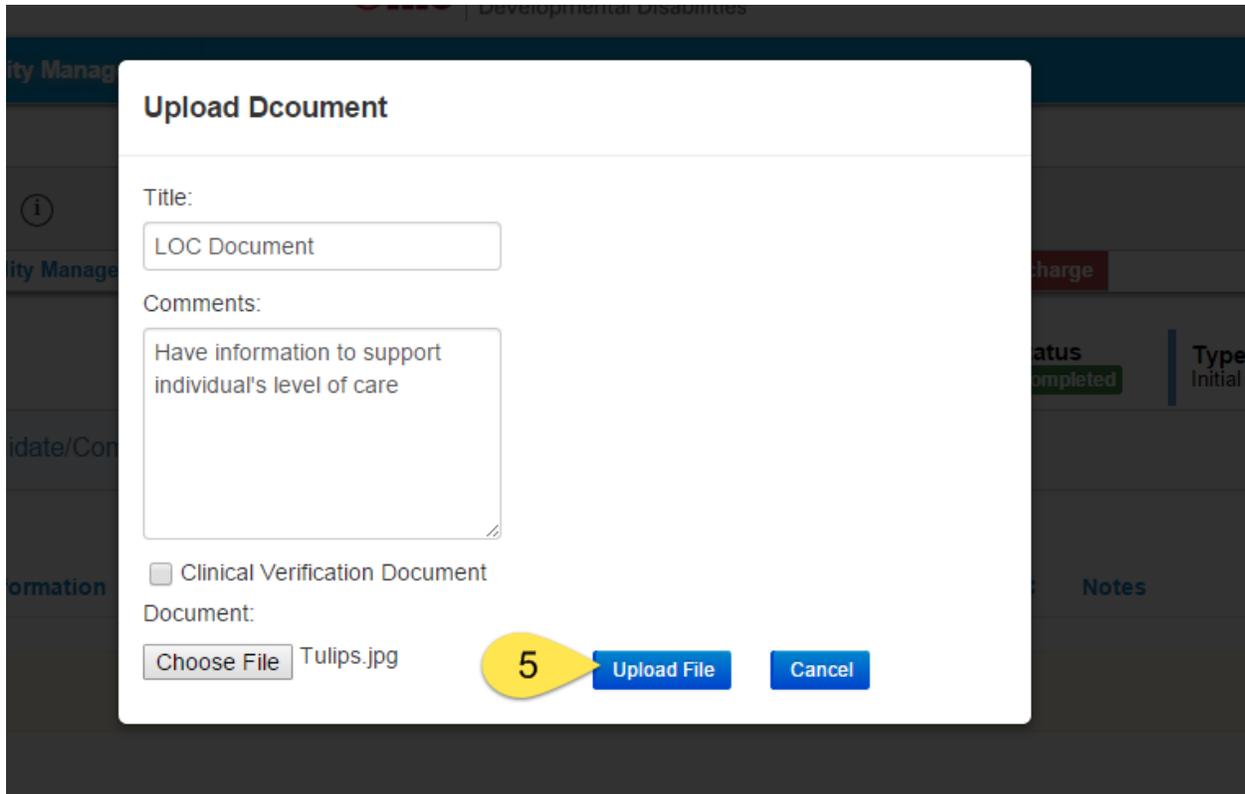
Comments:  
Have information to support individual's level of care

Clinical Verification Document

Document:  
Choose File Tulips.jpg Upload File Cancel



Click on **Upload File** to upload the attached document



**Upload Document**

Title:  
LOC Document

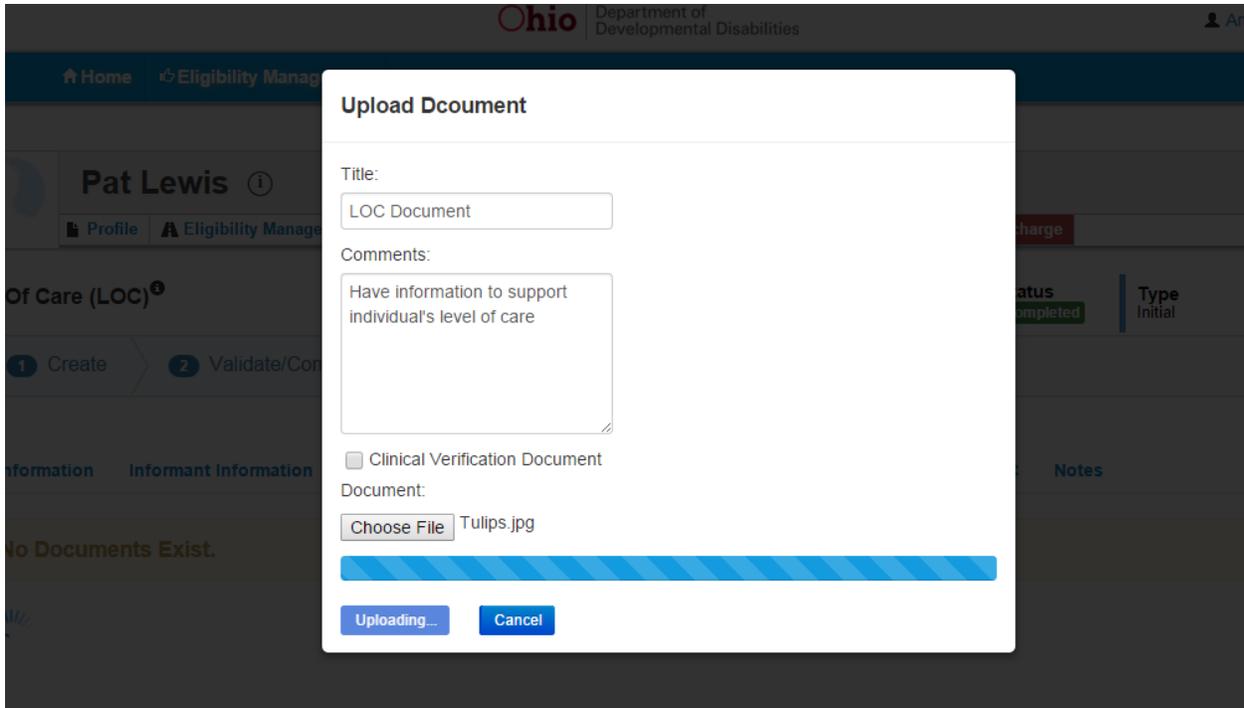
Comments:  
Have information to support individual's level of care

Clinical Verification Document

Document:  
Choose File Tulips.jpg

5 Upload File Cancel

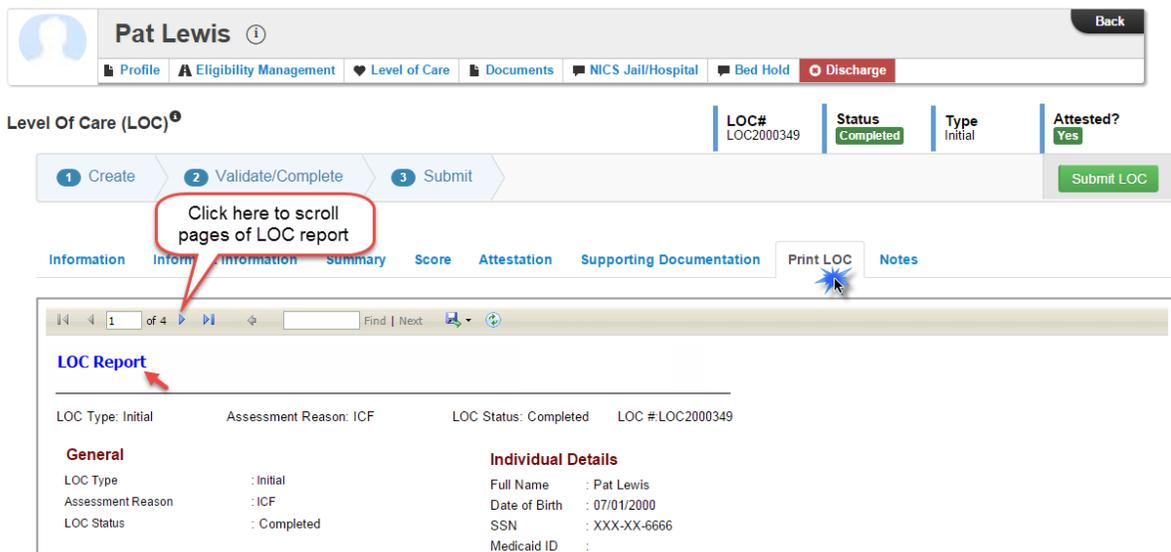




## LOC Report

23. **Print LOC Tab** – you can access the **LOC report** by clicking on the Print LOC tab. You can also **save this LOC** on your machine and then **print it**.

### LOC Report



# Save on your machine

Level Of Care (LOC)<sup>®</sup>

LOC# LOC2000349	Status Completed	Type Initial	Attested? Yes
--------------------	---------------------	-----------------	------------------

1 Create 2 Validate/Complete 3 Submit

Submit LOC

Information Informant Information Summary Score Attestation Supporting Documentation Print LOC Notes

1 of 4 Find | Next

1

2

LOC Report

LOC Type: Initial Assessment Reason: ICF

General

LOC Type	: Initial	Full Name	: Pat Lewis
Assessment Reason	: ICF	Date of Birth	: 07/01/2000

Level Of Care (LOC)<sup>®</sup>

LOC# LOC2000349	Status Completed	Type Initial	Attested? Yes
--------------------	---------------------	-----------------	------------------

1 Create 2 Validate/Complete 3 Submit

Information Informant Information Summary Score Attestation Supporting Documentation Print LOC Notes

1 of 4 Find | Next

3

LOC Report

LOC Type: Initial Assessment Reason: ICF LOC Status: Completed LOC #: LOC2000349

<b>General</b>		<b>Individual Details</b>	
LOC Type	: Initial	Full Name	: Pat Lewis
Assessment Reason	: ICF	Date of Birth	: 07/01/2000
LOC Status	: Completed	SSN	: XXX-XX-6666
		Medicaid ID	:

Date of Assessment : 06/08/2015

LOC (3).pdf Show all downloads...

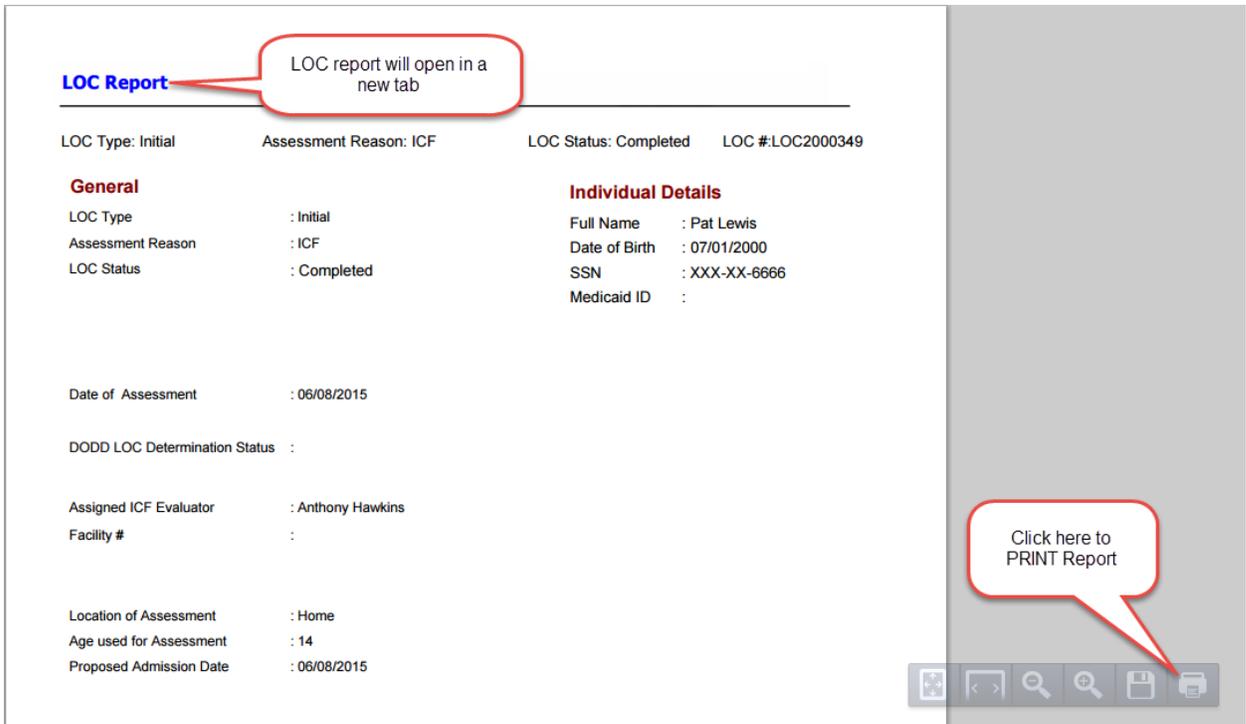
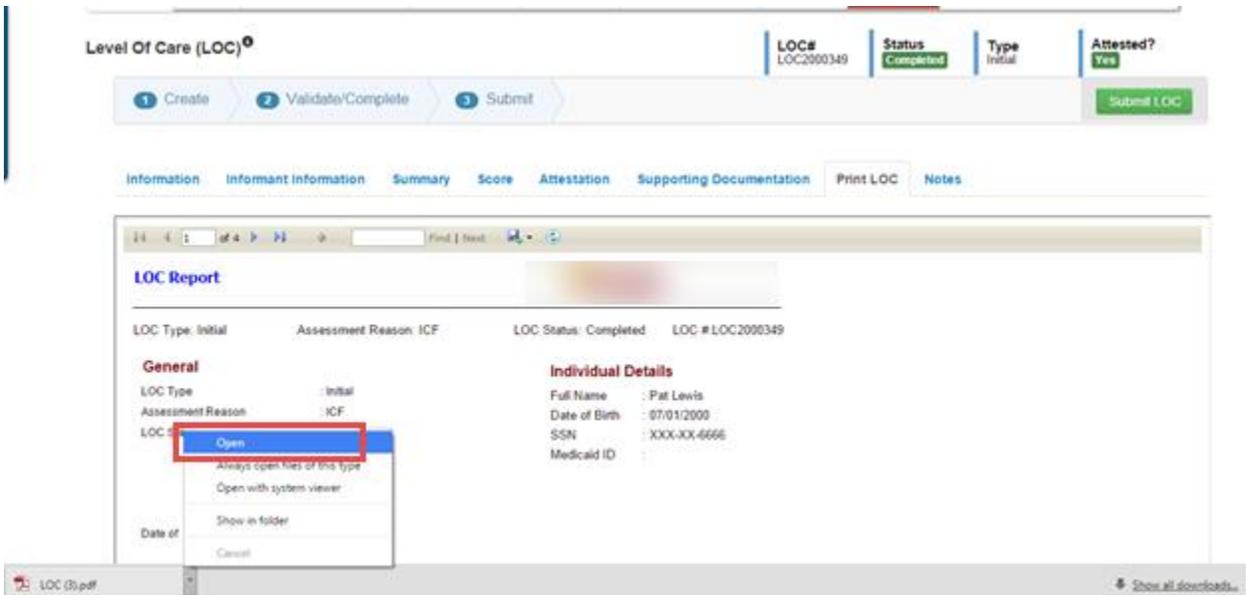


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## LOC Notes

### 24. Notes Tab – you can enter notes from this tab

The screenshot shows the user interface for the Ohio Department of Developmental Disabilities. At the top, the user is logged in as Anthony Hawkins. The navigation bar includes 'Home' and 'Eligibility Management'. The main header identifies the user as Pat Lewis. Below this, there are tabs for Profile, Eligibility Management, Level of Care, Documents, NICS Jail/Hospital, Bed Hold, and Discharge. The 'Level of Care (LOC)' section shows a progress bar with three steps: 1. Create, 2. Validate/Complete, and 3. Submit. The current status is 'Completed'. A table displays the LOC# (LOC2000349), Status (Completed), Type (Initial), and Attested? (Yes). The 'Notes' tab is selected, showing a 'Scratchpad for recording LOC related information:' with a text area containing the text 'I have entered all required information to support the LOC'. A yellow callout '1' points to the text area, and another yellow callout '2' points to the 'Save' button.

This screenshot is similar to the one above, showing the 'Notes' tab. However, a red arrow points to the text area containing the text 'I have entered all required information to support the LOC'. The 'Save' button is also visible at the bottom right of the text area.

## Submit LOC

### 25. Submit LOC by clicking on the Submit Button



Ohio Department of Developmental Disabilities | Anthony Hawkins

Home Eligibility Management

Pat Lewis (i) Back

Profile Eligibility Management Level of Care Documents NICS Jail/Hospital Bed Hold Discharge

Level Of Care (LOC)<sup>o</sup>

LOC#	Status	Type	Attested?
LOC2000349	Completed	Initial	Yes

1 Create 2 Validate/Complete 3 Submit Submit LOC

Information Informant Information Summary Score Attestation Supporting Documentation Print LOC Notes

I have entered all required information to support the LOC

Scratchpad for recording LOC related information:

Clear Save

You have successfully submitted the LOC to DODD



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## Jail/Hospital NICS

### 26. Submit Jail/Hospital NICS

- I. Once you select an individual, click on Jail/Hospital NICS

↑ Home Eligibility Management

Pat Lewis ⓘ Back

Profile Eligibility Management Level of Care Documents **NICS Jail/Hospital** Bed Hold Discharge

Pat Lewis  
 7/1/2000 (14 yrs 11 mo) | LOC Start Date: 6/7/2015 | LOC End Date: 6/6/2016

**Medicaid Info** | **County Info** | **Facility Info**

**Medicaid#:**  
 DODD#: 9989821  
 SSN#: XXX-XX-6666  
 WaiverType:

**Residence:** Belmont  
**Reporting:** Belmont  
**Assigned SSA#:**

**Name:** Add/Teakwood Avenue  
 Home (ICF)  
 2433-2435 Teakwood Avenue  
 Columbus  
 Oh -43229

- II. Select NICS Reason – Jail or Hospital



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Pat Lewis ⓘ
Back

Profile | 
 Eligibility Management | 
 Level of Care | 
 Documents | 
 NICS Jail/Hospital | 
 Bed Hold | 
 Discharge

## NICS Notification of Individual's Change of Status - Jail/Hospital

### Pat Lewis


  
 7/1/2000 (14 yrs 11 mo)

#### Medicaid Info

**Medicaid#:**  
**DODD#:** 9989821  
**SSN#:** XXX-XX-6666  
**WaiverType:**

#### County Info

**Residence:** Belmont  
**Reporting:** Belmont  
**Assigned SSA#:**

### Current Living Facility

#### Add/Teakwood Avenue Home (ICF)

 2433-2435 Teakwood Avenue  
 Columbus  
 Oh -43229

### Submit Jail/Hospital

NICS Reason:

Jail ▼

Jail

Hospital

Jail/Hospital Discharge Date:

# of days Requested:

I attest that the individual continues to meet criteria for Level of Care

Submit Jail/Hospital

## III. Enter all required information to submit Jail or Hospital NICS based on the selection


Pat Lewis ⓘ
Back

Profile | 
 Eligibility Management | 
 Level of Care | 
 Documents | 
 NICS Jail/Hospital | 
 Bed Hold | 
 Discharge

## NICS Notification of Individual's Change of Status - Jail/Hospital

### Pat Lewis


  
 7/1/2000 (14 yrs 11 mo)

#### Medicaid Info

**Medicaid#:**  
**DODD#:** 9989821  
**SSN#:** XXX-XX-6666  
**WaiverType:**

#### County Info

**Residence:** Belmont  
**Reporting:** Belmont  
**Assigned SSA#:**

You will Individual's Medicaid and

Individual's Facility Info

**Medicaid Info**

**Medicaid#:**  
**DODD#:** 9989821  
**SSN#:** XXX-XX-6666  
**WaiverType:**

**County Info**

**Residence:** Belmont  
**Reporting:** Belmont  
**Assigned SSA#:**

### Current Living Facility

#### Add/Teakwood Avenue Home (ICF)

 2433-2435 Teakwood Avenue  
 Columbus  
 Oh -43229

### Submit Jail/Hospital

NICS Reason:

Jail ▼

Jail/Hospital Admission Date:

Jail/Hospital Discharge Date:

# of days Requested:

I attest that the individual continues to meet criteria for Level of Care

Submit Jail/Hospital



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# JAIL NICS


**Pat Lewis** ⓘ
 Back

[Profile](#)
[Eligibility Management](#)
[Level of Care](#)
[Documents](#)
[NICS Jail/Hospital](#)
[Bed Hold](#)
[Discharge](#)

## NICS Notification of Individual's Change of Status - Jail/Hospital

### Pat Lewis


 7/1/2000 (14 yrs 11 mo)

#### Medicaid Info

**Medicaid#:**  
**DODD#:** 9989821  
**SSN#:** XXX-XX-6666  
**WaiverType:**

#### County Info

**Residence:** Belmont  
**Reporting:** Belmont  
**Assigned SSA#:**

### Current Living Facility

Add/Teakwood Avenue  
 Columbus

Enter Jail Admission Date  
(Required to submit)

Enter Jail Discharge Date if you have it

System will calculate this if you provide Hospital Discharge Date

Check mark this box to Attest

### Submit Jail/Hospital

NICS Reason:

Jail 1

Jail/Hospital Admission Date: 2

Jail/Hospital Discharge Date: 3

# of days Requested: 4

I attest that the individual continues to meet criteria for Level of Care

5 [Submit Jail/Hospital](#)



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# HOSPITAL NICS


**Pat Lewis** ⓘ
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[Documents](#)
[NICS Jail/Hospital](#)
[Bed Hold](#)
[Discharge](#)

## NICS Notification of Individual's Change of Status - Jail/Hospital

### Pat Lewis


 7/1/2000 (14 yrs 11 mo)

#### Medicaid Info

**Medicaid#:**  
**DODD#:** 9989821  
**SSN#:** XXX-XX-6666  
**WaiverType:**

#### County Info

**Residence:** Belmont  
**Reporting:** Belmont  
**Assigned SSA#:**

### Current Living Facility

**Add/Teakwood Avenue Home (ICF)**  
 2433-2435 Teakwood Avenue  
 Columbus, Oh -43229

### Submit Jail/Hospital

NICS Reason:

Hospital 1

Jail/Hospital Admission Date: 2

Jail/Hospital Discharge Date: 3

# of days Requested: 4

I attest that the individual continues to meet criteria for Level of Care

**Submit Jail/Hospital**

Enter Hospital Admission Date (Required to submit)

Enter Hospital Discharge Date if you have it

System will calculate this if you provide Hospital Discharge Date

Check mark this box to Attest

## IV. Submit Jail/Hospital NICS


**Pat Lewis** ⓘ
 Back

[Profile](#)
[Eligibility Management](#)
[Level of Care](#)
[Documents](#)
[NICS Jail/Hospital](#)
[Bed Hold](#)
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## NICS Notification of Individual's Change of Status - Jail/Hospital

### Pat Lewis


 7/1/2000 (14 yrs 11 mo)

#### Medicaid Info

**Medicaid#:**  
**DODD#:** 9989821  
**SSN#:** XXX-XX-6666  
**WaiverType:**

#### County Info

**Residence:** Belmont  
**Reporting:** Belmont  
**Assigned SSA#:**

### Current Living Facility

**Add/Teakwood Avenue Home (ICF)**  
 2433-2435 Teakwood Avenue  
 Columbus, Oh -43229

### Submit Jail/Hospital

NICS Reason:

Jail 6

Jail/Hospital Admission Date:

Jail/Hospital Discharge Date:

# of days Requested:

I attest that the individual continues to meet criteria for Level of Care

**Submit Jail/Hospital**

Click here to Submit



Pat Lewis ⓘ

Profile Eligibility Management Level of Care Documents NICS Jail/Hospital Bed Hold Discharge

Back

### NICS Notification of Individual's Change of Status - Jail/Hospital

**Success!** NICS Jail/Hospital form has been submitted

Go Back



## Bed Hold Days

### 27. Submit Bed Hold Days

- I. Once you select an individual, click on Bed Hold Days

Home Eligibility Management

Pat Lewis ⓘ Back

Profile Eligibility Management Level of Care Documents NICS Jail/Hospital **Bed Hold** Discharge

Pat Lewis  
7/1/2000 (14 yrs 11 mo)

LOC Start Date: 6/7/2015 | LOC End Date: 6/6/2016

Medicaid Info County Info Facility Info

Medicaid#: DODD#: 9989821 SSN#: XXX-XX-6666 WaiverType:

Residence: Belmont Reporting: Belmont Assigned SSA#:

Name: Add/Teakwood Avenue Home (ICF)  
2433-2435 Teakwood Avenue Columbus Oh -43229

- II. Enter all required information to submit Bed Hold Days

### NICS Notification of Individual's Change of Status

Pat Lewis

7/1/2000 (14 yrs 11 mo)

Medicaid Info  
Medicaid#: DODD#: 9989821 SSN#: XXX-XX-6666 WaiverType:

County Info  
Residence: Belmont Reporting: Belmont Assigned SSA#:

Current Living Facility  
Avenue Columbus Oh -43229

Submit Bed hold

Enter Request Leave From and Request Leave To Dates

Request Leave From: 07/01/2015 **1**

Request Leave To: 07/05/2015 **2**

System will calculate this

# of days Requested: 5

Select Reason for Leave

Reason for Leave: Visit with friends or relatives **3**

You can type an Explanation here if needed but not required

Explanation for Need: Free Text!! **4**

Submit Bed Hold Days



### III. Submit Bed Hold Days

#### NICS Notification of Individual's Change of Status

**Pat Lewis**

7/1/2000 (14 yrs 11 mo)

**Medicaid Info**  
 Medicaid#: DODD#: 9989821  
 SSN#: XXX-XX-6666  
 WaiverType:

**County Info**  
 Residence: Belmont  
 Reporting: Belmont  
 Assigned SSA#:

**Current Living Facility**

**Add/Teakwood Avenue Home (ICF)**  
 2433-2435 Teakwood Avenue  
 Columbus  
 Oh -43229

**Submit Bed hold**

Request Leave From:

Request Leave To:

# of days Requested:

Reason for Leave:

Explanation for Need:  
 Free Text!!

[Submit Bed Hold Days](#) 5

Click here to SUBMIT

Home Eligibility Management
Anthony Hawkins

**Pat Lewis** ⓘ

Back

Profile
Eligibility Management
Level of Care
Documents
NICS Jail/Hospital
Bed Hold
Discharge

#### NICS Notification of Individual's Change of Status

**Success!**

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

[Go Back](#)



## Discharge NICS

### 28. Submit Discharge NICS

- I. Once you select an individual you want to discharge from your facility, click on Discharge NICS

The screenshot shows the user interface for Pat Lewis. At the top, there are navigation links for Home and Eligibility Management. Below that is a header for Pat Lewis with a 'Back' button and a menu containing Profile, Eligibility Management, Level of Care, Documents, NICS Jail/Hospital, Bed Hold, and Discharge. A red arrow points to the 'Discharge' button. To the right of the menu, there are fields for 'LOC Start Date' (6/7/2015) and 'LOC End Date' (6/6/2016). Below the header, there are sections for Medicaid Info, County Info, and Facility Info, each containing specific details for Pat Lewis.

- II. Enter all required information to submit Discharge NICS

This is a duplicate of the screenshot above, showing the 'Discharge' button highlighted with a red arrow.

### NICS Notification of Individual's Change of Status

The screenshot shows the NICS form for Pat Lewis. It is divided into three main sections: 'Current Living Facility', 'Submit Discharge Info', and 'Discharge Reason'. The 'Current Living Facility' section shows 'Home (ICF)' with the address '2433-2435 Teakwood'. The 'Submit Discharge Info' section has a 'Date of Discharge' field with the value '06/24/2015' and a 'Discharge Reason' dropdown menu. A callout box labeled '1' points to the 'Date of Discharge' field with the text 'Enter individual's Discharge Date'. Another callout box labeled '2' points to the 'Discharge Reason' dropdown with the text 'Select a Reason for Discharge from the drop-down list'. The dropdown menu is open, showing options: 'Discharged to another ICF P', 'Discharged to a Nursing Facility', 'Discharged to another ICF Provider' (highlighted with a red arrow), 'Discharged to a Home & Community based Waiver', 'Discharged to other Community Setting', 'Deceased', and 'Other'.



### III. Submit Discharge NICS

Ohio | Department of Developmental Disabilities Anthony Hawkins ▾

---

Home Eligibility Management

---

**Pat Lewis** ⓘ Back

Profile | Eligibility Management | Level of Care | Documents | NICS Jail/Hospital | Bed Hold | Discharge

#### NICS Notification of Individual's Change of Status

Pat Lewis	Current Living Facility	Submit Discharge Info
<p> 7/1/2000 (14 yrs 11 mo)</p> <p><b>Medicaid Info</b>            Medicaid#: _____            DODD#: 9989821            SSN#: XXX-XX-6666            WaiverType: _____</p> <p><b>County Info</b>            Residence: Belmont            Reporting: Belmont            Assigned SSA#: _____</p>	<p><b>Add/Teakwood Avenue Home (ICF)</b>            2433-2435 Teakwood Avenue</p> <div style="border: 2px solid orange; padding: 5px; display: inline-block; margin-top: 10px;">             Click here to <b>SUBMIT</b> </div>	<p>Date of Discharge:  <input type="text" value="06/24/2015"/></p> <p>Discharge Reason:  <input type="text" value="Discharged to another ICF P"/></p> <p style="text-align: right;"><span style="background-color: #c00000; color: white; padding: 5px 15px; border-radius: 5px;">Submit Discharge NICS</span> <span style="background-color: #c00000; color: white; border-radius: 50%; padding: 5px 10px; font-weight: bold;">3</span></p>



## Withdraw LOC

### 29. Withdraw LOC

- I. Go to individual’s eligibility management and open the submitted LOC by clicking on the LOC number

Home Eligibility Management

Pat Lewis (i) Back

Profile Eligibility Management Level of Care Documents NICS Jail/Hospital Bed Hold Discharge

Eligibility Management

Type	Name	Facility	Reason	Age	LOC Status	LOC Start Date	LOC End Date	Determination Status	Assessment Date	Created Date
Initial	Pat Lewis	ADD/TEAKWOOD AVENUE HOME	ICF	15	Submitted	6/7/2015	6/6/2016	Ready for Review	6/8/2015	6/8/2015 9:42:16 PM

Showing 1 to 1 of 1 entries

Previous Next

- II. Click on the Withdraw button (will be only available once the LOC have been submitted; LOC Status = Submitted and the DODD Determination Status = Ready to Review).



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Pat Lewis (i) Back

Profile Eligibility Management Level of Care Documents NICS Jail/Hospital Bed Hold Discharge

Level Of Care (LOC)<sup>®</sup>

LOC# LOC2000349	Type Initial	Attested? Yes	LOC Status Submitted	Determination Status Ready for Review
--------------------	-----------------	------------------	-------------------------	--

1 Create 2 Validate/Complete 3 Submit

Information Informant Information Summary Score Attestation Supporting Documentation Print LOC Notes 3 Withdraw

General

Proposed Admission Date: Mon, 08 Jun 2015

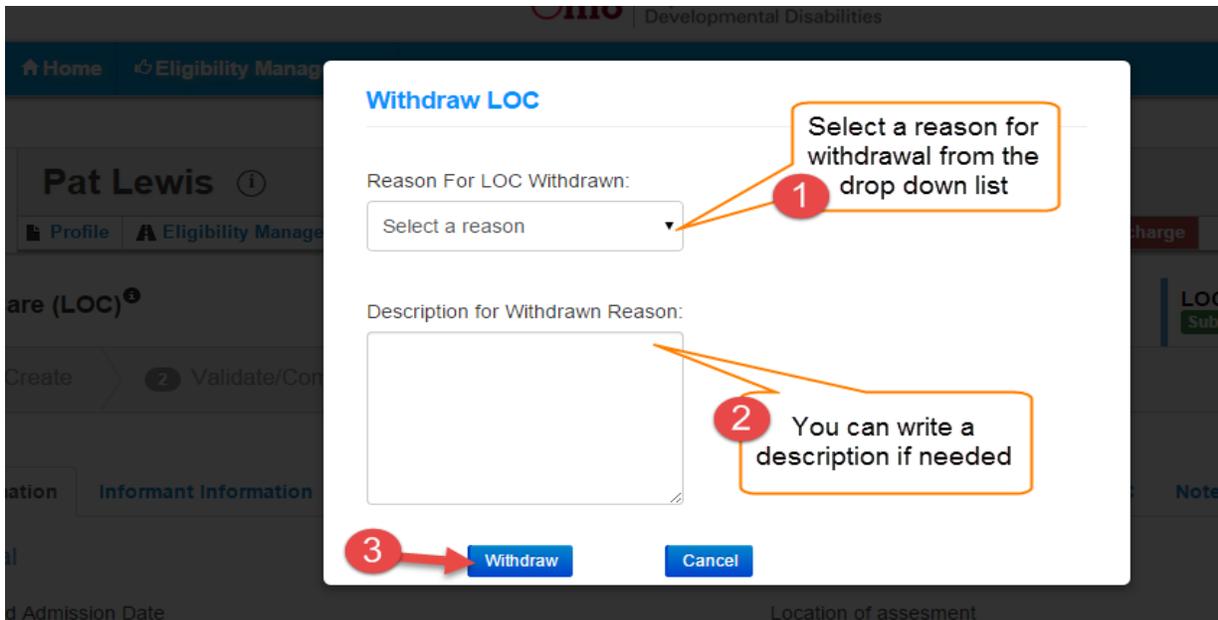
Location of assesment: Home

Document(s) Reviewed: primary documents

**Note:** Evaluator cannot withdraw LOC once DODD has started the review process; DODD Determination Status = In Review, Incomplete, LOC approved, Does Not meet LOC etc.

III. Select a Reason for Withdraw





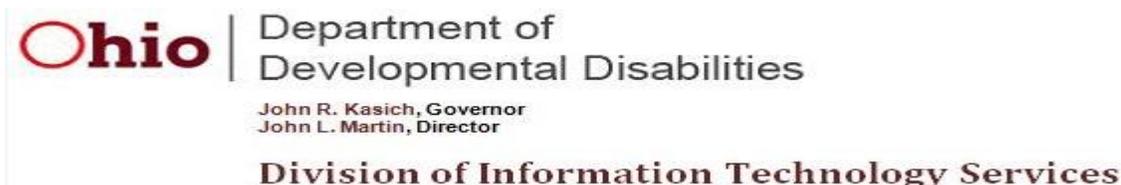
- IV. LOC Withdrawn – DODD will not review or make any determination on this withdrawn LOC. You can do a new LOC for this individual any time and submit to DODD.

## Submit Redet

- I. Click on the Redet Tab from the facility dashboard



- II. You will see list of individuals whose redets are due, select all the individuals for whom you want to submit the redets



by check marking the check box next to the individual's name

III. Click on Submit

Ohio Department of Developmental Disabilities Anthony Hawkins

Home Eligibility Management

Add/Teakwood Avenue Home 2511722

Individuals NICS Redets

Redet Individuals

Select	Individual	DOB	DODD#	SSN	LOC Start Date	LOC End Date	
<input type="checkbox"/>	Pat Lewis	7/1/2000	9989821	456666666	8/3/2014	8/3/2015	Info

Showing 1 of 1 entries Previous Next

Submit Redet

Individuals With Redets

No Redet Individuals living in this facility.



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