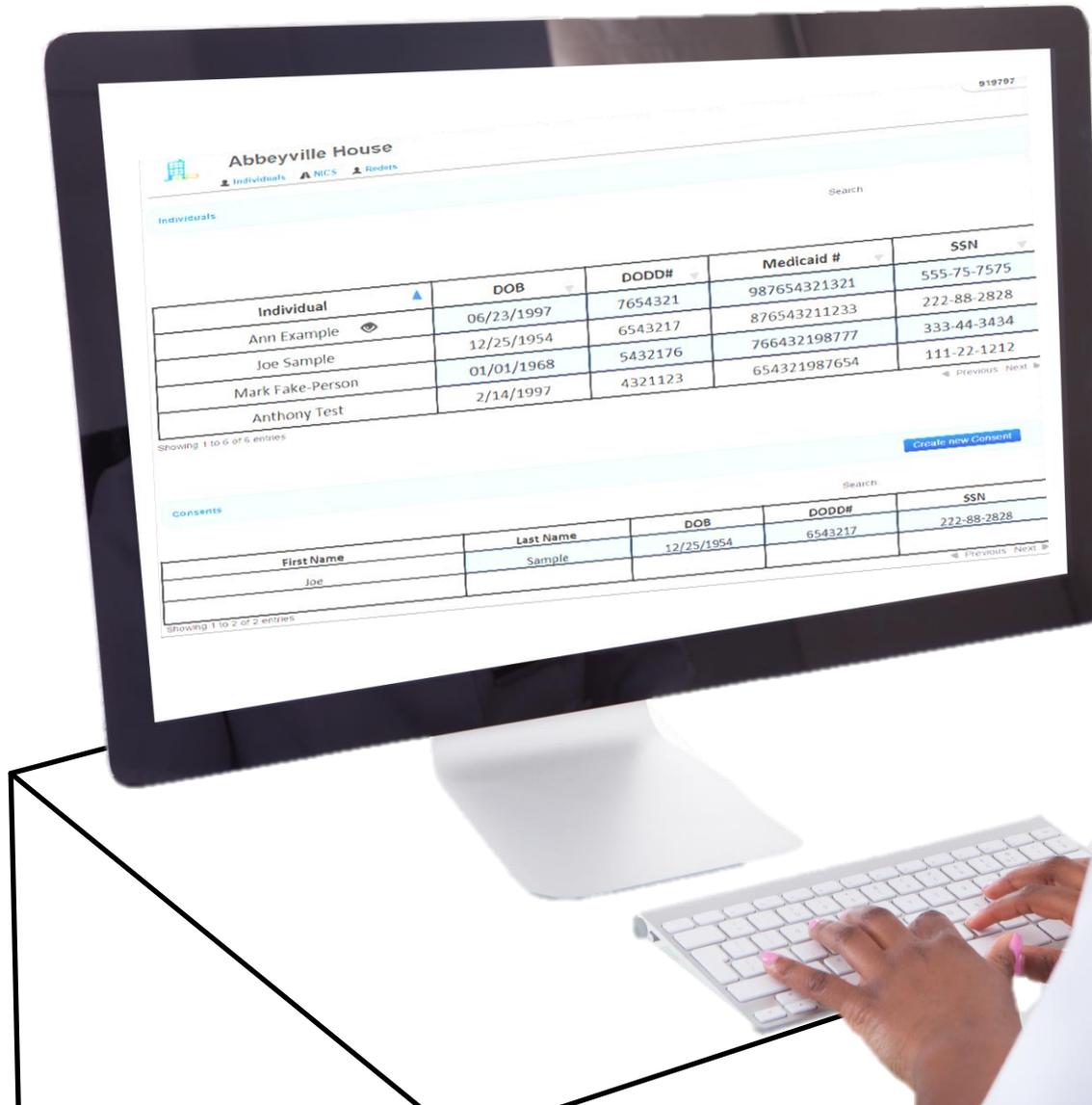


The LOC Application: Creating to Submitting for ICF Evaluators



Once DODD receives a consent form and links the form to the individual's record, edits are unlocked and the read-only  icon is removed.

 **Abbeyville House** 919797

[Individuals](#) [NICS](#) [Redets](#)

Individuals

Search:

Individual 	DOB 	DODD# 	Medicaid # 	SSN 
Ann Example 	06/23/1997	7654321	987654321321	555-75-7575
Joe Sample	12/25/1954	6543217	876543211233	222-88-2828
Mark Fake-Person	01/01/1968	5432176	766432198777	333-44-3434
Anthony Test	2/14/1997	4321123	654321987654	111-22-1212

Showing 1 to 6 of 6 entries ◀ Previous Next ▶

Consents [Create new Consent](#)

Search:

First Name	Last Name	DOB	DODD#	SSN
Ann	Example	06/23/1997	7654321	555-75-7575
Joe	Sample	12/25/1954	6543217	222-88-2828

Showing 1 to 2 of 2 entries ◀ Previous Next ▶

With the read-only icon removed, you can begin a new eligibility process for this person by clicking on their name.

Abbeyville House 919797

Individuals NICS Redets

Individuals

Search:

Individual ▲	DOB ▼	DODD# ▼	Medicaid # ▼	SSN ▼
Ann Example	06/23/1997	7654321	987654321321	555-75-7575
Joe Sample	12/25/1954	6543217	876543211233	222-88-2828
Mark Fake-Person	01/01/1968	5432176	766432198777	333-44-3434
Anthony Test	2/14/1997	4321123	654321987654	111-22-1212

Showing 1 to 6 of 6 entries ◀ Previous Next ▶

Consents [Create new Consent](#)

Search:

First Name	Last Name	DOB	DODD#	SSN
Ann	Example	06/23/1997	7654321	555-75-7575
Joe	Sample	12/25/1954	6543217	222-88-2828

Showing 1 to 2 of 2 entries ◀ Previous Next ▶

You will see the **Individual's Dashboard**. Click the **Eligibility Management** tab to start the eligibility process for this individual.

↑ Home Eligibility Management

Anne Sample ⓘ Back

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


6/23/1997 (18 yrs 0 mo)

LOC Start Date
6/23/2015
 LOC End Date
6/22/2016

Medicaid Info

Medicaid#:

DODD#: 9988584

SSN#: XXX-XX-7890

WaiverType:

County Info

Residence: Other

Reporting: Other

Assigned SSA#:

Facility Info

Name: Abbeyville House (ICF)

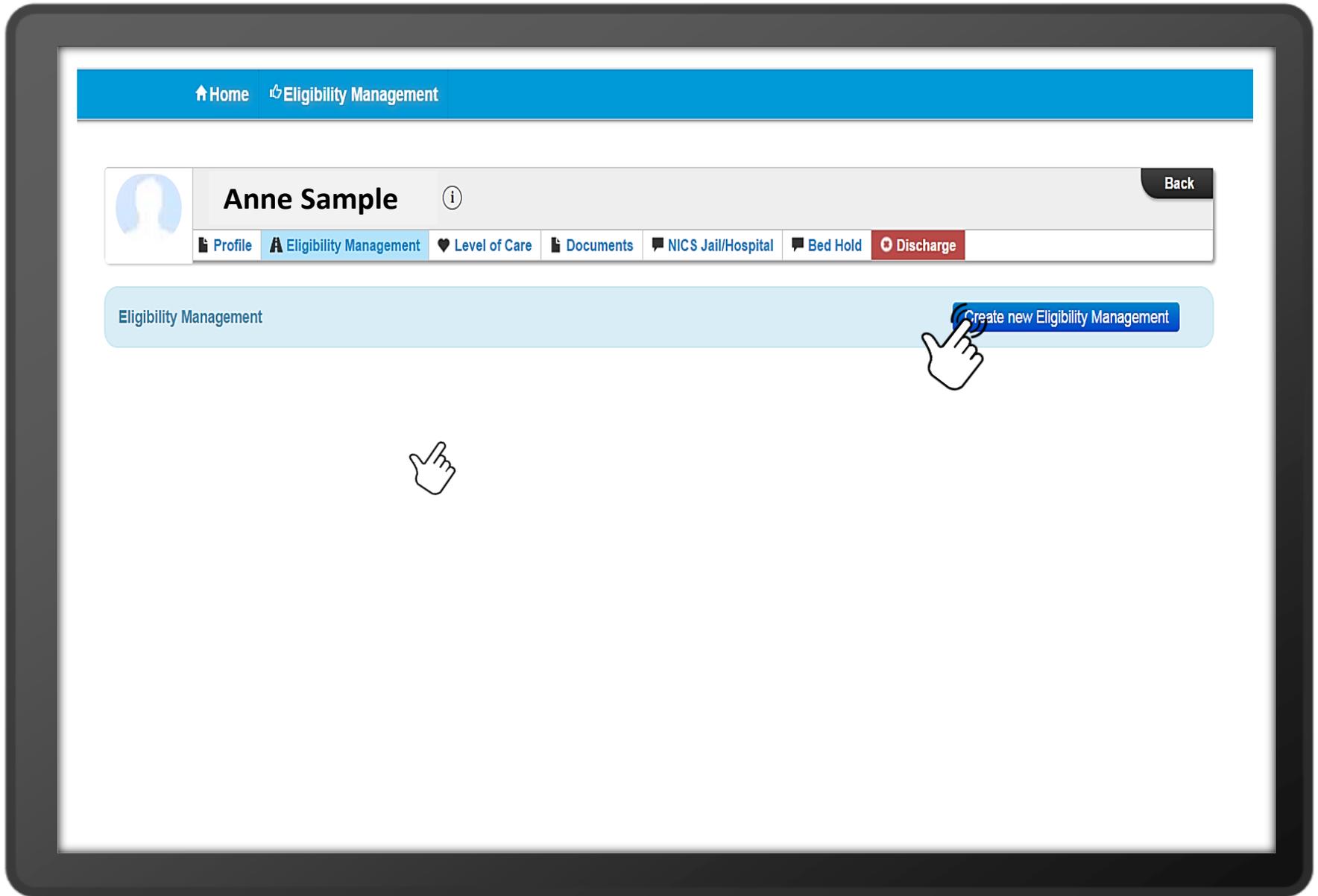
📍 2525 Abbeyville Road
Valley City
Oh -44280

Contacts

Emergency Contact	Contact	Email	Primary Phone	Start Date	End Date	Role	Team Membership relationship
No	Test Fourteen			6/24/2015		Individual	Assigned Team Member

Showing 1 to 1 of 1 entries ◀ Previous Next ▶

You will see this screen. Click **Create new Eligibility Management**.



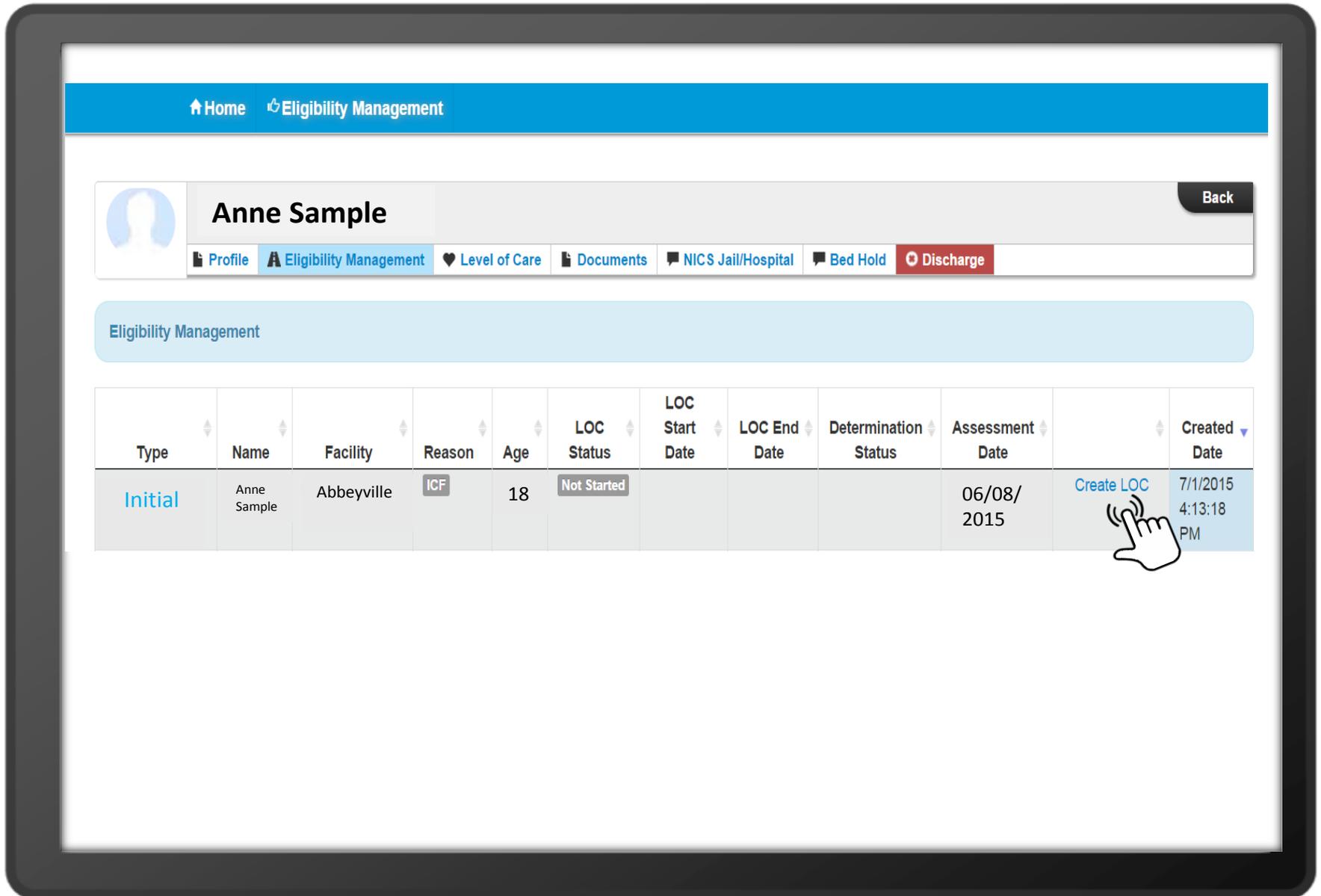
You will see this screen. Enter the individual's **Eligibility Information**. Some information is auto-populated for you. When you are finished click **Save**.

The screenshot shows a web application interface for 'Eligibility Management'. At the top, there is a blue navigation bar with 'Home' and 'Eligibility Management' links. Below this is a header for the individual 'Anne Sample', including a profile icon, an information icon, and a 'Back' button. A secondary navigation bar contains several menu items: 'Profile', 'Eligibility Management' (highlighted), 'Level of Care', 'Documents', 'NICS Jail/Hospital', 'Bed Hold', and 'Discharge' (highlighted in red). The main content area is titled 'Eligibility Info' and contains several form fields:

- Assessment Reason: ICF (dropdown)
- Assessment Date (Scheduled/Rescheduled): 06/08/2015
- Age for Assessment: 18
- Proposed Admission Date: 06/08/2015
- LOC Status: Not Started (dropdown)
- Location for Initial Visit: Home
- Location Address: 30 East Broad St. Columbus, OH 43215
- Best way to communicate(Preferred Method): Text
- LOC Effective Start Date: (empty)
- LOC Effective End Date: (empty)

A blue 'Save' button is located at the bottom left, with a hand cursor icon pointing to it.

Clicking **Save** will take you back to the **Eligibility Management** screen. From here, click **Create LOC**.



You will see this **Level of Care (LOC)** screen. Under the **Information** tab, enter information for the following sections, including **General**,

Home Eligibility Management

Anne Sample Back

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

Level Of Care (LOC)³ | LOC# | Type | Attested? | LOC Status | Determination Status

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

7/1/2015 4:00:00 AM

Document(s) Reviewed

Condition and Clinician Information, Ages 10 and above, and Areas of Major Life Activity.

[Home](#) [Eligibility Management](#)



Anne Sample

Back

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

Level Of Care (LOC)³

LOC#

Type

Attested?

LOC Status

Determination Status

1 Create

2 Validate/Complete

3 Submit

Information

Informant Information

Summary

Score

Attestation

Supporting Documentation

Print LOC

Notes

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

Title

License #

Continue filling in information. Click **Save** at any time.
Clicking **Save** generates an **LOC number**.

Home Eligibility Management

Anne Sample Back

Profile Eligibility Management Level of Care **LOC#** Bed Hold Discharge

LOC1234567 | Attested? | LOC Status | Determination Status

Level Of Care (LOC)³

1 Create 2 Validate/Complete 3 Submit

Information Informant Information Summary Score Attestation Supporting Documentation Print LOC Notes

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)
Daily

Speech Therapist
At least once per week

Physical Therapist
Daily

Occupational Therapist
At least once per week

Save LOC

All fields under the **Information** tab are required.
When completed, click **Save LOC**.

Home Eligibility Management

Anne Sample Back

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

Level Of Care (LOC)³ LOC# LOC1234567 Type Attested? LOC Status Determination Status

1 Create 2 Validate/Complete 3 Submit

Information Informant Information Summary Score Attestation Supporting Documentation Print LOC Notes

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)
Daily

Speech Therapist
At least once per week

Physical Therapist
Daily

Occupational Therapist
At least once per week

Save LOC

Under the **Informant Information** tab, click **Add Informant Information**. Enter the Informant's name and relationship to the individual.

The screenshot shows a user interface for 'Anne Sample'. At the top, there is a blue navigation bar with 'Home' and 'Eligibility Management'. Below this is a header for 'Anne Sample' with a 'Back' button. A menu bar contains 'Profile', 'Eligibility Management', 'Level of Care', 'Documents', 'NICS Jail/Hospital', 'Bed Hold', and 'Discharge'. The main content area is titled 'Level Of Care (LOC)' and displays 'LOC# LOC1234567' with columns for 'Type', 'Attested?', 'LOC Status', and 'Determination Status'. A progress bar shows three steps: '1 Create', '2 Validate/Complete', and '3 Submit'. Below the progress bar are tabs for 'Information', 'Informant Information', 'Summary', 'Score', 'Attestation', 'Supporting Documentation', 'Print LOC', and 'Notes'. A blue button labeled 'Add Informant Information' is positioned to the right of the 'Informant Information' tab. Below this is a table with two columns: 'Informant' and 'Relationship'. The table is currently empty, and a message below it states 'No Informant Information record found.' A hand icon is pointing to the 'Add Informant Information' button.

Home Eligibility Management

Anne Sample Back

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

Level Of Care (LOC)³ LOC# LOC1234567 Type Attested? LOC Status Determination Status

1 Create 2 Validate/Complete 3 Submit

Information Informant Information Summary Score Attestation Supporting Documentation Print LOC Notes

Add Informant Information

Informant	Relationship
-----------	--------------

No Informant Information record found.

Complete LOC by clicking the **Complete LOC** button.

The screenshot displays a user interface for managing a Level of Care (LOC) for a patient named Anne Sample. At the top, there is a navigation bar with 'Home' and 'Eligibility Management' links. Below this, a header section identifies the patient as 'Anne Sample' and includes a 'Back' button. A series of tabs allows navigation between different sections: Profile, Eligibility Management (currently selected), Level of Care, Documents, NICS Jail/Hospital, Bed Hold, and Discharge. The main content area is titled 'Level Of Care (LOC)' and shows a progress bar with three steps: 1. Create, 2. Validate/Complete, and 3. Submit. A 'Complete LOC' button is prominently displayed, with a hand cursor icon pointing to it. Below the progress bar, there are several tabs for viewing the LOC details: Information, Informant Information (selected), Summary, Score, Attestation, Supporting Documentation, Print LOC, and Notes. An 'Add Informant Information' button is located to the right of these tabs. At the bottom, a table lists the informant details:

Informant	Relationship
Randy Sample	

Once LOC is complete, it becomes **read-only** and no further edits are available.

The screenshot displays a web application interface for managing a patient's Level of Care (LOC). The patient's name is Anne Sample. The interface includes a navigation bar with 'Home' and 'Eligibility Management'. A breadcrumb trail shows 'Profile', 'Eligibility Management', 'Level of Care', 'Documents', 'NICS Jail/Hospital', 'Bed Hold', and 'Discharge'. The 'Level of Care (LOC)' section is active, showing a progress indicator with '1 Create' and '2 Validate/Complete'. A modal dialog box titled 'Level Of Care' is open, displaying a loading spinner and the message 'This won't take long' and 'Completing & Submitting LOC....Please Wait..'. The dialog has 'Close' and 'Save changes' buttons. The background interface shows tabs for 'Information' and 'Informant Information', and a table with columns for 'Informant' and 'Relationship'. The table contains one entry: Randy Sample.

View the **LOC Summary** when you click the **Summary Tab**.
This information is pre-populated and cannot be changed.

The screenshot shows a user interface for a patient named Anne Sample. At the top, there is a navigation bar with a profile icon and the name "Anne Sample". Below this, there are several tabs: Profile, Eligibility Management, Level of Care, Documents, NICS Jail/Hospital, Bed Hold, and Discharge. The "Level of Care (LOC)" section is active, displaying the LOC# "LOC1234567", Type "Change of Condition", Attested? "No", and LOC Status "Completed". A progress bar shows three steps: 1 Create, 2 Validate/Complete, and 3 Submit. A "Submit LOC" button is visible. Below the progress bar, there are several tabs: Information, Informant Information, Summary (selected), Score, Attestation, Supporting Documentation, Print LOC, and Notes. The "LOC Summary" section contains four questions, each with a dropdown menu set to "Y":

1. Does the clinician's verification form indicate the individual has a substantial developmental delay or a specific diagnosed congenital/acquired condition?
*
Y
2. Does the clinician's verification form indicate the diagnosed delay or condition is attributable to a mental or physical impairment or combination of mental/physical impairments other than an impairment solely caused by mental illness?
*
Y
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?

A **Yes** or **NO** will be displayed at the bottom of the **Summary** screen once DODD has made a determination.

Anne Sample Back

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

Level Of Care (LOC)³

LOC#	Type	Attested?	LOC Status	Determination Status
LOC1234567	Change of Condition	No	Completed	

1 Create 2 Validate/Complete 3 Submit Submit LOC

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.

2. Does the clinician's verification form indicate the diagnosed delay or condition is attributable to a mental or physical impairment or combination of mental/physical impairments other than an impairment solely caused by mental illness?

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

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

On the **Score** tab, view the **Total Score**, and the scores for each area of Major Life Activity.

Anne Sample Back

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

Level Of Care (LOC) ³

LOC# LOC1234567 | **Type** Change of Condition | **Attested?** No | **LOC Status** Completed | **Determination Status**

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

7 Substantial Functional Limitatic

Total Score
142

Is LOC Ed
Y

Self-care

Substantial Functional Limitation	Score
Y	29

Receptive and Expressive Language

Substantial Functional Limitation	Score
Y	10

Mobility

Click the **Attestation** tab. Complete attestations by checking the box next to **Please attest**.

**Anne Sample** Back

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

Level Of Care (LOC)³ **LOC#** LOC1234567 **Type** Change of Condition **Attested?** No **LOC Status** Completed **Determination Status**

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.

Please attest

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

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

Confirm your **Electronic Signature** by clicking **Save**.



Anne Sample

Back

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

Level Of Care (LOC)³

LOC#

LOC1234567

Type

Change of Condition

Attested?

No

LOC Status

Completed

Determination Status

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

Please attest:

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

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

Your Name

Save



Click the **Supporting Documentation** tab.

**Anne Sample** Back

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

Level Of Care (LOC)³ **LOC#** LOC1234567 **Type** Change of Condition **Attested?** No **LOC Status** Completed **Determination Status**

1 Create 2 Validate/Complete 3 Submit Submit LOC

[Information](#) [Informant Information](#) [Summary](#) [Score](#) [Attestation](#) [Supporting Documentation](#) [Print LOC](#) [Notes](#)

No Documents Exist. [Upload Document](#)

YES

Please attest:

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

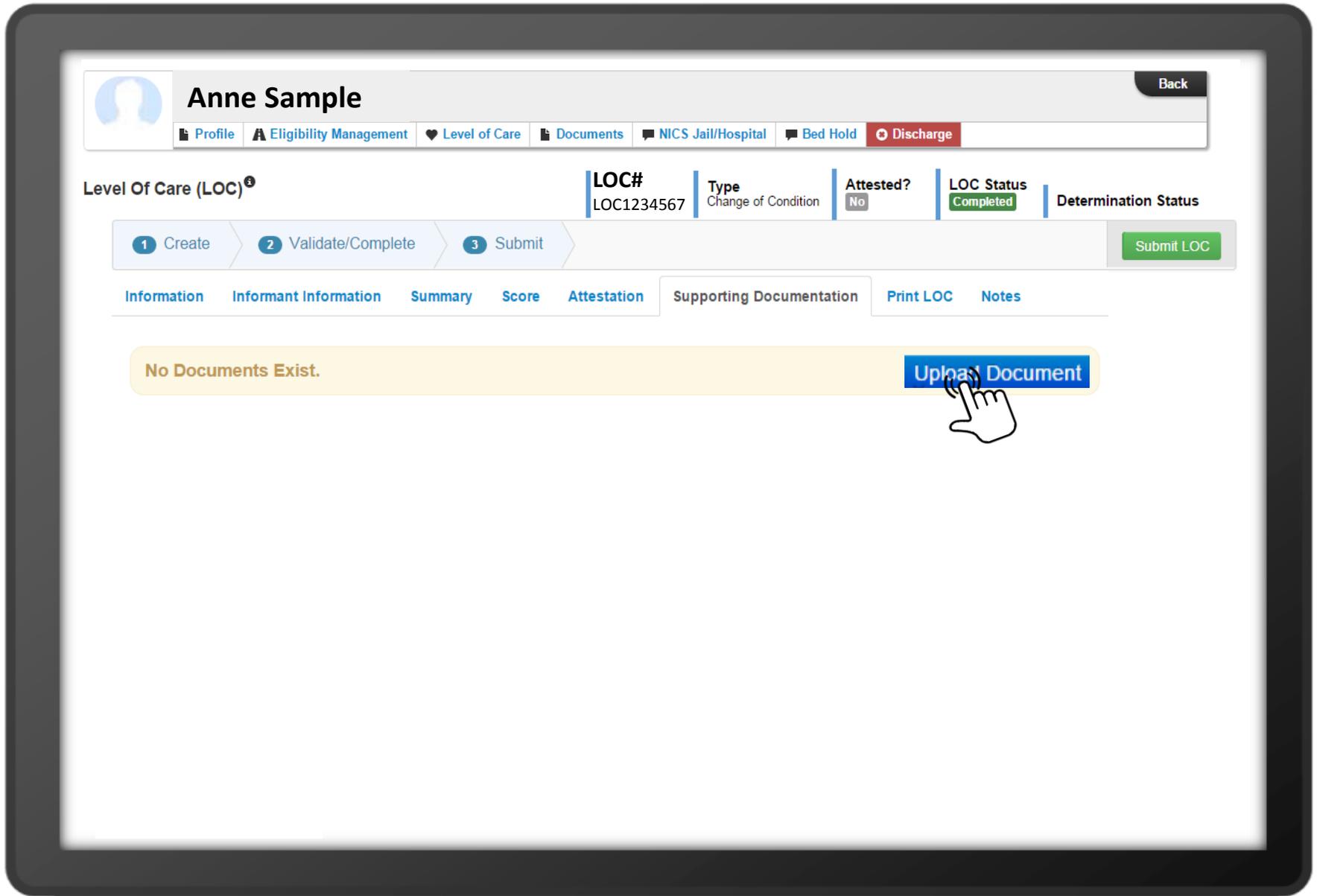
I am a person who coordinates or performs evaluations of individuals to make a recommendation to the department as to whether or not the individual meets the criteria for a developmental disabilities level of care. I have completed the required department-approved training for recommending level of care.

Electronic Signature

Your Name

[Save](#)

Click **Upload Document**. Choose a file from your computer, like a Clinician Verification form or other required documentation that supports this LOC.



Using the **Print LOC** tab, you can download and print a copy of this LOC.

The screenshot shows a web application interface for a Level of Care (LOC) report. At the top, a user profile for Anne Sample is displayed with a 'Back' button. Below the profile, a navigation bar includes links for Profile, Eligibility Management, Level of Care, Documents, NICS Jail/Hospital, Bed Hold, and Discharge. The main content area is titled 'Level Of Care (LOC)' and features a summary table with columns for LOC#, Type, Attested?, LOC Status, and Determination Status. The LOC# is LOC1234567, Type is Change of Condition, Attested? is No, and LOC Status is Completed. Below the table, a progress bar shows three steps: 1 Create, 2 Validate/Complete, and 3 Submit. A 'Submit LOC' button is located at the end of the progress bar. A navigation menu below the progress bar includes links for Information, Informant Information, Summary, Score, Attestation, Supporting Documentation, Print LOC, and Notes. The 'Print LOC' link is highlighted. Below the navigation menu, a search bar and a table of results are visible. The table has one row with the following data: LOC Type: Initial, Assessment Reason: ICF, LOC Status: Submitted, and LOC#: LOC1234567. The table is divided into two sections: 'General' and 'Individual Details'. The 'General' section lists LOC Type: Initial, Assessment Reason: ICF, and LOC Status: Submitted. The 'Individual Details' section lists Full Name: Anne Sample, Date of Birth: 06/26/1997, SSN: xxx-xx-1234, and Medicaid ID: xxxxxxxx5555.

Anne Sample Back

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

Level Of Care (LOC)

LOC#	Type	Attested?	LOC Status	Determination Status
LOC1234567	Change of Condition	No	Completed	

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

LOC Report **Ohio** Department of Developmental Disabilities

LOC Type: Initial Assessment Reason: ICF LOC Status: Submitted **LOC#**
LOC1234567

General		Individual Details	
LOC Type	: Initial	Full Name	Anne Sample
Assessment Reason	: ICF	Date of Birth	06/26/1997
LOC Status	: Submitted	SSN	xxx-xx-1234
		Medicaid ID	xxxxxxx5555

Keep in mind your agency's policies around saving protected health information to your computer.



Anne Sample

Back

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

Level Of Care (LOC)³

LOC#

LOC1234567

Type

Change of Condition

Attested?

No

LOC Status

Completed

Determination Status

- 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

LOC Report



LOC Type: Initial Assessment Reason: ICF LOC Status: Submitted **LOC#**
LOC1234567

General

LOC Type : Initial
Assessment Reason : ICF
LOC Status : Submitted

Individual Details

Full Name **Anne Sample**
Date of Birth **06/26/1997**
SSN **xxx-xx-1234**
Medicaid ID xxxxxxxx5555

Add any notes under the **Notes** tab, or when you are ready, click **Submit LOC** to send this LOC to DODD for review.

Anne Sample Back

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

Level Of Care (LOC) ³

LOC# LOC1234567 | **Type** Change of Condition | **Attested?** No | **LOC Status** Completed | **Determination Status**

1 Create 2 Validate/Complete 3 Submit Submit LOC

[Information](#) [Informant Information](#) [Summary](#) [Score](#) [Attestation](#) [Supporting Documentation](#) [Print LOC](#) [Notes](#)

LOC Report **Ohio** Department of Developmental Disabilities

LOC Type: Initial Assessment Reason: ICF LOC Status: Submitted **LOC#** LOC1234567

General		Individual Details	
LOC Type	: Initial	Full Name	Anne Sample
Assessment Reason	: ICF	Date of Birth	06/26/1997
LOC Status	: Submitted	SSN	xxx-xx-1234
		Medicaid ID	xxxxxxx5555