Level of Care vs. The Form 9401/LTC Detail Screen/Span

- A level of care (LOC) authorization or validation is completed by the Council on Aging (COA) and reflects an individual's physical, mental, cognitive functioning and care needs as of a specific date.

- The Form 9401 is submitted by the nursing facility via the Provider Gateway system and is notification to the Ohio Department of Medicaid of an individual's admission to or discharge from a nursing facility.

- The LTC detail "screen" or "span" is entered into the JFS Ohio Benefits system by a department of ODM.

While these are completely different processes, BOTH are required for Medicaid payment to the nursing facility

DJFS representatives frequently advise a nursing facility that Medicaid cannot be approved as there is no "level of care." In such instances, the representative is most often referring to the LTC detail screen/span entered into Ohio Benefits from the Form 9401. When told this, the nursing facility should:

Confirm a Form 9401 was submitted via Provider Gateway.

- If one was submitted, advise the DJFS representive the date this was done.
- If one was not submitted, the facility should submit the form and advise the DJFS representive when complete.

While the facility **can** bill Medicaid with only the Form 9401/LTC detail screen/span on record, they **should not** without a Medicaid level of care authorization or validation from COA.

- Both processes are **required** for Medicaid payment.
- If it is discovered during a post-payment audit there is no level of care authorization or validation on record, prior payments can be considered an overpayment and collected back from the nursing facility.

For further information on this topic and for further clarification about these two processes, please contact the Ohio Department of Medicaid at:

LOCPolicy@medicaid.ohio.gov or NFStay@medicaid.ohio.gov.