Nursing Facility (NF) Bariatric Request Form ODHS 3883 Completion and Submission Instructions

These instructions support only the most recent version of the ODHS 3883. Prior versions of the form may be returned if the outdated form does not contain the necessary information needed to make an admission decision.

Please send email to apd.admissions@odhsoha.oregon.gov with any questions or for one-on-one help submitting a request.

Submitting a Nursing Facility (NF) bariatric rate request

Submitted ODHS 3883 forms must come exclusively from the local office. Direct requests submitted from a provider will be returned with directions for the provider to send it to the case manager attached to their facility.

All fields in Sections 1 – 3 on the form must be completed prior to submission to be considered a completed request.

- Sections 1 and 2 must be completed by the facility for all initial requests.
- Section 3 must be completed by the case manager or transition coordinator prior to submitting the request.
- The boxes in Section 3 of the form are an attestation of staff reviewing the consumer's condition and taking steps to ensure requests are appropriate for the rate.

Only forms which can be altered by Central Office will be considered valid, such as Word or PDF; please do not send image files.

- Hand-written forms will not be accepted.

Eligibility must be evident in the Oregon ACCESS (OA) CA/PS assessment, the case management synopsis, or the OA narration; the assessment is the preferred location.

Documentation is required from a physician stating the consumer's current body mass index (BMI) or documentation of the consumers height and weight. Central Office staff will use the BMI Calculator on the National Institutes of Health to calculate the BMI when it is unavailable.

Please note: To prevent potential security breaches, please do not send records or protected information via email.

- Do not send any medical records, care notes, or other materials unless specifically requested by a reviewer.

Central Office staff endeavors to address each completed ODHS 3883 bariatric rate requests within seven (7) business days based, in the order of receipt.

- Incomplete forms which are returned for completion will delay the review process.
- Consumers discharging from the hospital or with evictions notices will be processed as a priority if the email subject line includes either: **Hospital** discharge or **Eviction**.

All inquiries and requests related to bariatric rate placements or placement requests should be sent exclusively to apd.admissions@odhsoha.oregon.gov.

Bariatric rate authorization requests sent directly to individual staff may be delayed as staff may be absent or away. Additionally, requests sent to personal email boxes will be added to the regular queue in the APD Admissions email box.

Completing the ODHS 3883 required information – New requests

In all cases, Oregon ACCESS (OA) is the default source of eligibility information.

1. Nursing facility information

Section 1 and section 2 are to be completed by the nursing facility (NF) for all new rate requests.

Facility name:	Name should match the information on the provider details screen in Oregon ACCESS (OA).
Provider number:	Number should match the information on the provider details screen in Oregon ACCESS (OA). **All provider numbers are either six (6) digits starting with 8 or nine (9) digits starting with a 5; any other number is incorrect.**
Date of request:	This should, but may not, match the date the facility first requested the rate.
NF contact:	Name of the primary contact at the facility.
NF contact phone:	Direct telephone line for the facility's primary contact.
NF contact email:	This email will be used to send decision email to the facility. Staff should review this for accuracy.
NF zip code:	This information is used by Central Office as part of the data tracking process.

2. Resident information

Section 1 section 2 are to be completed by the nursing facility (NF) for all new rate requests.

Resident name:	Check for accurate spelling.
Medicaid prime:	Check for common errors such as letters and number confusion. Verify this number matches the OA record.
Date of birth:	Verify this number matches the OA record.

After completing sections 1 and 2, the NF contact should email the form to their assigned local office case manager for completion of Section 3.

3. ODHS APD/AAA required actions

Section 3 must be completed by the case manager (CM), diversion transition worker (DT), or transition coordinator (TC) who is submitting the form. Incomplete form will be returned.

CM/TC:	Full name of the CM, TC, or DT who currently holds the case. Only the staff named in this field will receive email communication from Central Office. In the case of multiple names, the remaining contact information can be for the lead person only.
Branch number:	Local office which is currently holding the case.
CM/TC email:	Email address of person submitting the form.

Check boxes

By checking the boxes, staff attest they have reviewed all required information and determined the consumer is eligible for the bariatric rate.

Confirmed consumer is not eligible for Medicare skilled care or Post Hospital Extended Care through their CCO or FFS:	Consumer must be eligible for and receiving long-term care benefits to be eligible.
Verified Oregon ACCESS records reflect current care needs and changes:	CA/PS assessment must explain the consumer's current situation, care needs, and the justification for the bariatric request.
Confirmed consumer meets Bariatric definition in OAR 411-070-0087(9):	Review the linked definition of bariatric used for this rate.
Physician's diagnosis of obesity with a BMI of 40 or more:	A current BMI from a physician must be stated in Oregon ACCESS. The BMI cannot be an estimate.
Two-person full assist needed with ambulation or transfers:	Consumer must require a minimum or two (2) people for all mobility or all transfers; a full assist alone does not meet the criteria.
Full assist needed in at least one: cognition; eating; toileting:	CA/PS must reflect the need for full assist for one of the options.
An NF9 service line in pending status has been added to Oregon ACCESS:	The NF bariatric rate pays with an NF9 service line on the Service

	Planning screen; see below for coding information.
Eligibility for the rate with current BMI is narrated in Oregon ACCESS:	Add a brief narration explaining how the consumer is meeting the eligibility requirements for the bariatric rate.

Completed forms should be attached as either a Word document or PDF. Please do not send protected or password protected documents.

4. APD Central Office (CO) review

This section will be completed after review of consumer's OA case.

Approved:	Approvals will be sent by email to the CM/TC listed on the form, to the provider email in Section 1, and NF licensing. The reasons the case was approved, and other details will be narrated in OA.
Effective date:	First date of eligibility for this rate. **Please note**: The start date for initial rate requests will rarely be the first day of the month; see below.
Denied:	Denial reasons will be narrated in OA with an explanation of the reasons for the denial. This information will also appear on the ODHS 3883 and in the email. In the case of a non-interactive or static form, this field will instruct the recipient to read OA for details.
Pending:	If pended, the Central Office reviewer will include instructions in the OA narration, on the ODHS 3883, and in the body of the email for corrective action and/or completion. In the case of a non-

	interactive or static form, this field will instruct the recipient to read OA for details. Local office staff will need to take all requested actions and then resubmit the corrected ODHS 3883 request to apd.admissions@odhsoha.oregon.gov. **Please note**: Central Office staff do not monitor for the completion of pended actions. Staff are required to contact APD Admissions via email when the corrections have been made.
Date:	Date the eligibility determination was made, narration added, and the email sent.
Central Office reviewer:	Name of the person who has completed the eligibility review; please send questions to apd.admissions@odhsoha.oregon.gov and not to the reviewer directly.
Reviewer title:	Job title of the Central Office reviewer.

DOR – Date of request determination

The NF bariatric rate starts on the first day the consumer is verified as eligible after the date of request from the provider.

Example: DOR from provider is 4/11 however the CA/PS does not show eligibility for the rate. A new CA/PS is completed on 05/03 showing eligibility, so the rate would begin on 05/03.

- The provider may request the bariatric rate and establish a DOR with the case manager in person, on the telephone, by sending an email, or by submitting the ODHS 3883 form.

- Staff must narrate when the provider makes a bariatric rate request and how the request was made. A narration will help preserve an accurate DOR in the case of a delay.
- Central Office will honor a date of request (DOR) sent from the provider to the APD Admissions email box but is unable to act on that DOR until the form is submitted from the local office.

The date of request (DOR)/start date for the bariatric rate is based on the exact day the rate request was received by the local branch or by APD Admissions **and** the date the consumer is verified as eligible.

- If the Nursing Facility (NF) contacted the local office with a bariatric **request which was not processed timely**, APD Admissions will use the date the NF made the request when that original DOR is supported in narration and there is evidence of the consumer meeting the care requirements for the rate.
- The NF bariatric rate cannot be started on the date of admission if a DOR was not established on that date.
- The NF bariatric rate cannot be started if the provider does not have adequate staff to meet the care needs; it can start on the date the staffing is verified as meeting the requirements.

If an assessment has not been completed to reflect a change in condition which makes the consumer eligible for the bariatric rate, the request will be returned for a new assessment to address the consumer's eligibility for this rate.

Renewal requests - ODHS 3883

Please note: Requesting the rate be renewed is the obligation of the local office, not the provider. The provider is **not** required to request the rate continues but the CM is required to act and ensure that it does. Local offices are encouraged to create a tracking system to maintain NF bariatric rate renewals.

NF bariatric rate renewals should align with the annual CA/PS reassessment.

To renew the rate, the local office will complete all eligibility actions including submitting a new ODHS 3883, confirming the BMI, adding an eligibility narration, and adding a new NF9 pending line.

For a renewal with no placement changes, Sections 1 and 2 may be completed by the local office. Verify there have been no changes to the facility contact.

- Add the word **Renewal** to the subject line of the email.

Coding the Benefit Eligibility and Service Planning screen

- Benefits section:
  - **Do not** invalidate any approved NF9 lines that seem out of place; contact APD Admissions if there is a service line that does not make sense before acting on it.
  - Add an NF9 benefit line starting on the eligibility date and ending at the end of the certification/the **Valid until date**. This line will be in **Pending** status.
  - Central Office will act on concurrent NFC lines when the request is approved.
- Hour segment:
  - No action is needed in this section.
- Plan for NF9- Bariatric Rate:
  - The dates for this section will update automatically.
- Service For Plan 1:
  - Add the **Provider Name** which matches the NF9 bariatric rate.

- Make sure the dates match the **Benefits** line.
- **Please note**: By choosing **Provider Details** in this section, staff can verify the provider number and provider name on the form.

When the consumer no longer meets the rate requirements

If the local office receives a report or otherwise confirms the consumer is no longer meeting the criteria to receive the bariatric rate, take action to end the rate as soon as possible.

- Send a notice to the provider alerting them the rate is ending.
- End the rate, the NF9 line, on the Service Planning screen in Oregon ACCESS.
- Start an NFC line, as appropriate, on the day after the NF9 line ends.
- Send a brief email to apd.admissions@odhsoha.oregon.gov with the consumer's name and prime and the date the rate ends.

If the consumer's circumstances changes and they are again eligible for the bariatric rate, the rate can be redetermined by following the same procedure for a new request. In these cases, Central Office does not approve the "gap" period.

Additional information

Local Office actions:

- CMs may return or deny bariatric requests to the NF for consumers who do not meet the criteria for this rate after verifying with the NF the consumer is ineligible.
- Please narrate any actions taken at the local level.

- The NF must receive written communication from the CM that the request has been denied; the NF has the right to appeal denials through the standard process.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Aging and People with Disabilities at apd.admissions@odhsoha.oregon.gov or 503-945-5600. We accept all relay calls.

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