



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

These instructions support the November 2022 version of the ODHS 3883. All prior versions are invalid and will be returned if submitted.

The form must be received at Central Office as an interactive PDF to allow reviewers to add information to Section 4; scanned and written requests will be returned.

Please address any questions with local office management. If further clarification is needed, send an email to APD.Admissions@odhsosha.oregon.gov.

DATE OF REQUEST:

The date of request (DOR)/start date for the bariatric rate is based on the date the local office or Central Office received the rate request.

- If the provider contacted the local office with a bariatric *request which was not processed timely*, Central Office will use the date the provider made the request when that original DOR is supported in narration.
- The NF bariatric rate cannot be retro-actively started to the date of admission if a DOR was not established on that date.

1. Nursing Facility Information

The Nursing Facility provider must complete Section 1 completely.

- Handwritten forms are not acceptable because those are scanned and therefore not interactive.
- *Note:* If the email is incorrect in Section 1, Central Office cannot send the decision to the provider directly.

2. Resident Information

The Nursing Facility provider must complete Section 2 completely. After completing both sections, the provider will email the form to staff person or local office assigned to their facility.

3. DHS APD/AAA Required Actions

Every field in Section 3 must be completed or checked to attest the CM has reviewed the case and the requirements and the consumer meets those requirements.

- CMs will return bariatric requests to providers for consumers who do not meet the criteria for this rate after a discussion with the provider that verifies the consumer is ineligible.
- The provider must receive written communication from the CM the request has been denied; the provider has the right to appeal all denials.
- If the consumer has a reported change of condition, the CM must complete a new assessment.
- *Note:* CMs are encouraged to communicate with Central Office with any questions.

The actual BMI, or a statement that the BMI is over 40 must be included in Oregon ACCESS (OA) narration.

- Documentation attached to an email with the BMI will not be considered as it is not part of the legal record for the consumer.

4: APD Central Office Review

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

All communications, including status update inquiries, on bariatric rates should be sent directly to the APD.Admissions@odhsosha.oregon.gov for tracking purposes.

Before sending the request to Central Office:

Please review the record on OA prior to sending the NF bariatric Rate Authorization Form to Central Office for review to prevent delays, pending actions, or denials.

CAPS and Narration:

The CAPS and narration must support all eligibility requirements for a bariatric rate

- Conflicting information will cause the request to be returned as pending.
- Information which states the consumer is *not* meeting one of the requirements will result in a denial.

CAPS and Narration must accurately and consistently reflect the consumer's care needs.

- Narration will not "override" the information in CAPS.

If a new assessment has not been done to reflect a change in condition that makes the consumer eligible for the bariatric rate, the request will be returned for a new assessment to reflect that eligibility.

Benefit Eligibility and Service Planning screen: *Note:* Central Office is unable to change any information on this screen except the NF9 start date and status.

Benefits section:

- The NFC active/approved line in the Service Category/Benefit section must be ended *one day prior* to the bariatric rate DOR.
- Change the *End Date* for the NFC line to prevent overlapping service end dates.
- Add an NF9 benefit line starting on the DOR and ending at the end of the certification.

Hour segment:

- No action needed.

Plan for NF9- Bariatric Rate:

- This will update in the overnight batch when the rate is approved.

Service For Plan #1:

- Make sure this shows the *Provider Name*.

Additional guidance:

Timeframe for decision:

- Central Office will address the requests within seven (7) business days

Recertification/renewals:

- If the consumer's condition has not changed and the consumer continues to meet the bariatric criteria, the CM needs to resubmit the original request form to the APD Admission email box.
- The provider does not need to complete the first two sections of the form; the CM can complete that information with the provider's information on renewals with no changes.
- The CM must add a new NF9 line to the Service Planning screen with no date gap from the prior approval.
- Add the word *RENEWAL* to the subject line of the email.