

# Notification of Individual Change in Status (NICS) Form Instructions

## ODMRDD Waiver Unit Responsibility

*The Waiver assures CMS that HCBS services will not be provided under the waiver to individuals who are inpatients of a hospital, SNF, ICF-MR or jail. Therefore waiver providers may not bill for services for waiver recipients during periods when the recipients are in those settings. This necessitates the waiver being suspended for these periods. The suspension of the waiver also allows Medicaid payment to be made to the hospital, SNF, or ICF-MR while the individual is there. (Code of Federal Regulations 42CFR441)*

## COUNTY BOARD Responsibility per Rule

*At the time of a suspension, the following shall take place: "The county board shall evaluate the current needs and circumstances of the individual in relationship to the services...on the individual's current ISP and recommend appropriate action to the department, which may include a recommendation to disenroll the individual from the waiver when any of the following occur: (b) The individual is admitted to a nursing facility or ICFMR or is incarcerated..." 5123:2-9-01[H][2]*

## General

- Notification of Individual Change in Status (NICS) forms should be sent to the OA3 assigned to your county and to the PAWS Unit.
- The bottom of each page is to identify the person who is completing the form. Enter name, phone #, ext and the date the form was completed.
- The new forms were designed to be contiguous, adding updated information as needed without deleting the previous entries for that client. When sending a Facility Transfer notice (Section 3b), the Reason for the Suspension (Section 3a) is also completed. When sending a Restart of Services (Section 3c), Sections 3a and 3b (if applicable) should also be completed. Therefore, on the final form, all the pertinent information relative to that suspension is on that one form.
- You may use the fill-able forms available at the ODMRDD website below or print legibly.
- To save a copy of the fill-able form, print a copy to a PDF Creator or Adobe Writer software, then save.
- Use the MS Word version of the form to save copies that can be edited later.
- Documents can be scanned, attached and emailed.
- You are not required to change LOC dates if the suspension goes beyond the next LOC due date. Submit a redetermination application as usual.

ODMR/DD WEBSITE: <http://mrdd.ohio.gov/forms/#L1Waiver>

<b>PAWS Unit</b> Fax: (614) 466-7359	<b>ODMRDD</b> Fax (614) 644-0501
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## Applicant Information

1. Same for Part 1 and 2.
2. The waiver recipient's name (First Name, Last Name).
3. The county responsible for administering waiver services.
4. Client # and Social Security Number.
5. The current waiver type on which the client is enrolled.

## NICS Form Part 1

### Section 1 – Name Change

1. Enter the client's former legal name and the verified new legal name (First Name, Last Name).

### Section 2 - County to County Transfer

1. For further details on CB responsibilities refer to instructions on website: [County to County Transfers of Individuals Enrolled or Enrolling on Waivers.](#)
2. The county board that the allocation belongs to is responsible for sending the NICS form and is the "Sending" county.
3. The new county board county that will be administering the waiver is the "Receiving" county.
4. Enter the agreed upon transfer effective date.
5. Enter the date the new county was notified and the date ODJFS was notified.
6. County to County transfers will be verified by Central office before the transfer is completed in WMS2.

### Section 3 - Temporary Suspension of Waiver Services

#### **3a) Temporary Suspension - Always complete Section 3a on every submission regarding suspension of waiver services.**

Complete this section and submit as soon as it is determined that a client needs to be suspended due to admission to a non-waiver facility or "Other" stated reasons when the client is not being served in a waiver facility such as "camp", "rehab" or "out of town with relatives."

1. Enter the last date waiver services were provided.
2. Select the reason for suspension. If "Other " please write an explanation in the space provided.
3. When applicable, enter the admission date, name and address of the facility.

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## **3b) Facility Transfer**

Complete this section and submit if the client has been transferred from one facility to another. (For example: from a Hospital to a NF or from a NF to a Rehab Center etc.)

1. Select the “Old Facility” the waiver recipient was transferred from.
2. Select the “New Facility” the waiver recipient was transferred to.
3. Enter the discharge date from the previous facility and the admission date to the new facility.
4. When applicable, enter the admission date, name and address of the new facility.

When submitting the NICS for restart of waiver services, complete this section with the last facility prior to restart if a transfer or multiple transfers have occurred.

## **3c) Restart of Waiver Services – Complete Section 3a when restarting services.**

Complete this section if client has been **permanently** discharged from a non-waiver facility and/or waiver services have restarted. The Waiver Restart Date may vary based on information entered into CRISE. ODJFS has verified that waiver providers can be paid for services on date of discharge from a facility.

1. Enter the last date waiver services were provided.
2. Enter the waiver restart date.
3. Ensure Section 3a and 3b are completed if applicable.

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## **Part 2 - DISENROLLMENT/WITHDRAWAL FROM WAIVER PROGRAM**

### **General**

- Submit required PAWS documents to complete all actions on this page.
- Please select the “Reason” that best describes the disenrollment. Such as, if client will be a permanent resident of an IFC/MR, check “ICF/MR” even if the client or guardian signed the form.
- The “Voluntary” disenrollment reason should only be selected when the client or guardian chooses to no longer receive waiver services and there is no other reason in rule or law for disenrollment that are applicable.

### **Reason for Disenrollment or Withdrawal**

1. Indicate the reason for the disenrollment.
2. If Death, enter date of death and place of death.
3. Enter the last date of waiver services.

### **Mailing or Facility Address**

1. If client was admitted to a non-waiver facility
  - a) Date of admission
  - b) Name of facility
  - c) Address of the non-waiver facility
2. If not admitted to a facility, enter the address where disenrollment letter should be mailed.

### **Change of Waiver Type**

1. **Submit a new initial application packet with the NICS form.**
2. Select current waiver type, and enter the last date of the waiver services for the current waiver.
3. Select the new waiver type, and enter the date the waiver services are to begin.
4. This considered a “Voluntary” disenrollment and would therefore required client or guardian signatures.

### **Signatures**

- Client or guardian signatures are required for all “Voluntary” disenrollments and “Voluntary” Withdrawals of Initial Applications, including a Change of Waiver Type.
- Client or guardian signatures are strongly recommended for all other disenrollment reasons, except death.