# **Optum**

# **Long Term Care** (LTC) Psychiatric and Residential **Treatment Center** (RTC) Facility **Process**

**Optum Maryland Provider Training** 



# **OES 1000**

## OES 1000 (Office of Eligibility Services Form)

- 1 Complete **Part I and II** for all Medical Assistance recipients admitted to your facility.
- Follow the instructions in **Part III**, **IV** and **V** to determine when to complete and submit this form for each recipient.
- The facility's authorized representative must sign and date the form.
- Submit the entire, completed, signed form to the Administrative Services Organization (ASO) for their signature.
- 5 When the ASO returns the signed form to you:
  - Send the copy to the MDH HealthChoice Enrollment Section.

TO: DHS/LDSS/LHD Case Manager District Office:	Enrollment Section, Room L-9
Address:	201 W. Preston Street Baltimore, Maryland 21201
Part I. Recipient Identification	
Last Name	First M.I D.O.B Social Security Number
M.A. Number  Date of Admission to the Facility	Social Security Number
Part II. Facility Identification	
Address	CARES Vendor ID Number MMIS Provider ID Number
	Facility Phone Number
	Facility Contact Person
This certifies that this individual has be institutionalization began on an MCO date of admission  Part IV. Recipient Aged 21 Throug  To be completed after the 30th co	insecutive day in the institution or after the 60th cumulative day
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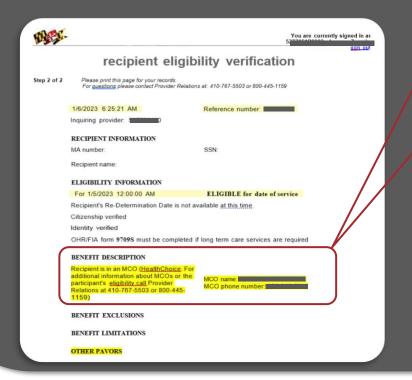
# Part III

#### Part III. Recipient Under 21 Years Old

To be completed after *one full calendar month* in the facility.

This certifies that this individual has been admitted to the above facility. The first full month of institutionalization began on \_\_\_\_\_/\_\_\_/ \_\_\_\_ if enrolled in an MCO. If not enrolled in an MCO date of admission \_\_\_\_/\_\_\_\_ .

- Check if the recipient is enrolled in an MCO.
  - EVS will indicate if they are enrolled in an MCO (shown below).



#### BENEFIT DESCRIPTION

Recipient is in an MCO (HealthChoice. For additional information about MCOs or the participant's eligibility.call Provider Relations at 410-767-5503 or 800-445-1159)

MCO name: MCO phone number:

• When you review the recipient eligibility verification, you can find the MCO information under the 'benefit description' section.

## Part III

#### Part III. Recipient Under 21 Years Old

To be completed after *one full calendar month* in the facility.

This certifies that this individual has been admitted to the above facility. The first full month of institutionalization began on \_\_\_\_\_/\_\_\_/ \_\_\_\_\_ if enrolled in an MCO. If not enrolled in an MCO date of admission \_\_\_\_\_/\_\_\_\_\_.

Psychiatric Hospitals: Input the first day of the next calendar month in the shaded orange area shown above.

- For Example: If they were admitted on 5/14/23 you would input 6/1/23 on the form.
- The form should not be sent to Optum until 7/1/23.

Residential Treatment Care (RTC): If enrolled in an MCO input the first day of the next calendar month in the shaded orange area shown above.

- For Example: If they were admitted on 5/14/23 you would input 6/1/23 on the form.
- The form should not be sent to Optum until 7/1/23.



# Part III

#### Part III. Recipient Under 21 Years Old

To be completed after *one full calendar month* in the facility.

This certifies that this individual has been admitted to the above facility. The first full month of institutionalization began on \_\_\_\_\_/\_\_\_\_ if enrolled in an MCO. If not enrolled in an MCO date of admission \_\_\_\_\_/\_\_\_\_\_.

Residential Treatment Care: If they are NOT enrolled in an MCO upon admission the admit date must be the date you are requesting for.

• For Example: If they were admitted on 5/14/23 then the admission date would be 5/14/23. Place that date in the orange area shown above.

## **Part VI**

Part VI. Discharge Information For Recipients Under 21 & Over 65 Years of Age				
	be completed upon discharge from the facility.			
	ifies that this individual was <i>discharged from the above facility</i> on to  Home			
įį	LTCF			
	Other			

Please check the box on where the recipient is discharging to.

**Home:** Please record the home's address.

LTCF (Long Term Care Facility): Please write the name of the facility they are going to.

**Other:** Please note down the exact specifics.

Have the appropriate individuals sign in this section below.

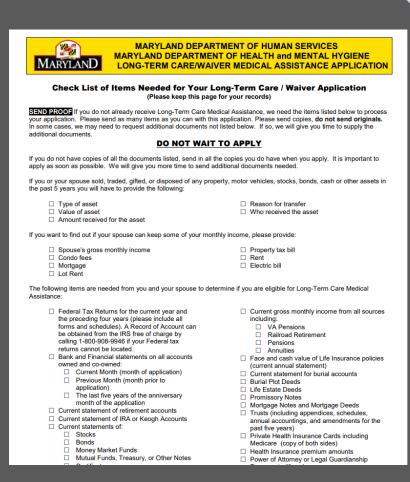
Facility Certification: Signature	Date	Phone				
Administrative Services Organization Authorization:						
Signature	Date	Phone				



## LTC Admit

## **Long Term Care Admission Application**

- 1 Access the admission form at the link below: LTC 9709
- 2 Any section of the form that applies to the applicant only must be completed.
- 3 Enter N/A or 0 for any fields that do not apply.
- The facility's authorized representative must sign and date the form.
- Submit this application with the OES 1000 to MDH upon admission to a Psychiatric Hospital or Residential Treatment Center (RTC) once the recipient has met the appropriate timeline. The OES must be sent to MDH upon discharge.



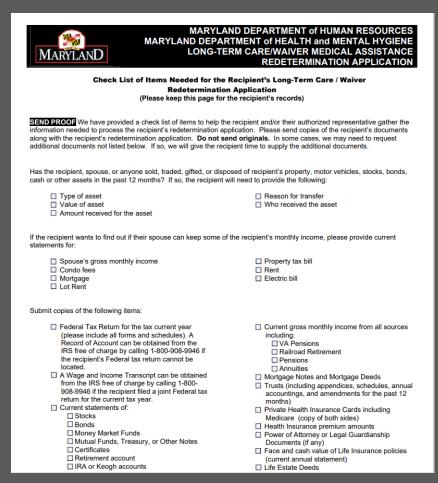


## LTC Redetermination

### **Long Term Care Redetermination Application**

- 1 Access the admission form at the link below: LTC 9709R
- 2 Any section of the form that applies to the applicant only must be completed.
- 3 Enter N/A or 0 for any fields that do not apply.
- The facility's authorized representative must sign and date the form.
- Submit this application to MDH upon admission to a

  Psychiatric Hospital or Residential Treatment Center (RTC) once the recipient has met the appropriate timeline.





# **Facility to Facility Transfer Process**

## **Facility to Facility Transfer Process**

1 No new LTC Application required - LTC Eligibility has already been obtained.

2 Discharge Facility must submit a Discharge OES to close the LTC Span to this facility.

3 Receiving Facility must submit an admission OES to open the LTC Span to this facility.

## LTC

## LTC/OES Process

**A.** Send the OES 1000 to Optum for authorization and signature.

**B.** Send the signed OES 1000 form and application to:

MA Waiver Unit, 6 St Paul Street, Room 400 Baltimore, MD 21202 **B.** Email application to the MDH.EDDAutism@maryland.gov account.

- Please attach the initial application, redetermination application, and verification in the email.
- In the **subject line**, please include the LTSS ID or Provider MA#, IMD or RTC, and type of form.
  - i.e., initial application, redetermination application, financial documents, ATP, OES 1000, NOCA, etc.
- C. Send a copy of the OES 1000 form to:
  MDH Healthchoice Enrollment Section, Room L-9 201 Preston Street Baltimore, MD 21201

OR

- **D.** Please keep a copy of the document at the facility for the child's case file.
- The MDH Waiver unit has 45 days from receipt to process the LTC App & OES.
- The MDH Waiver unit can only retro LTC back 3 months from the date of receipt of the properly completed LTC Application and OES 1000 forms.
- It is very important to follow the required timelines as no backdating past these time frames will be permitted.





Changes to business policies and procedures may cause the information provided here to become out-of-date. Always refer to the policy and procedure documentation provided to you within your business unit and/or consult with your manager or team lead if you have any questions and to validate sources of truth.

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