

# ASSISTED LIVING WEDNESDAY'S

February 12, 2025

Hosted by the Division for  
Community Living



**Department of  
Aging**

# HOUSEKEEPING

- Audience is muted
  - You can unmute to ask a question
  - Raise your hand
  - Type in chat
- This is not recorded
- Slides will be emailed to the provider associations

# GUEST SPEAKER

Kelly Robertson, MPA  
Certification/Oversight System Specialist  
ODA Pre-Certification

# ASSISTED LIVING

**Provider application  
preparedness  
session.**



# OBJECTIVES

- Cover the information needed for the application
- Tips to prevent delays in the process
- Determine if you are ready to start the application
- Provide Assisted Living resources for success
- Answer questions regarding the process



# ARE YOU READY?



## Assisted Living application



# PREPARATION CHECK LIST

## PNM Access



Access the  
PNM Module



## Access issues with PNM

ODM Integrated Helpdesk  
(800) 686-1516



# POINT OF CONTACT





# OWNERSHIP INFORMATION

***All owners with 5% or more ownership stake must be listed***



*What to do if no one meets that criteria for your organization?*



Managing employee(s)



# DOCUMENTATION NEEDED FOR OWNER(S)

Driver's license  
or other photo  
ID

A BCI report using  
Assisted Living  
code 3721.121 for  
Ohio

Has each owner  
lived outside the  
state of Ohio in the  
past 5 years?

If yes, an FBI report is required using code 3721.121 and a list of all the states lived in during the 5 years.



# DELAYS AHEAD?

## How to prevent or minimize delays?



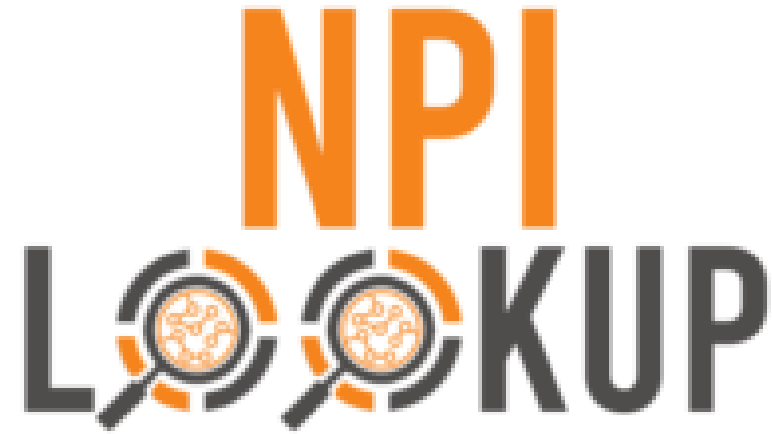
# HAVE YOU OBTAINED AN ASSISTED LIVING NPI?

## OAC 5160-1-17

Each location must have their own NPI number.



## NPPES



# OHIO DEPARTMENT OF HEALTH SURVEY





# ASSISTED LIVING RULES & RESOURCES

- [OAC 173-39-02.16 Assisted Living](#)
- [OAC 5160-1-06.5 rates](#)
- [Residential Care Facility OAC 3701-16](#)
- [ODH Residential Care Facilities - Assisted Living Resource page](#)
- [Chapter 3701-13 - Ohio Administrative Code | Ohio Laws BCI rules for Assisted Living](#)
- [ODH Residential Care Facility - Assisted Living](#)
- [Home and Community-Based Settings requirements and links](#)
  - [Provider Memos](#)



# ADDITIONAL APPLICATION TIPS

- Owner's name wants a person's name(s)
- Secretary of State exact match
- W-9 must match app
- Double check all key identifiers
- Units must match floor plan labels
- Employee Dishonesty or Property Damage Insurance



# HOME AND COMMUNITY-BASED SETTINGS (HCBS) TOOL

- HCBS tool
- All questions must be answered yes or no.
- Independent Living





# BASIC TIMELINE OF APPLICATION PROCESS



# RESOURCES



Checklist



BCI instructions



General information



Basic timeline expectations



# ARE YOU READY ?

Check list complete

Preordered BCI/FBI reports

Credentials for PNM





# PROCEED TO PNM

SEE THE [PNM PROVIDER REGISTRATION PORTAL - RESOURCES](#)  
[CHANGING PROVIDER ADMINISTRATORS - QUICK REFERENCE GUIDE](#)  
[PNM SYSTEM ADMINISTRATOR CHANGE REQUEST FORM](#)



# CHANGE OF OWNERSHIP

BUYER'S **BILL OF SALE** ☐ ALL IN ☐ TRANSACTION  
★ OR CHANGE OF OWNERSHIP ★ ☐ OF TRANSACTION

BUYER'S \_\_\_\_\_ DATE \_\_\_\_\_ FILLER OF \_\_\_\_\_ SELLER'S \_\_\_\_\_  
CHANURS \_\_\_\_\_ LEON \_\_\_\_\_ SELLERS \_\_\_\_\_  
DATE OF TRANSACTION \_\_\_\_\_  
ITEM \_\_\_\_\_ PRICE \_\_\_\_\_  
DESCRIPTION \_\_\_\_\_  
PRICE \_\_\_\_\_ TERMS OF SALE \_\_\_\_\_  
ITEMS OF SALE \_\_\_\_\_ TOD \_\_\_\_\_  
HOLES ☐ 1 00 \_\_\_\_\_  
100 3M \_\_\_\_\_  
35 500 ☐ \_\_\_\_\_

- If an owner(s) change then you need to notify ODA, no later than 45 days before the change
- Follow the specific guidance in **OAC 173-39-03.2 Changes of ownership interest or organizational structure**



# PNM ISSUES

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## Contact Information

- If you need assistance or run into issues when using PNM, please reach out to the following:



### ODM Integrated Help Desk:

**1-800-686-1516**

PNM Assistance/Error Messages: *Option 2 followed by Option 3*

Ohio Medicaid Enrollment/Credentialing Questions: *Option 2 followed by Option 2*



### Important Email Addresses:

ODM Integrated Help Desk: **ihd@medicaid.ohio.gov**

PNM Troubleshooting/Error Messages: **[IHD@medicaid.ohio.gov](mailto:IHD@medicaid.ohio.gov)**

Ohio Medicaid Enrollment (*updates to effective date/adding previous specialties*):

**Medicaid\_Provider\_Update@medicaid.ohio.gov**

Ohio Medicaid Credentialing Questions : **credentialing@medicaid.ohio.gov**

Help Locating Training Materials/LMS: **ohiotrainingteam@maximus.com**



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# CONTACT INFORMATION AND RESOURCES

- ODA pre-certification questions:
  - [Provider\\_enrollment@age.ohio.gov](mailto:Provider_enrollment@age.ohio.gov)
- PNM provider registration portal
  - [https://ohpnm.omes.maximus.com/OH\\_PNM\\_PROD/Resources.aspx](https://ohpnm.omes.maximus.com/OH_PNM_PROD/Resources.aspx)



# NEXT MEETING

- March 12, 2025
- Working with ombudsmen
- 2:00 p.m. to 2:30 p.m.
- Meetings are held the **second** Wednesday of every month







# **Department of Aging**

**Ohio – The best place to age in the nation!**