Council on Aging (COA) authorizes all Level of Care (LOC) Requests for Butler, Clermont, Clinton, Hamilton and Warren counties. To process your request as quickly as possible, the following information is required:

- Resident information, including: 1) full legal name, 2) date of birth and 3) Social Security number
- LOC effective date
  - Print the date clearly and include day, month and year. For example: 1/1/2017.
  - **We cannot authorize future transfer dates.** Use today’s date or a past date. LOCs are valid for 90 days.
- LOC request (skilled or intermediate) and rationale
  - Provide rationale for a skilled LOC request. Include information about the type and frequency of any skilled services or therapies the resident receives, and specifics as to why the resident is unstable.
- Minimum Data Set (MDS)
  - Send sections A, G and I of the MDS. If multiple MDS are available, send the MDS which is dated nearest the LOC effective date (does not matter if it’s before or after the LOC effective date).
- Physician signature and date
  - LOCs will not be processed without a physician’s signature – MD or DO only.
  - Must be signed on or after the LOC effective date.
- Date of admission to first NF (if individual transferred from another NF)
- Date of admission to current NF
- Medications, treatments, and required medical services as of the LOC effective date
- PASRR information, including HENS Hospital Exemption (form 7000), if applicable

**Tips for successful submission**

Find additional tips and information on our website: [www.help4seniors.org](http://www.help4seniors.org). In the “How Do I...” menu at the top of the home page, select the “Get nursing home pre-admission review info” option.

1. **Choose the right admission date**
   We need to know where the resident was admitted from and the original admission date. The readmission date is not the original admission date. If the resident was admitted from a hospital, indicate if they had resided at another nursing facility prior to the hospital stay.

2. **Understand who needs a LOC**
   LOC requests are required for Medicaid fee-for-service residents. LOCs are not required for: 1) individuals enrolled in a Medicaid managed care plan; 2) individuals enrolled in Hospice; or 3) for bed-hold or co-pay days. In these three cases, use Provider Gateway for a LOC exemption.

3. **Send the right information at the right time**
   Please send only what is on the checklist above. We will contact you if additional information is needed.

4. **Make sure COA knows how to reach you**
   We may need to contact you about your LOC Request. Please remember to include your contact information, including phone number, fax and email address.