



Hospital LOC Checklist and Tips

Council on Aging (COA) authorizes Levels of Care (LOC) for individuals enrolled in traditional fee-for-service Medicaid in Butler, Clermont, Clinton, Hamilton and Warren counties. To process your request as quickly as possible, the following is required:

Common scenarios encountered by hospital discharge planners:

Community to Hospital to Nursing Facility – traditional Medicaid is NOT the payer upon admission to the nursing facility.

This individual needs a Hospital Discharge Exemption OR a Pre-Admission Screening submitted via HENS:

- Submit a Hospital Discharge Exemption Notification if the discharge documentation, i.e. the COC form, is signed by a physician and supports such.
- If the discharge documentation, i.e. the COC form, does not support a less than 30-day stay at the nursing facility, and/or is not signed by a physician, a PAS is required.

Community to hospital to Nursing Facility - traditional Medicaid IS the payer upon admission to the nursing facility.

In addition to the Hospital Exemption* or Pre-Admission screening noted above, this individual also needs a Medicaid LOC authorization. This can be requested by either the discharging hospital or the admitting nursing facility. If the hospital is requesting the LOC please submit the following:

- COA Hospital Cover Letter
- History and Physical
- Continuity of Care/ Nursing Facility Transfer Document signed and dated by an MD, DO, NP, or PA
- Medication Reconciliation sheet
- Hospital face sheet/ demographics
- Psychiatric Consultations(if applicable)

***If the admitting nursing facility is requiring a level of care be authorized before accepting the admission, a Pre-Admission Screening must be done.**

Tips for successful submission:

- ✓ Select the correct scenario.
- ✓ Understand who needs an LOC.
- ✓ Send the right information with the request.
- ✓ Make sure COA knows how to reach you in case additional information is needed.
- ✓ Fax completed request to 513.810.3350 or send via email to preadmissionreview@help4seniors.org.
- ✓ Placement history: we need to know where the individual was prior to the hospital.

Please send only what is on the list above. We will contact you if additional information is needed.