Nursing Facility 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:

- Resident information, including: 1) full legal name, 2) date of birth and 3) Social Security number. (via either the Form 3697 or the COA LOC Request Cover Sheet and relevant MDS sections-see below).
- LOC effective date ("Assessment Date" if using the Form 3697). Print the date clearly and include day, month and year. For example: 1/1/2026. Please note: We cannot authorize future transfer dates or dates prior to two years from January 1 of the current year. Use the current or a past date.
- LOC requested (skilled or intermediate) and rationale if requesting 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.
- If not submitting a Form 3697, send sections A, GG, and I of an MDS with a reference date within 90 days of the requested LOC effective date.
- LOC Request cover sheet signed and dated by an MD, DO, CNP or PA. (If not using a Form 3697). **Please note:** the signer must also date his or her signature. (Must be signed on or after the LOC effective date.).
- Date(s) of admission to prior nursing facility(s) (if individual transferred from another NF).
- Date of admission to the current NF.
- Physician's order summary report as of the requested LOC effective date.
- All relevant PASRR documentation, including hospital exemption and any Level II determinations, if applicable.

Tips for successful submission:

- ✓ Use the correct admission date.
- ✓ 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 513.810.3360 or send via email to preadmissionreview@help4seniors.org.
- ✓ Placement history: we need to know from where the resident initally admitted from and the **inital** admission date. Subsequent readmission dates are not the original admission date unless the resident returned to the community. . If the resident was admitted from a hospital, indicate if they had resided at another nursing facility prior to the hospital stay.

LOC requests are only required from COA for Medicaid fee-for-service residents. LOCs from COA are not required for: 1) those enrolled in a Medicaid managed care plan; 2) those enrolled in Hospice; or 3) for bed-hold or co-pay days. The LTC screen in Ohio Benefits generated from the Form 9401 covers these situations.

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