## Nursing Facility to Nursing Facility Transfers

Level of Care for a NF to NF transfer: This is sometimes called a "transfer LOC".

- A new Level of Care determination from COA is <u>sometimes</u> needed for individuals who transfer from one NF to another NF.
- A new Level of Care is needed for individuals who are paying with 100% traditional (feefor-service) Medicaid
- A Level of Care from Council on Aging is <u>not</u> needed for hospice enrollees, managed care members, or individuals who are still under their Medicare benefit
- The first NF needs to send a copy of the PASRR records to the second NF.
- The individual may transfer prior to COA's making a LOC determination. The Ohio Administrative Code does not mandate that the LOC be determined prior to the NF to NF transfer. It is a business decision on the part of the admitting NF as to if the transfer can occur prior to the LOC determination. If it is your nursing facility's policy not to admit an individual prior to the Level of Care determination, please inform the caregiver of your policy. If a family member calls to ask about the transfer LOC, we will explain that resident is able to transfer without the LOC and then refer them back to you, the nursing facility.
- The admitting NF is advised to confirm that the PASRR requirements have been met (contact <u>PASRR@medicaid.ohio.gov</u> for guidance) and that the individual clearly meets ILOC or SLOC (Medicaid Level of Care Criteria) before admitting the individual.
- COA will accept this LOC request from either the discharging or the admitting NF.
- If you are requesting a LOC for an upcoming transfer, please be aware that we are not allowed to authorize a LOC for a future date. Simply request the LOC to be effective for the current day's date; once approved, a LOC can be used for one NF to NF transfer within 90 days of the effective date.
- Please fax the following documents to 513-810-3360 to request a LOC:
  - 1. Information on the Medicaid Level of Care Request Cover Sheet
  - 2. The MDS (Sections A, I, and G) or Level of Care Assessment (3697)
  - 3. PASRR/ Further Review information if applicable
  - 4. Physician's Orders for the month of the transfer