Ohio Department of Medicaid

OHIO MEDICAID MANAGED CARE/MYCARE OHIO NURSING FACILITY REQUEST

Managed Care Entity Contact Information: Select One

Instructions for Submitting Ohio Medicaid Managed Care/MyCare Ohio Nursing Facility (NF) Request Form

» Complete Sections I through VI of this form entirely and submit it to the appropriate managed care entity (MCE). A medical necessity and level of care determination will not be able to be completed if supporting documentation is not submitted with the form. To ensure a determination is able to be made by the MCE, the following documentation should be submitted with the form:
- ☐ Clinical documentation including diagnoses, medications, current therapy notes, wound descriptions, IV medication, ventilator dependency (if applicable), current assistive device(s) used, and validation of protective level of care (including the need for assistance with any instrumental activities of daily living).
- ☐ Documentation to support medical necessity using ODM criteria.
- ☐ Documentation to support that PASRR requirements have been met; the PASRR determination letter should be attached to this submission if available.
- ☐ Treatment plan or care plan; include a discharge plan if applicable and any noted barriers to discharge.
- ☐ Any other pertinent information or noted barriers to reach goals.

» A signed order from a physician, nurse practitioner, or physician's assistant may be included in the clinical documentation in lieu of providing a signed certification on this form. If a signed order is not included in the clinical documentation, the certification signature on this form is required by one of the authorities listed above. When an order is used in lieu of the certification, the order should include the level of care under which the member is certified for admission to the NF.

» If applicable, include documentation showing previous level of care determination (include date of last level of care determination) or prior level of function.

» Requests for continued stays should be submitted in sufficient time prior to the end of the previous authorization.

» Routine requests will be determined within 10 calendar days; expedited/urgent requests will be determined within 48 hours.

Section I – Member Information		
Date of Request (mm/dd/yyyy)	MCE Type ☐ Medicaid ☐ MyCare	Request Type ☐ Initial ☐ Concurrent
Member First Name	Member Last Name	
Date of Birth (mm/dd/yyyy)	Member ID Number	Member Phone Number
Service Is ☐ Routine ☐ Expedited/Urgent*	Signature of Requesting Provider if Urgent/Expedited Request	

**The Expedited/Urgent service request designation should only be used if the treatment is required to prevent serious deterioration in the member's health or could jeopardize the member's ability to regain maximum function. Requests outside of this definition should be submitted as routine.*

Section II – Requesting Provider Information	
Requesting Provider Name	Requesting Provider NPI/Provider Tax ID Number
Requesting Provider Contact Name	Phone Number/Fax Number

Section III – Servicing Provider/Facility Information ☐ Same as Requesting Provider		
Servicing Provider/Facility Name	Provider NPI	Provider Tax ID Number

Contact Name	Phone Number/Fax Number	Provider Status ☐ Contracted ☐Non-Contracted

Section IV – Service Information

Admission Date (mm/dd/yyyy)	Discharge Date** (mm/dd/yyyy)	LOC Request Date (mm/dd/yyyy)

PASRR Requirements Met For (select one):
☐ Hospital Exemption (30 days) ☐ Respite Stay (14 days) ☐ Emergency Stay (7 days)
☐ Unspecified Time Approval ☐ Specified Time Approval (_____days)

***If Discharge Date is unknown, length of stay will be based upon medical necessity.*

☐ Member Attestation – I understand my healthcare options and choose to receive nursing facility services.

Member or Authorized Representative Signature (optional)	Date (mm/dd/yyyy)

Member First Name	Member Last Name	Date

Section V – Level of Care Information

A. ACTIVITIES OF DAILY LIVING (ADLs)

	Independent	Supervision	Assistance	Source*
1. Bathing	☐	☐	☐	
2. Dressing	☐	☐	☐	
3. Eating	☐	☐	☐	
4. Grooming				
a. Oral Hygiene	☐	☐	☐	
b. Hair Care	☐	☐	☐	
c. Nail Care	☐	☐	☐	
5. Toileting	☐	☐	☐	
6. Mobility				
a. Bed	☐	☐	☐	
b. Transfer	☐	☐	☐	
c. Locomotion	☐	☐	☐	

B. MEDICATION ADMINISTRATION

☐ Independent ☐ Supervision ☐ Assistance	Source of Information

C. COGNITIVE IMPAIRMENT

List activities for which 24-hour supervision is required to prevent harm due to cognitive impairment and explain:

D. SYSTEMS REVIEW
Check if condition is unstable, if no abnormalities are reported, or if medical complications are present.

	Unstable	*No abnormalities*	*Medical Complication*
Eyes, Ears, Mouth, and Throat	☐	☐	☐
Neurological	☐	☐	☐
Pulmonary	☐	☐	☐
Cardiovascular and Circulatory	☐	☐	☐
Musculoskeletal	☐	☐	☐
Gastrointestinal	☐	☐	☐
Genitourinary	☐	☐	☐
Skin	☐	☐	☐

Source of Information

**List all sources of information for each item as follows: P=Physician, MR=Medical Record, C=Client, CG=Caregiver, AR=Authorized Representative, AO= Assessor Observation*

Section VI – Level of Care (LOC) Assessment Summary and Recommendation	
Activities of Daily Living (list total by category) ☐ Independent ☐ Supervision ☐ Assistance	Unstable Medical Condition ☐ Yes ☐ No
Medication Administration ☐ Independent ☐ Supervision ☐ Assistance	Needs 24 hour Supervision due to Cognitive Impairment ☐ Yes ☐ No
Skilled Nursing Service(s) - list type(s) and frequency	
Skilled Rehabilitation Service(s) - list type(s) and frequency	
LOC Recommendation – based on review of the authorization form, it is recommended that the level of care indicated is appropriate. ☐ Intermediate ☐ Skilled	
CERTIFICATION: I certify that I have reviewed the information contained herein, and that the information is a true and accurate reflection of the individual's condition. I certify that the level of care recommended above is required.	
Signature	Date

To help you understand this notice, language assistance, interpretation services, and auxiliary aids and services are available upon request at no cost to you. Services available include, but are not limited to: oral translation, written translation, and auxiliary aids. You can request these services and/or auxiliary aids by calling the Medicaid Consumer Hotline 1-800-324-8680; individuals with a hearing impairment may call TDD 7-1-1.

Spanish
Para ayudarle a comprender este aviso, se encuentran disponibles a pedido asistencia lingüística, servicios de interpretación, ayudas auxiliares y otros servicios sin costo alguno. Los servicios disponibles incluyen, entre otros: traducción oral, traducción escrita y ayudas auxiliares. Puede solicitar estos servicios o ayudas auxiliares llamando a la Línea directa para el consumidor del Departamento de Medicaid de Ohio al 1-800-324-8680; las personas con discapacidad auditiva pueden llamar al TDD 7-1-1.

Nepali
यो सूचना बुझ्न सहायता गर्न, भाषा सहायता, व्याख्या सेवा, र सहायक उपकरण तथा सेवा तपाईंको अनुरोधमा निःशुल्क रूपमा उपलब्ध छन्। उपलब्ध सेवाहरूमा मौखिक अनुवाद, लिखित अनुवाद, र सहायक उपकरणहरू समावेश छन्, तर यिनीसँग मात्र सीमित छैन। तपाईंले यी सेवाहरू र/वा सहायक सहायताहरू अनुरोध गर्न सक्नुहुन्छ; Medicaid Consumer Hotline 1-800-324-8680; मा कल गरेर; श्रवणशक्ति कमजोर भएका व्यक्तिहरूले TDD 7-1-1 मा कल गर्न सक्छन्।

Arabic

لمساعدتك في فهم هذا الإخطار، تتوفر خدمات المساعدة اللغوية وخدمات الترجمة الفورية والمساعدات الإضافية عند الطلب دون أي تكلفة. تشمل الخدمات المتاحة، على سبيل المثال لا الحصر: الترجمة الشفوية والترجمة التحريرية والمساعدات الإضافية. يمكنك طلب هذه الخدمات أو المساعدات الإضافية أو كلتيهما عن طريق الاتصال بالخط الساخن للمستهلكين التابع لـ Medicaid على الرقم التالي 1-800-324-8680؛ وبوسع الأفراد الذين يعانون من ضعف السمع الاتصال بخدمة الهاتف النصي على الرقم التالي 1-1-7.

Haitian French Creole
Pou ede w konprann avi sa a, gen asistans lengwistik, sèvis entèpretasyon, èd oksilyè ak sèvis ki disponib gratis, lè ou fè demann pou sa. Sèvis ki disponib yo gen ladan yo, men se pa sa sèlman: tradiksyon oral, tradiksyon alekri ak èd oksilyè. Ou kapab mande sèvis sa yo ak/oswa èd oksilyè lè w rele Liy Asistans pou Konsomatè Medicaid la nan 1-800-324-8680; moun ki gen pwoblèm tande yo ka rele TDD 7-1-1.

Somali
Si lagaaga caawiyo inaad fahanto ogaysiiskan, kaalmada luqadda, adeegyada tarjumaada, iyo kaalmooyinka iyo adeegyada ayaa la heli karaa marka la codsado lacag la'aan adiga. Adeegyada la heli karo waxaa ka mid ah, laakiin aan ku xaddidnayn: tarjumaada afka, turjumaadda qoran, iyo qalabyada caawinta. Waxaad codsan kartaa adeegyadan iyo/ama caawimada caawimada adiga oo wacaya markaas Khadka Tooska ah ee Macmiilka Medicaid 1-800-324-8680; Shakhsiyaadka maqalka liidata waxay wici karaan TDD 7-1-1.

Ukrainian
Щоб допомогти вам зрозуміти зміст цього повідомлення, за запитом ви можете отримати безоплатну мовну допомогу, послуги усного перекладу, а також допоміжне обладнання та додаткові послуги. Доступні послуги включають, зокрема, усний переклад, письмовий переклад і допоміжне обладнання. Ви можете замовити ці послуги та/або допоміжне обладнання, зателефонувавши на гарячу лінію клієнтів Medicaid за номером 1-800-324-8680; для людей із вадами слуху працює номер TDD 7-1-1.

Russian
Чтобы помочь вам понять смысл этого уведомления, по запросу вы можете получить бесплатную языковую помощь, услуги устного перевода, а также вспомогательное оборудование и дополнительные услуги. Доступные услуги включают, в частности, устный перевод, письменный перевод и вспомогательное оборудование. Вы можете запросить эти услуги и/или вспомогательное оборудование, позвонив на горячую линию клиентов Medicaid по номеру 1-800-324-8680; для людей с нарушениями слуха предусмотрен номер TDD 7-1-1.

Swahili
Ili kukusaidia kuelewa notisi hii, usaidizi wa lugha, huduma za ukalimani, na visaidizi na huduma za ziada zinapatikana unapoomba bila gharama kwako. Huduma zinazopatikana ni pamoja na, lakini sio tu: tafsiri ya mdomo, tafsiri ya maandishi, na visaidizi vya ziada. Unaweza kuomba huduma hizi na/au visaidizi kwa kupiga simu ya Medicaid Consumer Hotline 1-800-324-8680; watu walio na ulemavu wa kusikia wanaweza kupiga simu TDD 7-1-1.

Kinyarwanda
Kugira ngo tugufashe gusobanukirwa iri tangazo, ubufasha bujyanye n'indimi, serivisi z'ubusemuzi, n'ibikoresho na servisi bifasha abafite ubumuga mu kumva biraboneka nta kiguzi utanze iyo ubisabye. Serivisi ziboneka zikubiyemo, ariko si gusa: ubusemuzi mu mvugo, ubusemuzi mu nyandiko, n'ibikoresho bifasha abafite ubumuga mu kumva. Ushobora gusaba izi serivisi na/cyangwa ibikoresho bifasha abafite ubumuga mu kumva binyuze mu guhamagara Umurongo utishyurwa ufasha Abakiriya ba Medicaid 1-800-324-8680; abantu bafite ibibazo mu kumva bashobora guhamagara TDD 7-1-1.

French
Pour vous aider à comprendre cet avis, une assistance linguistique, des services d'interprétation et des aides et services auxiliaires sont disponibles sur demande et sans frais. Les services disponibles comprennent, sans toutefois s’y limiter, la traduction orale, la traduction écrite et les aides auxiliaires. Vous pouvez demander ces services et/ou des aides auxiliaires en appelant la Medicaid Consumer Hotline 1-800-324-8680 ; les personnes malentendantes peuvent appeler TDD 7-1-1.

Pashtu
ستاسو په دې خبرتیا د ښه درک کولو (پوهیدو) لپاره، د ژبې مرستې، د شفاهي ژباړې خدمتونه، او اضافي مرستندویه وسایل او خدمتونه ستاسو د غوښتنې پر بنسټ پې لګښته شتون لري. په شته خدماتو کې شفاهي ژباړه، په لیکلې بڼه ژباړه، او مرستندویه وسایل شامل دي، خو یوازې په دې پورې محدود نه دي. تاسو کولی شئ د دې خدماتو او/یا مرستندویه وسایلو غوښتنه د میډیکیډ (Medicaid) د پیرودونکو ځانګړې د تلیفون شمېرې 1-800-324-8680 ته زنګ وهلو له لارې وکړئ؛ هغه کسان چې د اوربدلو کمزورتیا لري کولی شي 1-1-7 TDD ته زنګ ووهي.

Dari
برای کمک به شما در درک این اطلاعیه، کمک های زبانی، خدمات ترجمه شفاهی و کمک ها و خدمات اضافی بر اساس درخواست شما بطور رایگان برای شما ارائه می گردد. خدمات موجود شامل موارد ذیل میباشد، اما محدود به آنها نیست: ترجمه شفاهی، ترجمه کتبی و وسایل کمکی. شما می‌توانید این خدمات و/یا وسایل کمکی را با تماس با خط ویژه مصرف کنندگان Medicaid از طریق شماره 1-800-324-8680 درخواست دهید؛ افراد دارای اختلال شنوایی می‌توانند با شماره 1-1-7 TDD تماس بگیرند.

Uzbek
Bu bildirishnomani tushunishingizga yordam berish uchun so‘rovingiz asosida bepul til yordamchi xizmatlari, og‘zaki tarjima xizmatlari va qo‘shimcha yordamchi vositalar taqdim etiladi. Mavjud xizmatlar qatoriga og‘zaki tarjima, yozma tarjima hamda yordamchi vositalar kiradi. Siz ushbu xizmatlar va/yoki qo‘shimcha yordamlar haqida Medicaid mijozlari uchun mo‘ljallangan 1-800-324-8680 telefon raqamiga qo‘ng‘iroq qilib so‘rashingiz mumkin; Eshitish qobiliyati cheklangan shaxslar TDD 7-1-1 raqami orqali bog‘lanishlari mumkin.

Vietnamese
Để giúp bạn hiểu thông báo này, hỗ trợ ngôn ngữ, dịch vụ phiên dịch, phương tiện trợ giúp và dịch vụ phụ trợ được cung cấp miễn phí theo yêu cầu. Các dịch vụ có sẵn bao gồm, nhưng không giới hạn ở: dịch bằng lời nói, dịch bằng văn bản và phương tiện phụ trợ. Bạn có thể yêu cầu các dịch vụ này và/hoặc phương tiện phụ trợ bằng cách gọi tớiĐường dây nóng cho Người tiêu dùng Medicaid theo số 1-800-324-8680; người khiếm thính có thể gọi TDD 7-1-1.

Tigrinya
ነዚ ምልክታ ክትርደእዎ ንኽሕግዘኩም፣ ሓገዝ ቋንቋ፣ ኣገልግሎታት ትርጉም፣ ከምኡ'ውን ተወሰኽቲ ሓገዛትን ኣገልግሎታትን ኣብ ዝሓተትክምዎ ብዘይ ክፍሊት ይርከቡ። ዘለው ኣገልግሎታት፣ ናይ ዘረባ ትርጉም፣ ናይ ጽሑፍ ትርጉምን ተወሰኽቲ ሓገዛትን ዘጠቓልሉ ኮይኖም፣ በዚ ጥራሕ ዝድረቱ ኣይኮኑን። ናብ መስመር ቴሌፎን ተጠቀምቲ ሜዲኬይድ (Medicaid Consumer Hotline) 1-800-324-8680 ብምድዋል፣ ነዞም ኣገልግሎታትን/ወይ ተወሰኽቲ ሓገዛት ክትሓቱ ትኽእሉ ኢኹም፤ ናይ ምስማዕ ጸገም ዘለዎም ውልቀ-ሰባት ናብ TDD 7-1-1 ክድውሉ ይኽእሉ እዮም።