



# NETWORK *Notification*

**Notice Date:** April 25, 2025  
**To:** Ohio Medicaid and MyCare Providers  
**From:** CareSource  
**Subject:** Level of Care and Prior Authorization Requirements for Medicaid Covered Nursing Facility (NF) Stays

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## Summary

CareSource is reminding providers of the importance of complying with Ohio Administrative Code (OAC) requirements related to nursing facility (NF) services, including the establishment of Level of Care (LOC) for members and the [OAC rules for ventilator reimbursement](#). A valid LOC determination is necessary to confirm a member's eligibility for a Medicaid-covered NF stay and to ensure timely and accurate reimbursement. This includes adherence to Ohio Department of Medicaid (ODM) requirements for specialized services such as ventilator and ventilator weaning care. Compliance with these guidelines supports care coordination, regulatory adherence, and accurate claims processing.

## Impact

### MyCare NF Level of Care

CareSource evaluates a member's need for the level of services provided by a NF using criteria for NF based level of care pursuant to OAC rules [5160-3-08](#) and [5160-1-01](#). As outlined in the [OAC rule 5160-3-14](#), an individual seeking NF admission is subject to both a preadmission screening and resident review (PASRR) process and a level of care determination process. CareSource conducts the review process as frequently as a member's needs warrant and communicates this information to the NF as part of the ongoing review process.

Documentation of LOC determinations are provided to the requesting NF and maintained by CareSource. **Without a current level of care, NF claims are denied.**

### Medicaid SNF/NF Authorization and Level of Care

CareSource evaluates a member's need for the level of services provided by a NF as part of the prior authorization process using criteria for NF based level of care found in the Ohio Administrative Code rules [5160-3-08](#) and [5160-1-01](#). Per the [Ohio Administrative Code rule 5160-3-14](#), an individual seeking admission to a SNF/NF is subject to both a preadmission screening and resident review (PASRR) process and a level of care determination process. CareSource conducts the review process as frequently as a member's needs warrant and communicates this information to the NF as part of the ongoing review process.

Documentation of prior authorizations that includes the LOC are provided to the requesting NF and maintained by CareSource. **Without a current prior authorization, NF claims are denied.**

### Ventilator Program

CareSource continues to follow the requirements outlined in [OAC rule 5160-3-18](#) regarding the reimbursement of ventilator services provided in NFs.

To ensure proper reimbursement and compliance with ODM guidelines, it is essential that:

- Diagnosis codes are accurately reflected on all ventilator service claims
- Providers are correctly registered under the appropriate Medicaid specialty code

Additionally, [OAC 5160-3-18](#) specifies that NFs are not eligible for ventilator reimbursement if they meet any of the following criteria:

1. Those who are on Table A or D of the CMS (Centers for Medicare & Medicaid Services) Special Focus Facility (SFF) list which identifies facilities with poor quality. Table A represents active SFFs, and Table D represents facilities who are candidates to become an SFF.
2. Those with a one-star overall rating on the CMS five-star rating system.

### **Importance**

To submit a request for prior authorization and/or LOC, the NF must provide member demographic information, evidence of PASRR requirements being met (including Level II results when applicable), clinical documentation including Activities of Daily Living (ADL) self-performance, current orders, therapy as applicable, and progress notes via any of the following options:

#### MyCare NF Level of Care Requests

1. Secure email: [MyCareLTCAuthorizations@CareSource.com](mailto:MyCareLTCAuthorizations@CareSource.com)
2. Fax: 1-844-417-6157 Attn: MyCare Transition Coordinators
3. [Provider portal](#): After logging in, select the "MyCare LOC/Respite Request" option located in the "Provider" drop down in the left navigation panel

#### Medicaid SNF/NF Prior Authorization and Level of Care requests

1. [Provider portal](#)
2. Fax: 1-888-752-0012
3. Phone: 1-800-488-0134
4. Mail: CareSource  
P.O. Box 1307  
Dayton, Ohio 45401-1307

NFs may use the [ODM NF Request Form](#) to submit a Prior Authorization or LOC request; use of this form is not required.

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