



Submitting Home Health Care Requests

Requests for approval of continued home care services must be submitted to Molina Healthcare of Ohio's Prior Authorization Department a minimum of two weeks prior to the end of the certification period.

Failure to provide the following information may result in a reduction or a denial of services. Please provide:

1. Written physician orders or documentation of the verbal orders.
2. Daily home health aid, nursing and therapy notes for the last two weeks.
3. Date of last visit to treating physician.
4. Latest 485 Form, when available.
5. Dates of certification requested. Per the Ohio Department of Job and Family Services, the maximum is 60 days per request.
6. Current diagnosis for which home care is required.
7. Current list of medications.
8. Current medical status that necessitates continued care.
9. Wound care requests: date of last visit to wound care clinic or surgeon office.

The information should be faxed to 1-866-449-6843.