

The LOMN must:

- Be submitted on the requesting provider’s letterhead or the provider’s employer letterhead.
- Include the signature of the requesting provider.
- Include the provider’s name and date printed below the signature.
- Describe the level of care requested (e.g., Private Duty Skilled Nursing or Home Health Aide Services).
- Include a summary of medical history and needs required for level of care requested.
- Outline when and how all requested hours would be scheduled for all days for which services are requested.
- Provide current caregiver information.
- Describe all skilled and unskilled care needs, indicating level of assistance required for Activities of Daily Living (e.g., verbal prompts, total care, etc.).

Note:

- If request is for an episode of care (e.g., vacation, post op services), provide the start and end dates for the episode.
- If services are requested to cover caregiver work obligations, a Work Verification Letter from the caregiver’s employer is required. The Work Verification must be updated annually.
- If services are requested to support the member while at school, an Individualized Education Program (IEP), school name, bus schedule, and school calendar are required.
- If services are to be shared, services must be described in separate letters for each member. Requests for services for siblings require a separate LOMN for each member. Requests cannot be combined in the same letter.

Common Errors	
<ul style="list-style-type: none"> • No level of care stated 	<ul style="list-style-type: none"> • No indication of how or when hours will be used
<ul style="list-style-type: none"> • Insufficient clinical history 	<ul style="list-style-type: none"> • Unsigned, illegible, or not on correct letterhead