Nursing Facility Level of Care
Notification Form

I. Nursing Facility Prior Authorization Request/Discharge Notification

Nursing Facility Information:			
Date of Request	Click here to enter a date.	Type of Request	Click here to enter text.
Nursing Facility Name	Click here to enter text.		
NF Contact Name	Click here to enter text.		
Nursing Facility Fax	Click here to enter text.	Nursing Facility Phone	Click here to enter text.
Nursing Facility Email	Click here to enter text.	Nursing Facility NPI	Click here to enter text.

Nursing Facility Resident Information:			
NF Resident Name	Click here to enter text.	Resident DOB	Click here to enter text.
Medicaid ID Number	Click here to enter text.	Resident SSN#	xxx – xx – Click here to enter text.
NF Admission Date	Click here to enter a date.	NF Discharge Date	Click here to enter text.
Resident Rep Name	Click here to enter text.	Rep Phone	Click here to enter text.
Resident Rep Address	Click here to enter text.		
Selected MCO	Click here to enter text.		

Requesting Service			
NFLOC Type	Click here to enter text.		
Service Begin Date	Click here to enter a date.	Service End Date	Click here to enter a date.

Documentation Requirements:

Initial Request:

☐ MDS
☐ Physician Order
☐ PASRR Level I (PASRR Level II if indicated by PASRR Level I
☐ History & Physical

Continued Stay:

☐ Most recent MDS
☐ Physician Order
☐ Physician Progress Notes
☐ History & Physical
☐ Interdisciplinary Progress Notes/Care Plan (HNF)

II. Utilization Management (For MCO Use Only)

Review Information			
Date of Review	Click here to enter a date.	**Authorization Number**	Click here to enter text.
NFLOC Begin Date	Click here to enter a date.	**NFLOC End Date**	Click here to enter a date.
Approved Bed Begin Date	Click here to enter a date.	**Approved Bed End Date**	Click here to enter a date.

LNF Factors:

☐ Dressing
☐ Bathing
☐ Eating
☐ Meal Preparation
☐ Transfer
☐ Mobility
☐ Toileting
☐ Bowel/Bladder
☐ Daily Medication

HNF Factors:

☐ Oxygen
☐ Orientation / Behavior
☐ Medication Administration
☐ Rehabilitative Therapy
☐ Skilled Nursing
☐ Other Clinical Factors
☐ Feeding
☐ Mobility
☐ Transfers

Approved NFLOC Type: Click here to enter text.

Comments: Click here to enter text.