

**FORWARDHEALTH
NURSING HOME CARE DETERMINATION REQUEST**

INSTRUCTIONS: Type or print clearly. Before completing this form, refer to the Nursing Home Care Determination Request Instructions, F-01020A. When submitting a Nursing Home Care Determination Request to establish an intellectual/developmental disability (DD) level of care (LOC), attach a copy of the Preadmission Screen and Resident Review (PASRR) Level II Facesheet, F-20853, that states the member needs specialized services. A request will not be processed without one.

SECTION I – PROVIDER INFORMATION

1. Name – Billing Provider (Practice Location)

2. National Provider Identifier (Required)

3. Taxonomy Code (Required)

4. ZIP+4 Code

5. Billing Provider's Medicaid Provider Number

6. Address – Billing Provider (Street, City, State, ZIP+4 Code)

7. Name – Nursing Home Contact Person

8. Telephone Number – Nursing Home Contact Person

SECTION II – MEMBER INFORMATION

9. Select One

New or Initial Request

Revised Start Date

Added or Revised Discharge Date

10. Name – Member (Last, First, Middle Initial)

11. Member ID Number (Required)

12. Social Security Number – Member

13. Date of Birth – Member

14. Requested Start Date for Nursing Home LOC

15. Nursing Home Discharge Date

16. Minimum Data Set (MDS) Admission Assessment Submittal

An MDS Admission Assessment will be submitted to the Centers for Medicare and Medicaid Services (CMS) MDS system.

An MDS Admission Assessment will not be submitted to the CMS MDS system.

For cases where an admission assessment will not be submitted to CMS (i.e., for a short-term stay [13 days or less]), providers are required to submit a copy of the following with this form:

- Physician's orders admitting the member to the nursing home
- All nursing medical notes
- Discharge summary