



Nursing Facility Level of Care Communication Form

***This Communication Form is intended to be used between MCO and Nursing Facilities ONLY.**

I. Requestor Information

Date of Request	Click here to enter a date.		
FROM	Choose an item.	Name	Click here to enter text.
Company	Click here to enter text.		
Fax	Click here to enter text.	Phone	Click here to enter text.
TO	Choose an item.	Name	Click here to enter text.
Company	Click here to enter text.		
Fax	Click here to enter text.	Phone	Click here to enter text.

II. Communication:

Nursing Facility Resident Information:			
NF Resident Name	Click here to enter text.		
Resident DOB	Click here to enter text.	Resident SSN#	xxx – xx – Click here to enter text.

a. ☐ Request For Information

Request for following selected information:
<input type="checkbox"/> Missing Member Demographics
<input type="checkbox"/> Missing MDS Required fields: Click here to enter text.
<input type="checkbox"/> MDS not within the service time frame requested
<input type="checkbox"/> Need a valid physician order for: Click here to enter text.
<input type="checkbox"/> Need member's Level I PASSR
<input type="checkbox"/> Need member's Level II PASSR
<input type="checkbox"/> Need current H&P (History & Physical completed within 6 months of the service request date)
<input type="checkbox"/> Need current signed and dated physician progress notes
<input type="checkbox"/> Other: Click here to enter text.

b. ☐ Member Status Update

Request for following selected member status update:
<input type="checkbox"/> Discharge Status
<input type="checkbox"/> Member Representative Info
<input type="checkbox"/> Current Progress Note
<input type="checkbox"/> Other: Click here to enter text.

c. ☐ Member MCO Update

Request for following selected member MCO update:
<input type="checkbox"/> Member current MCO selection: Click here to enter text.
<input type="checkbox"/> Member previous MCO assignment: Click here to enter text.