



Notification Form

I. Nursing Facility Prior Authorization Request

Nursing Facility Information			
Date of Request	Click here to enter a date.	Type of Request	Choose an item.
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 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.
NF Admission Date	Click here to enter a date.	Selected MCO	Choose an item.
Resident Rep Name	Click here to enter text.	Rep Phone	Click here to enter text.
Resident Rep Address	Click here to enter text.		

Requesting Service			
NFLOC Type	Choose an item.		
Service Begin Date	Click here to enter a date.	Service End Date	Click here to enter a date.
Documentation Requirements:			
Initial Request:		Continuation Stay:	
<input type="checkbox"/> MDS		<input type="checkbox"/> Most recent MDS	
<input type="checkbox"/> Physician Order		<input type="checkbox"/> Physician Order within 60 days prior to the	
<input type="checkbox"/> PASRR Level I and PASRR Level II if indicated by PASRR Level I		start date of the LOC	
<input type="checkbox"/> History & Physical		<input type="checkbox"/> Physician Progress Notes	

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		Approved Bed End Date	
<u>LNF Factors:</u>		<u>HNF Factors:</u>	
<input type="checkbox"/> Dressing	<input type="checkbox"/> Transfer	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Bathing	<input type="checkbox"/> Mobility	<input type="checkbox"/> Orientation / Behavior	<input type="checkbox"/> Skilled Nursing
<input type="checkbox"/> Eating	<input type="checkbox"/> Toileting	<input type="checkbox"/> Medication	<input type="checkbox"/> Feeding
<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Bowel/Bladder	Administration	<input type="checkbox"/> Mobility / Transfer
	<input type="checkbox"/> Daily Medication		
Approved NFLOC Type: Choose an item.			
Comments: Click here to enter text.			