

Please return completed form to the Utilization Management Department at (401)459-6023.

Please refer to Neighborhood's *Clinical Medical Policy* which is available on our Neighborhood web site, www.nhpri.org for more detailed information about this benefit, authorization requirements, and coverage criteria.

MEMBER INFORMATION		
Member's Name:	Member's ID #:	Member's DOB:
PROVIDER INFORMATION		
Provider's Name:	Provider NPI #:	Date Request Sent:
Date of Service:	Previous Auth #:	Place of Service (City/Town)/Facility:
Provider Contact and Phone #:	Provider's Fax #:	Ordering MD:
CLINICAL INFORMATION (Please include all clinical information)		
Diagnosis & Diagnosis Code:	Procedure & Procedure Code:	

Check the box that applies to level of care you are requesting.

Base-Level: 6 hours or more of personal care per week

Includes personal care, homemaker, chore, attendant care, companion services, medication administration and/or oversight (to the extent permitted under State law), therapeutic social and recreational programming, and 24-hour on-site response staff to meet scheduled or unpredicted needs. Services must be provided in a home-like environment.

Enhanced-Level: 7-12 hours of any combination of personal care, limited health care services and care coordination (including behavioral health) and/or health and home stabilization service.

Non-Skilled Care

Provides the base level service package and offers extended personal care and attendant services, care coordination and therapeutic activities and/or limited health services. The enhanced service package may also include coordination of behavioral health services, or health and home stabilization services that optimize a beneficiary's general health and welfare.

Skilled Care *

Provides the base level service package and offers extended personal care and attendant services, care coordination and therapeutic activities and/or limited health services. The enhanced service package may also include coordination of behavioral health services, or health and home stabilization services that optimize a beneficiary's general health and welfare.

And also requires at least one skilled service by a Registered, Professional Nurse (RN) or a Licensed Practical Nurse (LPN).

Dementia Care*: Member must have a diagnosis of Alzheimer's disease or another related dementia and be determined to need memory care. Beneficiaries must need assistance with at least three (3) of the activities of daily living and require thirteen (13) hours or more of any combination of personal care, limited skilled nursing, and/or behavioral health or health and home stabilization services.

****Please note: A physician or licensed provider order is required for those members receiving skilled care***

Authorization is not a guarantee of payment

NOTE: IF SKILLED, SIGNATURE REQUIRED BY A PHYSICIAN AND/LICENSED PROVIDER		
Signature of Treating Physician or Licensed Provider:	Date:	
NEIGHBORHOOD DECISION		
Authorization #:	Dates of Service:	Services Approved:
UM Initials:	Notification Date:	<input type="checkbox"/> Not Approved - Letter to Follow