

**FORWARDHEALTH
REQUEST FOR NURSING HOME CARE DETERMINATION**

Instructions: Type or print clearly. Before completing this form, refer to the Request for Nursing Home Care Determination Completion Instructions, F-01020A.

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 (Element 15) Added or Revised Discharge Date (Element 16)

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

11. Member Identification Number (Required)

12. Social Security Number — Member

13. Date of Birth — Member

14. Gender — Member

- Male Female

15. Requested Start Date for Nursing Home Authorization Segment

16. Nursing Home Discharge Date

17. 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.
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