

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:	

Please note: for full description of each Tier please refer to Assisted Living Services Description and Certification Standards found at www.nhpri.org

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

Tier A Services: Daily assistance with at least two (2) activities of daily living (ADLs)

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.

Tier B Services: Includes all services included in Tier A plus any or a combination of additional services. Extensive assistance with at least two (2) ADLs, or 7 hours or more of any combination of personal care, limited health care services and care coordination (including behavioral health) and/or health and home stabilization service.

Extended personal care including complex medication management and attendant services, care coordination and therapeutic activities and/or limited health services.

Tier C Services: Includes all services included in Tier A & B plus any or a combination of additional service.

Extensive assistance with at least three (3) ADLs and Sixteen (16) hours or more of ADL care including any combination of personal care, limited skilled nursing, and/or behavioral health or health and home stabilization services. Providing support and education to the resident about managing specific health conditions as documented in the resident's person-centered service plan. Regular staff intervention due to safety concerns related to elopement risk or other behaviors that adversely impact themselves or others.

Authorization is not a guarantee of payment

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	