

Neighborhood Health Plan of Rhode Island (Neighborhood) values the quality care delivered to our members by our home healthcare partners. We know our partner agencies do all they can to fulfill a member’s care plan and deliver all ordered services and hours. There may be times, however, when your agency is unable to provide services for an existing Neighborhood member.

**In order for Neighborhood to adequately monitor any “gaps in homecare” services—specifically for Neighborhood INTEGRITY (MMP) members, Neighborhood is requiring this form be completed and submitted any time a Neighborhood MMP member has or will experience a gap in non-skilled homecare services for more than one scheduled visit.**

For example, this Home Care Gap Notification Form should be used when an MMP member is authorized for 20 hours/week, but only 10 hours will be filled that week. This form does not need to be submitted if another staff is filling the hours.

- Notification to Neighborhood is required as soon as agency is aware that the gap is going to or has occurred.

**Email the completed Home Care Gap Notification Form to: [INTEGRITYPC/AdminTeam@nhpri.org](mailto:INTEGRITYPC/AdminTeam@nhpri.org)  
Or Fax 401-709-7025**

PROVIDER INFORMATION			
Agency Name			
Contact Name		Contact Phone	
Contact Email		Contact Fax	
Member Name	Member DOB	Neighborhood Member ID #	
Number of Authorized Hours		Number of Hours Serviced	
Date Services Stopped		Dates Services Resumed	
Reason for Gap (Use space below to describe)			
<input type="checkbox"/> Medical Appointment <input type="checkbox"/> Refused Services <input type="checkbox"/> Not at home for services		<input type="checkbox"/> Vacation, dates if available: _____ <input type="checkbox"/> Other: _____	
Who assisted/will be assisting the member during the agency gap? Include name and relationship.			
Neighborhood Case Manager (if known)			
Use the space below for any additional notes or comments.			

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