**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Medicaid Services Wis. Admin. Code § DHS 107.09(4)(h)

F-01020 (07/2018)

**FORWARDHEALTH**

**NURSING HOME CARE DETERMINATION REQUEST**

**INSTRUCTIONS:** Type or print clearly. Before completing this form, refer to the Nursing Home Care Determination Request Instructions, F‑01020A. When submitting a Nursing Home Care Determination Request to establish an intellectual/developmental disability (DD) level of care (LOC), attach a copy of the Preadmission Screen and Resident Review (PASRR) Level II Facesheet, F‑20853, that states the member needs specialized services. A request will not be processed without one.

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| **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 [ ]  Added or Revised Discharge Date  |
| 10. Name – Member (Last, First, Middle Initial)      | 11. Member ID Number (Required)      |
| 12. Social Security Number – Member      | 13. Date of Birth – Member      |
| 14. Requested Start Date for Nursing Home LOC      | 15. Nursing Home Discharge Date      |
| 16. 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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