Date:________________________

Request for Long Term Care Placement

Please attach the following documentation:

 Current History and Physical Medication list Current treatment list 7 days of nursing notes

Fax completed form to: Horizon NJ Health MLTSS at **1-973-274-3864**

Member ID:_______________________Name:_____________________________________DOB:_________________

Date of LTC admission:___________________Name of facility:____

Facility NJ Health ID:______________________Facility EIN:_________________Medicaid Rm/Bd rate:__________

Contact name:________________________________Telephone:_________________Fax:______________________

Acute hospitalizations since admission to LTC: Y N

Name of hospital:_________________Admit/Disch dates:_________________Diagnosis/Purpose:______________

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____

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Medicare coverage: Y N Last approved date under Medicare Part A:___________________________

Hospice coverage: Y N________ ___Last approved date for hospice care:_____________________________

First date requested for LTC:___________________

Check activities for which the member requires more than 50% assistance to perform:

See *Approval for Long Term Care Placement* document for guidance

- Meal preparation
- Ordinary housework
- Managing finances
- Managing medications
- Telephone use
- Stairs
- Shopping
- Transportation
- Dressing lower body
- Bathing
- Personal hygiene
- Dressing upper body
- Bed mobility
- Walking
- Locomotion
- Toilet use
- Toilet transfer
- Eating

History of falls: Y N Date of last fall:_________________ Injury:__________________________________

Incontinent of bowel: Y N Incontinent of bladder: Y N

Request for Long Term Care Placement
Page 2

Can the patient receive care at the present level at home or other outpatient setting? Y N
If no, please explain:

____
____
____
____

When including other considerations in the request for long term care, please include supporting documentation when faxing the form.

Cognitive considerations supporting need for long term care placement:_____________________________
____
____
____
____

Behavioral considerations supporting need for long term care placement:____________________________
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Safety (other than risk for falls) considerations supporting need for long term care placement:_____________
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____
____
____

Complete form in its entirety for request to be processed. Use N/A where needed.

Incomplete forms and missing documentation slow the approval processes and may result in denied requests.