



Custodial Authorization Request

Dear Provider:

To ensure quality care for our members, appropriately paid claims, and that servicing providers are notified, please **complete this form in its entirety**.

Please type or print in black ink and fax request to **1-855-573-2346**.

*****Please fill in form completely within 72 hours of admission to avoid processing delays*****

A. MEMBER DEMOGRAPHIC INFORMATION

WellCare ID	Last Name	First Name	DOB
Home Address:			
Home Phone #:		Medicaid/Medicare ID:	
Is the Member DSNP: YES or NO			
Caregiver Name:		Caregiver Phone #:	
Additional Primary Insurance Name:		Policy #: Contact #:	

B. FACILITY INFORMATION:

<u>Name:</u>	<u>Provider ID:</u>
<u>Contact Name @ Facility:</u>	<u>Tax ID # (TIN):</u>
<u>Contact # with Extension, if any:</u>	<u>NPI#:</u>
<u>Fax #:</u>	
Address:	Member Medical Record #:

C. CUSTODIAL VERIFICATION INFORMATION:

Date request Submitted:	<u>Is member on vent: YES or NO</u> <i>If yes, please list rate:</i>
Admission Date to Facility:	<u>Primary Dx Code(s) while in Custodial Care:</u> 1. 2. 3.
<u>Start Date of Requested Custodial Services (date transitioned to custodial level of care):</u>	
<u>Start/End dates of Rehabilitation therapy while in facility including hospitalizations:</u>	

Office Address: 550 Broad Street 12th Floor Newark, NJ 07102

Telephone: 1-855-642-6185 Fax: 1-855-573-2346

[Full Name]
[Month Day, Year]
[Page 2 of X]

Clinical Information REQUIRED: (INCLUDE WITH AUTHORIZATION REQUEST FORM)

1. Copy and date of most recent PASSR I. If positive, include copy of PASSR II.
2. Last date of covered skilled services, primary/other payer and/or copy of Medicare NOMNC
3. Last 4 weeks of clinical documentation: nursing/rehab notes, medication list, history and physical exam, discharge summary showing proof that member has reached rehab/skilled nursing potential and vent documentation if applicable

Please note: custodial authorization will NOT be issued until documentation has been received. Authorization will be granted for 60 days upon review of documentation submitted, until NJ Choice Assessment has been completed and reviewed by the Office of Community Choice Options (OCCO). A maintenance authorization will be granted for one year upon approval and as member meets medical and eligibility criteria.

For MLTSS members , reauthorizations will be continued for one year upon continuing to meet MLTSS criteria