SCNF Authorization Request

Fill this form out completely in order for authorization to be processed correctly.
Please type or print in black ink and fax your request to **1-855-573-2346**.
*<u>**Please complete form in its entirety upon admission.**</u>*

****MEMBERS WITH TRACHEOSTOMIES ARE NOT CONSIDERED SCNF UNLESS THEY ARE VENTED AND DOCUMENTATION OF THE VENT IS MANDATORY****

A. MEMBER DEMOGRAPHIC INFORMATION:

ID Number	Last Name	First Name	DOB
Caregiver/POA/Emergency Contact Name:		Medicaid/Medicare ID:	
Caregiver/POA/Emergency Contact Phone #:		**Is member DSNP**: **YES** or **NO** ◯ ◯	
Additional Primary Insurance Name (*if any*):		Policy #: Contact #:	

B. FACILITY INFORMATION:

Name:	**Provider ID:**
Address:	**Tax ID # (TIN):**
Contact Name @ Facility:	**NPI#:**
Contact # with Extension, if any:	**Fax #:**

C. SCNF VERIFICATION INFORMATION:

Start Date of Requested SCNF Services *(date transitioned to SCNF custodial)*:	**Start/End dates of any discharges including hospitalization(s):**
Is member on vent: YES or **NO** ◯ ◯ *If yes, please list rate:* **Is member TBI: YES** or **NO** ◯ ◯ **Is member Behavioral SCNF: YES** or **NO** ◯ ◯ (If yes, please include PASSR Level II)	**Primary Dx Code(s):** 1. 2. 3.

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 4 weeks of clinical documentation: nursing/rehab notes, medication list, history and physical exam, and discharge summary. Please include all documentation supporting SCNF level of care and diagnoses.

Please note: SCNF 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