

Long-term care and housing supports prior authorization request form

Please use the following form for long-term care and housing supports prior authorization requests for our UnitedHealthcare Community Plan of New Jersey members. Complete the form and fax it to 855-583-4041 or 855-489-1553.

Date:	Member name:		
Member date of birth:	If applicable, caregiver or contact name:		
Member ID:	Member phone number:		
Member address:			
City:	State:	ZIP:	
Diagnosis:			
Requesting provider:		Signature stamp:	

Purpose of service requested

For new services?	Yes	No
Change in services (increase or decrease)?	Increase	Decrease
For reauthorization of services?	Yes	No
A member approved provider transfer?	Yes	No
To continue services approved by another managed care organization (MCO)?	Yes	No
	MCO name:	

Service requested/code	Frequency (hours/day/week)		
Managed long-term services and support (MLTSS) private day nursing (PDN) services (T1000)		Number of hours per day	Days/week
MLTSS PDN services (T1002)		Number of hours per day	Days/week
MLTSS PDN services (T1003)		Number of hours per day	Days/week
Adult medical day care (S5102)		Number of hours per day	Days/week



Service requested/code (cont.)	Frequency (hours/day/week) (cont.)		
Pediatric medical day care (T1024)		Number of hours per day	Days/week
Pre-tenancy services (H0044) - indicate level of need via checkbox		Lower level of need	Higher level of need
Tenancy sustaining services (H0044) - indicate level of need via checkbox		Lower level of need	Higher level of need
Move-in supports (T2038)			
Move-in supports administration (T2038)			
Residential modification (S5165)			
Residential remediation services (S5165)			
Residential modification evaluation (T1028)			
Adult personal care services (T1019)		Number of hours per day	Days/week
	* If group hours, please provide information for other member:		
	Name:		
	UnitedHealthcare ID number:		

* PDN and MDC: Submit required clinical information when submitting the request for services.

If servicing provider is already in place or a specific provider is requested, please fill out the information below

Servicing provider:		Servicing provider contact name:	
Servicing provider ID number:		Servicing provider TIN and NPI number:	
Servicing provider phone number:		Servicing provider fax:	
Servicing provider address:			
City:		State:	ZIP:

For MLTSS PDN: T1000, T1002 and T1003 requests, please fill out the information below.

Requesting provider:	Requesting provider contact name:	
Requesting provider ID number:	Requesting provider TIN and NPI number:	
Requesting provider phone number:	Requesting provider fax:	
Requesting provider address:		
City:	State:	ZIP:

Additional comments: