

Administrative Day Request Form

This form is for providers to request Administrative (Admin Days) for members who no longer meet inpatient criteria, have barriers to placement and meet criteria for administrative days.

Please **fax** this form to **1-844-965-0317** as a cover sheet or page 1 and associated clinicals within 10 business days of denial. If you have any questions, please call Coordinated Care of Washington, Inc. at 1-833-661-0642.

Note: All Fields Required

Date: Auth #: Admission Date:

Member Name: DOB: Date of Denial Letter:

Member needs skilled services? Yes No

Member waiting on custodial placement? Yes No

Barriers to placement?

Dialysis Bariatric IVDA Guardianship Other:

Please describe current discharge plan and discharge planning efforts including which facilities contacted for placement:

Please submit clinicals (Medical Records) from **date of denial to current date / discharge date**, including:

Daily MD Progress notes

Doctor's Orders

MAR / IV Fluid Rates

Lab / Radiology Results

Plan of Care: MSW or Care Management notes for discharge planning

Level of Care (Acute, Intermediate, ICU)

PT/OT/ST Progress notes (If member is being transferred to a SNF or Inpatient Rehab)