



Our Mission: Working together to provide services that help people maintain their independence.

Nursing Facility Extension Request

Check extension type and provide the additional information listed underneath authorization type that is "checked". Submit as soon as the need is identified to assure processing prior to expiration of temporary authorization. Submit via fax 812-432-6222 or email: pas@lifetime-resources.org. Thank you.

Date: _____

Client's Name: _____

Authorization Expiration Date: _____

___ Short-Term 30 Day Temporary Authorization

Explanation of Changes in the Client's Condition that Requires a Longer Stay:

What Type of Care is Now Needed: ___Additional Short-Term ___Long-Term

If Short-Term Stay, Number of Days Requested (up to 25 allowed) _____

___ Exempted Hospital Discharge

Why is a Longer Stay Required and/or Why did the Client not Convalesce Within the Expected Time Frame:

What Type of Care is Now Needed: ___Additional Short-Term ___Long-Term

If Short-Term Stay, Number of Days Requested (up to 10 allowed) _____

Instructions for the Nursing Facility Extension Form:

The NF will call in and request an extension prior to the authorization expiration date.

The CMAA will:

- Email or fax the Extension Form to the NF
- When the NF returns the form, notify the On-call CM to approve the extension
- Notify the NF of the extension approval or denial