



Personal Care & Homemaker Services Approval Request Form

The Alameda Alliance for Health (Alliance) Personal Care & Homemaker Services Approval Request Form is confidential. Filling out this form will help us better serve our members.

If you believe that your patient may be appropriate for personal care & homemaker services, please complete the form below. Approvals are based on member eligibility.

INSTRUCTIONS

1. Please print clearly, or type in all of the fields below.
2. Attach a clinical summary and/or supporting documentation (e.g., clinic notes, hospital discharge summary, etc.) justifying personal care & homemaker services.
3. Please fax or email the completed form to the Alliance Community Supports Department at **1.510.995.3726** or **CSDept@alamedaalliance.org**.

For questions, please call the Alliance Case Management Department at **1.510.747.4512**.

PLEASE NOTE: Handwritten or incomplete forms may be delayed. Forms submitted without supporting information may also be delayed.

SECTION 1: REQUESTING PROVIDER INFORMATION

Full Name: _____ NPI: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
Email: _____
Office Contact Name: _____ Date of Request: _____

SECTION 2: MEMBER INFORMATION

Last Name: _____ First Name: _____
Date Of Birth (MM/DD/YYYY): _____ Alliance Member ID #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Home Cell

Primary Diagnosis Requiring Personal Care & Homemaker Services (including ICD-10 Code):

- Confirm (to the best of your knowledge) that the member is not receiving duplicative support from other state, local, or federally funded programs, and these programs have been considered first before using Medi-Cal funding.

Member's Qualifying Condition(s) (please select all that apply, the patient must meet at least one (1) to be eligible):

- Member is at risk for hospitalization, or institutionalization in a nursing facility; or
- Member has a functional deficit and no other adequate support system; or
- Member has been approved for In-Home Supportive Services. Eligible criteria can be found at www.cdss.ca.gov/In-Home-Supportive-Services

Requesting Services (please select all that apply, supporting documentation is required for approval):

- Member currently has approved county In-Home Supportive Services hours and additional hours are required and In-Home Supportive Services benefits are exhausted
- A referral to In-Home Supportive Services has already occurred and the member is in In-Home Supportive Services waiting period
- Member is not eligible to receive In-Home Supportive Services and this assistance will help avoid a short-term stay in a skilled nursing facility (not to exceed 60 days)

Rendering Provider:

- 24-Hour Home Care (NPI Number: 1376797035)