

THIS FORM CAN BE USED BY IN-NETWORK PROVIDERS ONLY
to request the addition of a new Licensed or Unlicensed AFL and/or Respite Site.

IMPORTANT REQUIREMENTS & INSTRUCTIONS:

- 🌱 Provider must be fully contracted for the requested service(s) at their master site in order to use this form.
- 🌱 If NOT already contracted for the service at the master site, stop and submit an email to NetworkServicesSupport@TrilliumNC.org and request the service be added to your contract or the master site. Community Based Services must be added to the master site via a Network Development request.
- 🌱 The Requested Effective Date for this site addition **cannot** precede the date of the site review/approval or the effective date of the license (when applicable).
- 🌱 Submit this completed form to NetworkServicesSupport@TrilliumNC.org.

PROVIDER INFORMATION					
Date Form Completed		Requested Effective Date <small>(cannot precede site review or license eff. date)</small>			
Provider Name					
Contact Name					
Contact Phone Number			Contact Email		
Billing Address					
Street		City		State	Zip+4
Tax ID		NPI#	Taxonomy#		
AFL/RESPITE SITE INFORMATION					
IF THIS IS A LICENSED SITE, A COPY OF THE LICENSE MUST BE SUBMITTED WITH THIS REQUEST FORM.					
AFL/Respite Provider Staff Name					
Site Name					
Site Address					
Street		City		State	Zip+4
License Number <small>(If applicable)</small>		License Expiration Date <small>(If applicable)</small>			
MEMBER INFORMATION					
Member Name		Member Record #	Member DOB		
Current Address					
Street		City		State	Zip+4
Trillium Care Manager <small>(If applicable)</small>					

SERVICE INFORMATION

Please note: This form cannot be used to add any services other than those listed below. If the service is not listed, please stop and email NetworkServicesSupport@TrilliumNC.org to request the desired service.

REASON FOR REQUEST	SERVICE(s) REQUESTED
<input type="checkbox"/> AFL HOME NEEDED FOR A MEMBER <input type="checkbox"/> HOME IS LICENSED <ul style="list-style-type: none"> Submit copy of license with this request. HCBS assessment must be approved. <input type="checkbox"/> HOME IS UNLICENSED <ul style="list-style-type: none"> Trillium must complete a site review. HCBS assessment must be approved. 	<input type="checkbox"/> RESIDENTIAL SUPPORTS: LEVELS 1-4 (Innovations) <ul style="list-style-type: none"> H2016 CG: Residential Supports Level 1 T2014 CG: Residential Supports Level 2 T2020 CG: Residential Supports Level 3 H2016 HI CG: Residential Supports Level 4 <input type="checkbox"/> INDIVIDUAL SUPPORT (B3) - T1019 HE <input type="checkbox"/> INDIVIDUAL SUPPORT (1915i) - T1019 U4
<input type="checkbox"/> RESPITE HOME NEEDED FOR A MEMBER <input type="checkbox"/> LICENSED SITE <ul style="list-style-type: none"> Submit copy of license with this request. <input type="checkbox"/> UNLICENSED SITE INDICATE RESPITE PLAN <input type="checkbox"/> Respite will be during day hours only. <input type="checkbox"/> Respite will include overnight stay. <ul style="list-style-type: none"> Trillium must complete a site review. 	RESPITE TYPE: <input type="checkbox"/> INDIVIDUAL RESPITE (B3): H0045 <input type="checkbox"/> INDIVIDUAL RESPITE (1915i): H0045 U4 <input type="checkbox"/> RESPITE CARE COMMUNITY INDIVIDUAL: S5150 (Innovations)

ADDITIONAL INFORMATION