





ALTERNATE FAMILY LIVING (AFL) OR RESPITE SITE ADDITION FORM

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

IMPORTANT REQUIREMENTS & INSTRUCTIONS:

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

PROVIDER INFORMATION					
Date Form Completed		Requested Effective Date <i>(cannot precede site review or license eff. date)</i>			
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.					
Site Name					
Site Address					
Street		City		State	Zip+4
License Number (If applicable)		License Expiration Date (If applicable)			

MEMBER INFORMATION			
Member Name		Member DOB	
Current Address			
	Street	City	State Zip+4
Trillium Care Manager (If applicable)			
REASON FOR REQUEST		SERVICE REQUESTED	
<input type="checkbox"/> AFL HOME NEEDED FOR A MEMBER <input type="checkbox"/> LICENSED <ul style="list-style-type: none"> Submit copy of license with this request. HCBS assessment must be approved. <input type="checkbox"/> UNLICENSED <ul style="list-style-type: none"> Trillium must complete a site review. HCBS assessment must be approved. 		<input type="checkbox"/> RESIDENTIAL SUPPORTS: LEVELS 1-5 (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 H2016HI CG: Residential Supports Level 4 T2016HI CG: Residential Supports Level 5 <input type="checkbox"/> INDIVIDUAL SUPPORT (B3)- T1019 TF U4 Please note: AFLs cannot be added for any other services, other than those listed above, using this form. If a service needed is not listed above, please stop and email NetworkServicesSupport@trilliumnc.org regarding a Network Development Request.	
<input type="checkbox"/> RESPIRE HOME NEEDED FOR A MEMBER <input type="checkbox"/> LICENSED <ul style="list-style-type: none"> Submit copy of license with this request. <input type="checkbox"/> UNLICENSED <u>Indicate Respite Plan</u> <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. 		RESPIRE TYPE: <input type="checkbox"/> H0045 U4: B3 Individual Respite <input type="checkbox"/> S5150: Respite Care Community Individual (Innovations) <input type="checkbox"/> YA125: Hourly Respite <input type="checkbox"/> YP010: Hourly Respite	

ADDITIONAL COMMENTS

Empty text area for additional comments.