

Patient Initials:

Care Track ID:

CIC request and authorisation form

Clinicians	Commissioning Team	Authorisation
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➤ Care should not commence without the authorisation form being signed by the appropriate member of staff (according to SFI's)
 ➤ All requests submitted before 4pm requiring up to an including AD level authorisation will be authorised the same working day (Excluding exceptional circumstances). Requests for care packages above £1918 may take longer

NCL ICB confirmed as responsible commissioner	Choose an item.	Choose an item.	If no, this request will not be processed
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Borough	Choose an item.	Client Group	Choose an item.
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Funding if not 100% health	Choose an item.	ICB %	
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Block bed or contract	Choose an item.	Block Provider name	
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Summary of needs and / or risks Please do not include PID except initials.	Include diagnosis if appropriate and brief summary of care needs. If amending care please include reasons for increase / decrease. One off costs i.e. transport, AHP input if related costs		

Request (complete all appropriate) Care request must be sufficient to meet the assessed needs of the individual. If there is a private carer arrangement that is above and beyond the assessed care needs i.e. live in carer, please clarify whether the provision is to be included in the care costs as a whole or part

New Care Provision	Clinically recommended care provision – i.e. placement, domiciliary PoC – if adult CHC please complete form below									

Amended Care Provision	Current care provision (costs not required)									
	Clinically recommended care provision - i.e. placement, domiciliary PoC – if adult CHC please complete form below									

For adult CHC only (except LD) – if amending provision please only include the new request	Time of Day	Tier	Length of visit	Mon No of carers	Tues No of carers	Wed No of carers	Thurs No of carers	Fri No of carers	Sat No of carers	Sun No of carers
		Choose an item.								
		Choose an item.								
		Choose an item.								
		Choose an item.								
		Choose an item.								
		Choose an item.								
	Live in	Choose an item.								
Additional support, specify tier, hours and days / dates										
								Total Care Hours per week		

Include hours and duration of provision

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1 to 1 (if in 24 hour placement only)	1 to 1 form included: Choose an item. (if no – this request will not be considered)		
Equipment	Review date must be given Please include rationale / AHP report if available. If equipment provided through stores – request not required		
One off costs	Clinically recommended provision		
Suggested care provider	i.e. the name of the current provider is appropriate (either self-funding or LA), specialist care due to level of needs		
PHB (if family / household member wishes to deliver care a Third Party Budget is required)	Choose an item.	Details of mixed PHB:	
Additional Comments (if required)			
Request Date		Start date (if not immediate)	
Clinician name		Contact details	Choose an item.
		Contact details	
<p>For CHC services (excluding LD) please send to: nclib.CICCHCCommissioning@nhs.net</p> <p>For LD requests please send to: nclib.ciclda@nhs.net</p> <p>For CYP requests please send to: NCLib.CYPCICrequests@nhs.net</p> <p>For MH requests please send to: Nclib.cicmh@nhs.net</p>			

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Current care provision: Choose an item. If yes, complete information below			
Type of provision: Choose an item. (if other / alternative placement please state)	Weekly cost:	Total hours: (if applicable)	
New Care Provision			
Main provision: Choose an item. (if other / alternative placement please state)	Total (weekly) cost:	Total Hours : (if applicable)	
Secondary provision: Choose an item. (if other please state)	Total (weekly) cost:	Total Hours : (if applicable)	
Provider details: Include name, address, contact details plus lead/key contact (name plus details)			AQP: Choose an item. If no please complete below
Due diligence	Organisation	Comment	
	Current commissioned provider	Choose an item. If yes no further due diligence required, if no please continue	
	CQC		
	Local Authority		
	Local commissioning team		
	Safeguarding		
Rates - agreed costs (from email confirmation)	AQP standard rates Choose an item. If no, please attached providers rate card below		
Rate card required	Choose an item.	If yes complete attach rate card template  Copy of Rate Card Template.xls	
One off costs – include provider name and total cost			
Equipment (if outside of main stores contract) £0 to £5k – 1 quote £5k to £10k – 2 quotes Over £10k - 3 quotes If only one quote available please explain reason	Include details, provider, costs, maintenance contracts and replacement service if appropriate		
Additional Comments (if required)			
Request Date		Available start date	
Name		Contact details (email and tel.)	
For CHC (excluding LD) please send form to: nclib.CICCHCauthorisationrequests@nhs.net			

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Authorisation				
Comments:				
NCL ICB SUPA contract required		Choose an item.		
Role	Authorisation level	Name (printed)	Signature	Date
CIC Commissioning Manager	Up to £934 per week			
Please return form to: Borough CHC service nclib.CICCHCCommissioning@nhs.net nclib.CICCHCAppealedpackagesofcare@nhs.net				
CIC Senior Commissioner	Up to £1,336 per week			
Please return form to: Borough CHC service nclib.CICCHCCommissioning@nhs.net nclib.CICCHCAppealedpackagesofcare@nhs.net				
CIC Assistant Director	Up to £1,918 per week or £20k one off cost			
If request is for redress; divide total cost of redress by number of weeks agreed. If under £1,918 per week, sign and send to Director for final authorisation if over send according to SFIs				
Please return form to: Borough CHC service nclib.CICCHCCommissioning@nhs.net nclib.CICCHCAppealedpackagesofcare@nhs.net				
CIC Director / Financial Director	Up to £3,500 or over £20k one off cost			
Please send form to: nclib.CICCHCAuthorisationrequests@nhs.net				
Executive Director	Up to £4,795			
Please send form to: nclib.CICCHCAuthorisationrequests@nhs.net				
CFO and ED	Up to £9,590			
Please send form to: nclib.CICCHCAuthorisationrequests@nhs.net				
CFO and AO	Up to £19,230 per week			
Please send form to: nclib.CICCHCAuthorisationrequests@nhs.net				