

## Prior Authorization (PA) for APD Long Term Care Community Nursing

Teaching, Monitoring, Care Coordination  
and Reassessment

**Instructions:** Registered nurse (RN) completes this form, attaches current Nursing Service Plan and sends to the Case Manager (CM) for review as soon as the service plan is completed or at least 10 business days before a reauthorization is needed. CM must sign and issue a PA number to the RN within 5 business days of receiving the completed form and Nursing Service Plan. The signed original is to be kept in the client file.

Case manager: \_\_\_\_\_ Branch: \_\_\_\_\_  
 Service period: \_\_\_\_\_ Date received: \_\_\_\_\_  
 Client name: \_\_\_\_\_ PA number: \_\_\_\_\_  
 RN name: \_\_\_\_\_ ID number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Provider number: \_\_\_\_\_  
 RN phone/fax number: \_\_\_\_\_

Procedure Codes		Maximum Units Per Date of Service (DOS)
S5116	Teaching Non-Family	12
S5110	Teaching Family/Client	12
T1002	Monitoring Visit	12
T1016	Care Coordination	12
T1001	Reassessment	12

**RN:** Enter the number of hours/units for each type of service the client is expected to need for a service period not to exceed six months. Calculate the cost. 15 minute unit rate set in current APD Rate Schedule.

Procedure Code/Service	Estimated Hours in Service Period	Estimated Units (15 minutes = 1 unit)	Estimated Cost for Services Period (number units x current unit rate)
S5116/ Teaching Non-Family:			
S5110/ Teaching Family/Client:			
T1002/ Monitoring Visit:			
T1016/ Care Coordination:			
T1001/ Reassessment:			
<b>Total:</b>			

RN signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 CM or Local Office  
 Supervisor\* Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

\* Signature verifies that the client's current Nursing Service Plan SDS 0754 was reviewed and that services are authorized for the service period noted if provided according to OAR 411-048.