



Oregon Department of Human Services

Aging and People with Disabilities (APD)

APD Long Term Care Community Nursing (LTCCN) Program Client Referral

Case manager name: Katherine Watry Branch: 2518
 Fax or email completed form to: case manager Phone: 503 - 988 - 8212
 Fax: 503 - 988 - 3560 Email: katherine.watry@multco.us
 Date of referral: 03 / 19 / 2020 Recipient ID number: BO400N0N
 Client: Xide Liu Date of birth: 02 / 06 / 1935
 Length of time at current location: unknown
☒ In-home ☐ In-home agency ☐ Foster home
 Address: 2020 NW Northrup St. Apt. 615
 City: Portland State: OR ZIP code: 97209
 Area code and phone number: 503 - 989 - 1967 Email: N/A
 Primary contact name: Lijuan "Helen" Liu Phone: 503 - 989 - 1967
 Relationship to client: Daughter and Authorized Representative

Home care worker(s):

Name	Hours	Phone
Zhiping "Jim" Cao	100/80	541 - 206 - 4582
Lijuan "Helen" Liu	100/80	503 - 989 - 1967

Primary health care provider name: _____ Phone: - -
 Other agencies involved with client (ex. hospice, home-health, in-home agency): _____

Health/ADL status (attach ISP or CAPS 003): _____

Reason for referral: ☐ Hospital/ER use ☐ Behavior or cognition changes ☐ Fall risk
☐ Pain issues ☐ Medication safety ☐ Nutrition, hydration, weight issues
☐ Skin issues ☐ Care giver education ☒ Multiple or complex medical diagnoses
☐ Delegation ☒ Other (specify): Central office required referral.

Information LTCCN provider should know: ☐ check if additional information attached

Client is a Mandarin Chinese speaker.

Case manager (signature): David Pruber, CMA Date: 3 / 19 / 20

☒ Referral accepted ☐ Referral declined Provider number: 500722388

LTCCN provider name: Essential Quality Care LLC (DBA EQC Home Care Agency)

LTCCN provider (signature): francd jorgee Date: 03 / 19 / 2020

- 1) Form is completed and signed by case manager (CM) and emailed or faxed to LTCCN provider.
- 2) LTCCN provider must return form in two (2) business days with signature indicating either acceptance or denial and keep a copy of the form.
- 3) CM puts signed form in client file. **Form** signed by CM and accepted by LTCCN provider provides authorization for LTCCN provider to provide and bill for Initial Assessment (T2024) and Delegation (S5115).