

## Angela Munkers

## Number: APD-IM-18-044 Issue date: 5/21/2018

Topic: Long Term Care

Authorized signature

Due date:

Subject: Long Term Care Community Nursing Services Program

## Applies to (check all that apply):

All DHS employees	County Mental Health Directors
Area Agencies on Aging: Type B	Health Services
$\boxtimes$ Aging and People with Disabilities	Office of Developmental
Self Sufficiency Programs	Disabilities Services (ODDS)
County DD program managers	ODDS Children's Intensive In Home Services
ODDS Children's Residential Services	Stabilization and Crisis Unit (SACU)
Child Welfare Programs	Other ( <i>please specify</i> ): I/DD Service Coordinators and Personal Agents

## <u>Message</u>:

The Long Term Care Community Nursing (LTCCN) Program Client Referral, form <u>APD</u> <u>0753</u> has been updated. The update allows for the branch number of the Local AAA/APD or DD County Office to include this information when the referral is being sent. The update will make it more useful for LTCCN providers covering multiple county offices. Effective immediately, please begin using the new form.

Prior Authorization (PA) for Long Term Care Community Nursing form <u>4102</u> also received an update with a space for the branch number. LTCCN providers will receive direction to begin using this new form and to start including the branch number.

The updated form is currently available on the forms server, please replace the old forms.

If you have any questions about this information, contact:

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