Adult Nursing Services Prior Authorization Request (ANSPAR) Form

[1]Date CM Received:	[2]Date CM Sent to TPA/OR:

Case Managers: Please make sure that units requested for LPN & RN on page 2 of this request form match the units for LPN & RN on the budget worksheet.

[3]**Client Name:** **SS:** **DOB:**	[4]**Current NM DDW Group Category:** **A☐ B☐ C☐ D☐ E☐ F☐ G☐ H☐**
[5]**Submitter/Contact Person:** **Agency:** **Phone:** **Fax:** **Email:**	[6]**Current Case Manager:** **Agency:** **Phone:** **Fax:** **Email:**
[7]**Current Services (check all that apply):** **☐ Family Living-Bio ☐ Family Living-Host** **☐ Customized In Home Supports** **☐ Crisis Supports-Alternative Placement** **☐Community Integrated Employment** **☐Customized Community Supports** *Note: Intensive Medical Living participants are not eligible for Adult Nursing Services*	[8]**Client's full ISP Cycle Dates:** **From:** **To:** **❑ Budget Revision** **Dates, if different from ISP Cycle:** **From:** **To:**

[9]**Nursing Assessment & Consultation: For Information Purposes ONLY** Hours/units are proposed and, if exceeded, must have clinical justification regarding why additional hours are needed.			
• 12 hours (48 units) may be budgeted without Prior Auth for initial/annual • 8 hours (32 units) may be added without Prior Authorization with significant change of condition	Annual Units	Revised Units	Total Revised Units
Nursing Assessment & Consultation	_____U	_____U	_____U
Significant Change of Condition	_____U	_____U	_____U
Total	_____U	_____U	_____U

[10]**Ongoing Adult Nursing**			
Hours/units are proposed and, if exceeded, must have clinical justification regarding why the additional hours are needed.	Annual Units	Revised Units	Total Revised Units
Healthcare Planning & Coordination (Choose one): ☐ Low Acuity 1-4 hrs ☐ Moderate Acuity 5-10 hrs ☐High Acuity 11-20 hrs.	_____U	_____U	_____U
Aspiration Risk Management (Choose one): ☐Newly identified: 20 hrs annually ☐Existing CARMP: 12 hrs annually (attach current CARMP).	_____U	_____U	_____U
Delegation • Up to 36 hours annually	_____U	_____U	_____U
Medication Oversight • Up to 20 hrs annually	_____U	_____U	_____U
Section 10 Sub Total:	_____U	_____U	_____U

[11]Ongoing Adult Nursing - Complex			
Note: If requesting units in this section, additional justification for service must be submitted. If the requested units exceed the proposed limits, the justification must also address the reason why the additional hours are needed.	Requested Hours	Requested Units	
Medication Administration by DDW Licensed Nurse • Up to 160 hrs additional with Very High Needs	_____U	_____U	_____U
Coordination of Complex Conditions • Up to 196 hrs additional with Very High Needs	_____U	_____U	_____U
Section 11 Subtotal:	_____U	_____U	_____U
[12]Request Totals			
Nursing Assessment & Consultation:	_____U	_____U	_____U
Change of Condition:	_____U	_____U	_____U
Ongoing Adult Nursing - Section 1:	_____U	_____U	_____U
Ongoing Adult Nursing - Section 2:	_____U	_____U	_____U
Total:	_____U	_____U	_____U
[13]Apportionment of Units Between LPN and RN billing codes (total must match total above) **☐ Check Here if this request is ONLY to re-distribute previously approved total units between the LPN & RN**			
Adult Nursing Services to be delivered at LPN rate	_____Units	_____New Units	
Adult Nursing Services to be delivered at RN rate	_____Units	_____New Units	
Total	**_____Units**	**_____New Units**	

[14] The following supporting documentation is included with this Adult Nursing Services P.A. Request:	
Required Attachments ❑ e-CHAT including MAAT, & ARST ❑ e-CHAT Summary Report ❑ If ongoing Aspiration Risk, must attach existing CARMP	**Required Attachments** ❑ Justification report for Medication Administration by DDW Licensed Nurse ❑ Justification report for Coordination of Complex Conditions ❑ Justification report for hours over recommended maximum
[15] I attest that nursing services requested are appropriate within funding parameters of the DD Waiver & supported by the documents listed above. Requesting Nurse Signature: Date:	

[16]TPA/OR UTILIZATION REVIEW SECTION ONLY		
1. Ongoing Adult Nursing Services	Approved Units	Denied Units
1a. Healthcare Planning & Coordination: Low 1-4 hrs; Mod 5-10 hrs; High 11-20 hrs		
1b. Aspiration Risk Management: Newly Identified: 20 hours; Existing CARMP: 12 hours		
1c. Delegation: Up to 36 hours		
1d. Medication Oversight: Up to 20 hours		
2. Ongoing Adult Nursing Complex: (Per ANS Parameter Tool *not* e-CHAT)		
2a. Medication Administration by Licensed Nurse (max by parameter tool level): Low 3 hrs/yr; Mod 8 hrs/yr; High 52 hrs/yr; Very High 160 hrs/yr		
2b. Healthcare Coordination of Complex Conditions (max by parameter tool level): Low 0 hrs; Mod 24 hrs/yr; High 50 hrs/yr; Very High 196 hrs/yr		
TOTAL		
TPA/OR Reviewer First and Last Initial:	**Prior Authorization #:**	**Date Reviewed:**